<u> 1040</u>	Depai U.\$	tment of the Treasury-Internal Revenue Ser 5. Individual Income	^{vice} Tax R	eturn	2023	3 OM	1B No. 1545	i-0074	IRS Use (Only-Do no	ot write	or staple in	n this space.
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginnin	g		, 2023	ending				_ See	e sepa	arate ins	tructions.
Your first name and middle initial				Last name						Your	Your social security number		
JOHN				1						11:	111-22-3333		
If joint return, spouse's first name and middle initial				Last name						Spot	Spouse's social security number		
JANE			DOE	1						11:	1-33	3-4444	<u> </u>
Home address (n	umber	and street). If you have a P.O. box, se	e instructio	ons.				Apt	. no.	Pres	identi	al Election	on Campaign
ADFD										Chec	ck here	e if you, o	r your
City, town, or post office. If you have a foreign address, also complete				spaces below. State ZI			ZIP code	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
HARKER HEIGHTS							'X 7654		8		box below will not change		
Foreign country name				Foreign prov	vince/state/county		Foreign		postal co	de your tax or		refund.	_
												You	Spouse
Filing Status		Single				_	lead of ho	usehold	(HOH)				
Check only one box.	If yo	Married filing separately (MFS) ou checked the MFS box, enter the lifying person is a child but not you			e. If you ch	_	Qualifying : e HOH or (·	•	` ,	s nam	e if the	
Digital Assets Standard	excha	y time during 2023, did you: (a) rec ange, or otherwise dispose of a dig cone can claim:	ital asset	(or a financ		n a digita	al asset)? (,. ,	,	. [Yes	☐ No
Deduction		Spouse itemizes on a separate return or you were a dual-status alien											
Age/Blindness	You:	Were born before January 2	, 1959	Are blin	d Spo	use:] Was bo	rn before	January	/ 2, 1959	9	ls bl	lind
Dependents	s (see	instructions):			(2) Social s	•	(3) Relation	onship	(4) Ch	eck if qua	alifies	for (see ir	nstructions):
If more	(1) Fi	rst name Last name			number		to you		Child tax credit		it Credit for other dependents		
than four	JACE	C DOE			314-22-2111		SON			x			
dependents, see instructions	TIM	DOE				313-22-2111		SON		x		[
and check													
here											Ц,		
Income	1a	Total amount from Form(s) W-2,	box 1 (se	e instruction	ıs)					· ·	1a		600,000
	b	Household employee wages not		` '	N-2					· ·	1b		
Attach Form(s)	С	Tip income not reported on line 1	a (see ins	structions)						· ·	1c		
W-2 here. Also attach Forms	d	• •	iver payments not reported on Form(s) W-			,					1d		
W-2G and	е	Taxable dependent care benefits									1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						· ·	1f				
If you did not	g	Nages from Form 8919, line 6						· ·	1g				
get a Form	h	Other earned income (see instructions)						· ·	1h				
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	uctions)			1i						
	z	Add lines 1a through 1h · · ·								∟	1z		600,000
Attach Sch. B if required.	2a	Tax-exempt interest	2a				ole interest			-	2b		
	<u>3a</u>	Qualified dividends	3a			b Ordin	ary divider	nds			3b		
Standard	4a	IRA distributions	4a			b Taxal	ole amount			∟	4b		
Standard Deduction for-	5a	Pensions and annuities	5a			b Taxal	ole amount			∟	5b		
Single or	6a	Social security benefits	6a			b Taxal	ole amount			· <u>-</u>	6b		
Married filing separately,	С	If you elect to use the lump-sum e	election m	nethod, chec	ck here (see	instructi	ons)						
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7		

Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household.

12

13

household, \$20,800 • If you checked any box under

 If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

Subtract line 10 from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

Adjustments to income from Schedule 1, line 26

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

600,000

600,000

27,700

27,700

8

9

10

11

12

13

14

15

Form 1040 (2023)		JOHN & JANE DOE						111-22	2-3333 Page 2	
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 881	4 2 4	972 3			. 16	144,094	
Credits	17	Amount from Schedule 2, line 3						. 17		
	18	Add lines 16 and 17						. 18	144,094	
	19	Child tax credit or credit for other dependen	nts from Schedule	8812 •				. 19		
	20	Amount from Schedule 3, line 8 · · · ·						. 20		
	21	Add lines 19 and 20 · · · · · · · · · · · · · · · · · ·						. 21	0	
	22	Subtract line 21 from line 18. If zero or less	, enter -0					. 22	144,094	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21						- 23	3,150	
	24	Add lines 22 and 23. This is your total tax							147,244	
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2			🗀	25a				
	b	Form(s) 1099			[25b				
	С	Other forms (see instructions)			[25c	3,6	00		
	d	Add lines 25a through 25c						. 25d	3,600	
If you have a	26	2023 estimated tax payments and amount	applied from 2022	return .				. 26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
attach och. Elo.	28	Additional child tax credit from Schedule 88	312			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 payments and refundable credits							0	
	33	Add lines 25d, 26, and 32. These are your total payments						. 33	3,600	
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33. Thi	s is the amoເ	unt you o	verpaid		34	0	
	35a	Amount of line 34 you want refunded to yo	u. If Form 8888 is	attached, ch	eck here			35a	0	
Direct deposit?	b	Routing number		c Type:	: ˌ□ˌc	hecking	Savin	gs		
See instructions.	d	Account number								
	36	Amount of line 34 you want applied to your	2024 estimated t	tax		36				
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe.							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						. 37	143,644	
	38	Estimated tax penalty (see instructions) .				38				
Third Party		you want to allow another person to discuss				_			_	
Designee		instructions							X No	
		Designee's Phone Personal ident name no. number (PIN)								
0:		der penalties of perjury, I declare that I have exami			, aabadula	a and atator	•	,	f my knowledge and	
Sign		lief, they are true, correct, and complete. Declaration								
Here		ur signature	Date Your occupation				If the IRS sent you an Identity			
	100	a oignaturo	Tour occupation				Protection PIN, enter it here			
Joint return? See instructions.							(see inst.)			
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	cupation				le IRS sent your spouse an ntity Protection PIN, enter it here		
your records.								(see inst.)		
	Phone no.		Email address							
	Pre	eparer's signature	Date			PTIN		Check if:		
Paid		F					73338 Self-employed			
Preparer	Pre	eparer's name Derland G Bahr CPA	Phone no. 254-432-				•			
Use Only		Firm's name Derland Bahr CPA Inc								
· · · · ·		Firm's address 581 Pan American Drive Ste 7								
		001 1411 1410110411 2410 000 7						irm's EIN	82-3840304	
		narker nergics, IX							32 3040304	