<u>1040</u>	Depa	rtment of the Treasury-Internal Revenue Servic S. Individual Income T	ce Fax Ret	turn	2023	3 0	//В No. 1545	i-0074	IRS Use C	nly-Do no	t write or st	taple in t	his space.
For the year Jan	n. 1–De	ec. 31, 2023, or other tax year beginning			, 2023,	ending				See	separat	e instr	uctions.
Your first name and middle initial Last name				ne						Your	Your social security number		
JOHN DOE)E						111	111-22-3333		
If joint return, spouse's first name and middle initial Last name				ne						Spou	Spouse's social security number		
JANE			DOE							111	-33-4	444	
Home address (n	number	and street). If you have a P.O. box, see	instructions.					Apt	. no.	Presi	dential E	lection	Campaign
ADFD											k here if y		
City, town, or pos	st office	. If you have a foreign address, also com	nplete space	te spaces below. State Z			ZIP code	IP code		e if filing	, ,		
HARKER HEIGHTS				TX			X				to go to this fund. Checking a box below will not change		
Foreign country name			Fo	Foreign prov		vince/state/county		Foreign		e your t	ax or refu	nd.	
											\ <u></u>	You	Spouse
Filing Status		Single					Head of ho	usehold	(HOH)				
Check only		Married filing jointly (even if only one	e had incor	me)									
one box.		Married filing separately (MFS)					Qualifying	surviving	spouse (QSS)			
	If y	ou checked the MFS box, enter the r	name of yo	our spous	e. If you che	ecked th	e HOH or (QSS box	, enter th	e child's	name if	the	
	qua	alifying person is a child but not your	dependent	ıt:									
Digital	At on	y time during 2023, did you: (a) rece	nivo (00 0 r	oward a	word or nov	mont fo	r proporti	or convice	na): or (b)	aall			
Assets		ange, or otherwise dispose of a digital	•						,. ,	Sell,		es	□No
Standard		eone can claim: You as a de			our spouse			See IIIsu	uctions.)	<u> </u>	<u>· u ·</u>	62	NO
Deduction		Spouse itemizes on a separate return	•	_	•		pendent						
Age/Blindness	You:	Were born before January 2, 1	1050	-									
Dependents			1959	Are blin	d Spo	use: [☐ Was bo	rn before	January	2, 1959		Is blin	d
	s (see	instructions):	1959	Are blin	d Spo		Was bo			-	lifies for (tructions):
•		instructions): irst name Last name	1959	Are blin	•	ecurity	T	onship	(4) Che	-	1 '	see ins	
If more than four		irst name Last name	1959	Are blin	(2) Social se	ecurity er	(3) Relation	onship	(4) Che	eck if qua	1 '	see ins	tructions):
If more than four dependents,	(1) F	rst name Last name	1959	Are blin	(2) Social se numbe	ecurity er ·2111	(3) Relation to you	onship	(4) Che	eck if qua	1 '	see ins	tructions):
If more than four dependents, see instructions	(1) F	rst name Last name K DOE	1959	Are blin	(2) Social se	ecurity er ·2111	(3) Relation to your SON	onship	(4) Che	eck if qua	1 '	see ins	tructions):
If more than four dependents,	(1) F	rst name Last name K DOE	1959	Are blin	(2) Social se numbe	ecurity er ·2111	(3) Relation to your SON	onship	(4) Che	eck if qua	1 '	see ins	tructions):
If more than four dependents, see instructions and check here	(1) F	rst name Last name K DOE			(2) Social se number 314-22-313-22-	ecurity er •2111 •2111	(3) Relation to your SON	onship	(4) Che	eck if quant credit	1 '	see ins	tructions): dependents
If more than four dependents, see instructions and check	(1) Fi	irst name Last name DOE DOE	ox 1 (see in	nstruction	(2) Social se number 314-22-313-22-	ecurity er •2111 •2111	(3) Relation to your SON	onship ou	(4) Che Child ta	eck if quantic credit	Credit	see ins	tructions):
If more than four dependents, see instructions and check here	(1) Fi	Total amount from Form(s) W-2, bo	ox 1 (see in	nstruction Form(s) \	(2) Social se number 314-22-313-22-	·2111	(3) Relation to your SON	onship ou	(4) Che Child ta	eck if quality credit	Credit t	see ins	tructions): dependents
If more than four dependents, see instructions and check here	(1) Fi	Total amount from Form(s) W-2, both Household employee wages not re	ox 1 (see in eported on f (see instru	nstruction Form(s) \	(2) Social se number 314-22-313-22-	2111 2111	(3) Relation to your SON SON	onship ou	(4) Che Child ta	eck if qualix credit	Credit 1	see ins	tructions): dependents
If more than four dependents, see instructions and check here	1a b c	Total amount from Form(s) W-2, both Household employee wages not re Tip income not reported on line 1a	ox 1 (see in eported on F (see instru orted on Fo	nstruction Form(s) \(\frac{1}{2}\)	(2) Social se number 314-22-313-22-	2111 2111	(3) Relation to your SON SON	onship ou	(4) Che Child ta	eck if qua	Credit i	see ins	tructions): dependents
