<u> 1040</u>	Depai U.\$	tment of the Treasury-Internal Revenue Serv 5. Individual Income	ice Tax R	eturn	2023	3 OM	1B No. 1545	i-0074	IRS Use (Only-Do no	ot write	or staple ii	n this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending								_ See	See separate instructions.					
Your first name a	nd mid	dle initial	Last n	Last name							Your social security number			
JOHN			DOE							111	111-22-3333			
If joint return, spo	use's f	rst name and middle initial	Last n	ame						Spot	Spouse's social security numbe			
JANE			DOE							111	L-33	-4444		
Home address (r	umber	and street). If you have a P.O. box, see	instructio	ns.				Apt	. no.	Pres	identi	al Election	on Campaign	
ADFD										Chec	k here	e if you, o	r your	
City, town, or pos	t office	If you have a foreign address, also cor	mplete spa	lete spaces below. State ZII					е			ling jointly s fund. Cl	, want \$3	
HARKER HEI	GHTS			TX			7654	8			will not ch			
Foreign country r	name			Foreign prov	vince/state/county		Foreign		postal co	de your	tax or	refund.		
												You	Spouse	
Filing Status		Single	H	Head of ho	usehold	nold (HOH)								
Check only one box.	☐ If yo	Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) u checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the lifying person is a child but not your dependent:												
Digital Assets Standard	excha	y time during 2023, did you: (a) reconge, or otherwise dispose of a digione can claim:	tal asset	(or a financ		n a digita	al asset)? (,. ,	,	. [Yes	☐ No	
Deduction		Spouse itemizes on a separate retu	ırn or you	ı were a du	al-status ali	en								
Age/Blindness	You:	Were born before January 2,	1959	Are blin	d Sp	use:] Was bo	rn before	January	/ 2, 1959)	☐ Is bl	ind	
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		ax credit	Cr	edit for oth	er dependents	
than four	JACE	T DOE				314-22-2111		SON		x				
dependents, see instructions	TIM	DOE			313-22-2111		SON			x				
and check													<u></u>	
here										<u> </u>	Ц,			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruction	ıs)					• • ∟	1a		60,000	
	b	Household employee wages not re		• •						-	1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	,							1c				
attach Forms	d			d on Form(s) W-2 (see instructions)						_ <u> </u>	1d			
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
If you did not	g	Wages 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 instructions) 1i												
	z	Add lines 1a through 1h							<u> </u>	1z		60,000		
Attach Sch. B	2a	Tax-exempt interest 2a			b Taxable interest				-	<u> </u>				
if required.	<u>3a</u>	Qualified dividends	3a				ary divider			-	3b			
Standard	4a	IRA distributions	4a 5a				ole amount							
Deduction for-	5a	Pensions and annuities		b Taxable amount										
Single or Married filing	6a	Social security benefits 6a b Taxable amount							. ∵	6b				
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required. If	not required	d, check	here .				7			

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

 Married filing jointly or Qualifying surviving spouse, \$27,700 10 Head of 11

8

9

12

13

14

15

\$20,800 If you checked any box under Standard see instructions.

household,

60,000

60,000

27,700

27,700

8

9

10

11

12

13

14

15

Form 1040 (2023	5)	JOHN &	JANE DOE						111	-22-	3333	Page 4
Tax and	16	Tax (see in	structions). Check if any from Fo	orm(s): 1 881	4 2 49	972 3				16		3,439
Credits	17	Amount from Schedule 2, line 3							· · L	17		
	18	Add lines 1	6 and 17						· · _	18		3,439
	19		edit or credit for other dependen							19		3,439
	20	Amount fro	m Schedule 3, line 8 · · · · ·						· · _	20		
	21	Add lines 1							<u> </u>	21		3,439
	22		e 21 from line 18. If zero or less,							22		0
	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		0
Payments	25	Federal income tax withheld from:										
	a	` '	2			<u> </u>	25a					
	b	. ,	99			_	25b		_			
	С		s (see instructions)			_	.5c					
	d	Add lines 25a through 25c							<u> </u>	25d		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return							⊨	26		
qualifying child, attach Sch. EIC.	27		, ,				27					
	28		child tax credit from Schedule 88			-	28		561			
	29 30		pportunity credit from Form 8863 or future use	3, IINE 8		_	29 30					
	31					-	31					
	32	Amount from Schedule 3, line 15							_	32		E 6 1
	33	Add lines 25d, 26, and 31. These are your total other payments and refundable credits						-	33		561 561	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34		561	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							35a		561	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings							ings			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X										
	36		ine 34 you want applied to your				36					
Amount	37	Subtract line	e 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							L	37		0
	38	Estimated tax penalty (see instructions)										
Third Party			allow another person to discuss				_				_	
Designee					Yes. Complete						X No	
	De na	signee's me		Phone Personal ide no. number (PIN						tion		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the									ny knowleda	e and
_		•	ie, correct, and complete. Declaration									
Here	You	Your signature		Date					e IRS sent you an Identity			
Joint return?								(see ins	ection PIN, enter it here			
See instructions.		O		Dete	\ \ \				e IRS sent your spouse an			
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Iden				Protec	tion PIN, ent		
your records.				(s					(see ins	st.)		
	Ph	ione no.		Email address								
Daid	Pre	eparer's signatu	ıre	Date				PTIN		Check if:		
Paid				11-27-2024 F				P010	73338 Self-employed			
Preparer			Derland G Bahr CPA	Phone no. 254-432-5					5724			
Use Only	Fin	irm's name Derland Bahr CPA Inc										
	Fin	m's address	581 Pan American Dr	ive Ste 7								
			Harker Heights, TX	76548					Firm's E	IN	82-3840	0304

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2023)