<u><u></u> 1040</u>	Depa <b>U.</b>	nrtment of the Treasury-Internal Revenue Service S. Individual Income To	ax F	Return	2023	<b>3</b>   ON	/IB No. 1545-	0074	IRS Use (	Only-Do no	t write c	or staple in	this space.
For the year Jar	n. 1–De	ec. 31, 2023, or other tax year beginning			, 2023	, ending				See	sepa	rate insti	ructions.
Your first name and middle initial				name						Your	Your social security number		
JOHN				E						111	111-22-3333		
If joint return, spouse's first name and middle initial				name						Spou	Spouse's social security number		
JANE			DOE							111-33-4444			
,	numbei	r and street). If you have a P.O. box, see in	nstructi	ons.				Apt.	no.				n Campaign
ADFD	t office	If you have a farrier address also some	alata ar	anna halaw		l a						if you, or ng jointly,	
•		e. If you have a foreign address, also comp	piete sp	·				ZIP code to			to this	fund. Che	ecking a
HARKER HEI			Foreign province/state/count								box below will not change your tax or refund.  You Spouse		
Foreign country name				l oreign pro	Willice/state/county			Foreign p					
Filing Status Check only one box.	☐ If y	Married filing jointly (even if only one Married filing separately (MFS) ou checked the MFS box, enter the n alifying person is a child but not your	ame o	of your spous	se. If you ch	_	Qualifying si e HOH or Q	•	•	,	name	e if the	
Assets Standard Deduction Age/Blindness Dependents	Som 	<u> </u>	pendei n or yo	nt 🔲 \	our spouse al-status ali al Spo (2) Social s	as a deren en ouse: [ ecurity		n before	January	2, 1959		Yes  Is blir	nd structions):
If more	(1) F	irst name Last name	numb		er to you		Orma tax		_	,			
than four dependents,	JAC	K DOE	314-22		314-22	-2111	2111 SON		<u> </u>				
see instructions	TIM	I DOE			313-22	-2111	SON			<u>x</u>	-	<u>L</u>	1
and check	-									╡		<u> </u>	1
here	1a	Total amount from Form(s) W-2, bo	v 1 (cc	o instruction	) 				l		1a		100 000
Income	b	Household employee wages not rep								-	1b		120,000
Attach Form(s)	c	Tip income not reported on line 1a (		` '						<b>—</b>	1c		
W-2 here. Also	d	Medicaid waiver payments not repo		,	-2 (see inst	ructions)					1d		
W-2G and	cn Forms						[	1e					
1099-R if tax	f	Employer-provided adoption benefit	s from	Form 8839	, line 29					[	1f		
was withheld.  g Wages from Form 8919, line 6						L	1g						
If you did not get a Form													
W-2, see instructions.	i	Nontaxable combat pay election (see instructions) 1i											
	Z	Add lines 1a through 1h							• • •		1z		120,000
Attach Sch. B	2a	·	2a				xable interest .				2b		
if required.	<u>3a</u>	F	3a				ary dividend				3b		
Standard	4a	F	4a		<b>b</b> Taxable amount						4b		
Deduction for-	5a	<u> </u>	5a				ole amount				5b		
Single or Married filing	6a	Social security benefits L	6a	method cho	ck here (so		ole amount			·	6b		

separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 10

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Head of household, \$20,800

If you checked any box under Standard see instructions.

If you elect to use the lump-sum election method, check here (see instructions)		
Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
Additional income from Schedule 1, line 10	8	
Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	120,000
Adjustments to income from Schedule 1, line 26	10	
Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	120,000
Standard deduction or itemized deductions (from Schedule A)	12	27,700

Form **1040** (2023)

27,700

92,300

13

14

15

Qualified business income deduction from Form 8995 or Form 8995-A

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

Form 1040 (2023)		JOHN & JANE DOE							111-2	2-3333 Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): <b>1</b> 881	4 2 🗌 4	972	3 🗌			. 16	10,927		
Credits	17	Amount from Schedule 2, line 3						<del>.</del>	. 17			
	18	Add lines 16 and 17							- 18	10,927		
	19	Child tax credit or credit for other dependen	ts from Schedule	8812 .					. 19	4,000		
	20	Amount from Schedule 3, line 8 · · · ·							. 20			
	21	Add lines 19 and 20 · · · · · · · ·							. 21	4,000		
	22	Subtract line 21 from line 18. If zero or less	, enter -0-						. 22	6,927		
	23	Other taxes, including self-employment tax,	from Schedule 2,	line 21 •					. 23			
	24	Add lines 22 and 23. This is your total tax							. 24	6,927		
Payments	25	Federal income tax withheld from:										
	а	Form(s) W-2				25a						
	b	Form(s) 1099				25b						
	С	Other forms (see instructions)				25c						
	d	Add lines 25a through 25c							. 25d			
If you have a	26	2023 estimated tax payments and amount a	applied from 2022	return .					. 26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27						
a.a.a 55 2.6.	28	Additional child tax credit from Schedule 88	12			28						
	29	American opportunity credit from Form 886	3, line 8			29						
	30	Reserved for future use				30						
	31	Amount from Schedule 3, line 15			,	31						
	32	Add lines 27, 28, 29, and 31. These are your	total other paym	ents and re	efundak	ole cred	its		. 32	0		
	33	Add lines 25d, 26, and 32. These are your to		<u></u>					. 33	0		
Refund	34	If line 33 is more than line 24, subtract line 2			,				34	0		
	35a	Amount of line 34 you want refunded to yo	<b>u.</b> If Form 8888 is					_	35a	0		
Direct deposit? See instructions.	b	Routing number		<b>c</b> Type:	∶¦⊔¦	Checkir	ig I	Savin	ngs			
occ manacions.	d	Account number					J					
A	36	Amount of line 34 you want applied to your	2024 estimated t	ax	• •	36						
Amount You Owe	37	Subtract line 33 from line 24. This is the amo	•									
rou Owe		For details on how to pay, go to www.irs.gov			٠,				. 37	6,927		
<del></del>	38	Estimated tax penalty (see instructions)				38						
Third Party		you want to allow another person to discuss				_	1 v	Comple	ta balaw	Пис		
Designee		nstructions · · · · · · · · · · · · · · · · · · ·							X No			
		number (PIN)										
Sign	Un	der penalties of perjury, I declare that I have exami	ned this return and a	accompanying	g schedu	les and s	statem	ents, and t	to the best o	of my knowledge and		
Here	bel	ief, they are true, correct, and complete. Declaration	on of preparer (other	than taxpayer	r) is base	ed on all i	informa	ation of wh	nich prepare	er has any knowledge.		
пеге	You	ur signature	Date Your occupation					If the IRS sent you an Identity Protection PIN, enter it here				
Joint return?								I .	(see inst.)	PIN, enter it nere		
See instructions.			Date Spouse's occupation					, ,	 ent your spouse an			
Keep a copy for	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's oc	cupation	1			dentity Protection PIN, enter it here			
your records.									see inst.)			
	Ph	one no.	Email address									
	Pre	parer's signature	Date PTIN					PTIN		Check if:		
Paid			11-27-2024 P010					P0107	3338	338 Self-employed		
Preparer	Pre	reparer's name Derland G Bahr CPA Phone no. 254-432-572					724					
Use Only	Firr	Firm's name Derland Bahr CPA Inc										
	Firr	Firm's address 581 Pan American Drive Ste 7										
		Harker Heights, TX	76548					ı	Firm's EIN	82-3840304		