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If more than four dependents, see instructions and check here	1a b c d e	Total amount from Form(s) W-2, but Household employee wages not re Tip income not reported on line 1a Medicaid waiver payments not report Taxable dependent care benefits from	ox 1 (see in eported on Form 2 fits from Form Form 2	nstruction Form(s) V loctions) orm(s) W- 2441, line orm 8839,	(2) Social se number 314-22-313-22-312-31	ecurity 2111 2111 uctions)	(3) Relation to your SON SON	onship ou	(4) Che Child te	eck if qua	Credit 1	see ins	tructions): dependents
If more than four dependents, see instructions and check here	1a b c d e f	Total amount from Form(s) W-2, but Household employee wages not re Tip income not reported on line 1a Medicaid waiver payments not reported to the Taxable dependent care benefits from Employer-provided adoption benefit	ox 1 (see in eported on for see instru- orted on Forom 2 fits from Forom For	nstruction Form(s) Victions) orm(s) W- 2441, line orm 8839,	(2) Social se number 314-22-313-22-310-22-20-22-20-22-20-22-20-20-20-20-20-20	-2111 -2111	(3) Relation to your SON SON	onship ou	(4) Che Child te	eck if qualix credit	Credit 1	see ins	tructions): dependents
If more than four dependents, see instructions and check here	1a b c d e f g	Total amount from Form(s) W-2, both Household employee wages not retemplated on line 1a Medicaid waiver payments not reported waiver payments not reported on line 1a Medicaid waiver pa	ox 1 (see in eported on for see instru- orted on Form 2 fits from Form 5 its from 5 its	nstruction Form(s) Victions) orm(s) W- 2441, line orm 8839,	(2) Social se number 314-22-313-22-312-31	-2111 -2111	(3) Relation to your SON SON	onship ou	(4) Che Child te	eck if qualix credit	Credit 1	see ins	tructions): dependents
If more than four dependents, see instructions and check here	1a b c d e f g h	Total amount from Form(s) W-2, both Household employee wages not reported on line 1a Medicaid waiver payments not report Taxable dependent care benefits from Employer-provided adoption benefit Wages from Form 8919, line 6 Other earned income (see instructions)	ox 1 (see in eported on for see instru- orted on Form 2 fits from Form 5 its from 5 its	nstruction Form(s) Victions) orm(s) W- 2441, line orm 8839,	(2) Social se number 314-22-313-22-312-31	-2111 -2111	(3) Relation to your SON SON	onship ou	(4) Che Child te	eck if qualix credit	Credit 1	see ins for other	tructions): dependents
If more than four dependents, see instructions and check here	1a b c d e f g h i	Total amount from Form(s) W-2, but Household employee wages not re Tip income not reported on line 1a Medicaid waiver payments not reportable dependent care benefits from Employer-provided adoption benefit Wages from Form 8919, line 6 Other earned income (see instruction Nontaxable combat pay election (see	ox 1 (see in eported on for see instru- orted on Form 2 fits from Form 5 its from 5 its	nstruction Form(s) Victions) orm(s) W- 2441, line orm 8839,	(2) Social se number 314-22-313-22-312-21-21-21-21-21-21-21-21-21-21-21-21-2	2111	(3) Relation to your SON SON	onship bu	(4) Che Child ta	eck if qualix credit	Credit to the control of the control	see ins for other	tructions): dependents
If more than four dependents, see instructions and check here	1a b c d e f g h i z	Total amount from Form(s) W-2, be Household employee wages not re Tip income not reported on line 1a Medicaid waiver payments not reportable dependent care benefits for Employer-provided adoption benefit Wages from Form 8919, line 6 Other earned income (see instruction Nontaxable combat pay election (see Add lines 1a through 1h	ox 1 (see in eported on Form 2 fits from Form 2 ions)	nstruction Form(s) Victions) orm(s) W- 2441, line orm 8839,	(2) Social se number 314-22-313-22-312-22-312-22-312-21-21-21-21-21-21-21-21-21-21-21-21-2	ecurity er 2111 2111 uctions) b Taxa	(3) Relation to your SON SON	onship bu	(4) Che Child ta	eck if qualix credit	Credit 1	see ins for other	tructions): dependents
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If more than four dependents, see instructions and check here	1) FI JACH TIM 1a b c d e f g h i z 2a 3a	Total amount from Form(s) W-2, but Household employee wages not retempting in the provided adoption benefits for Employer-provided adoption benefit Wages from Form 8919, line 6 Other earned income (see instruction Nontaxable combat pay election (see Add lines 1a through 1h Cax-exempt interest Cast Does Instruction Cast Does Inst	ox 1 (see in eported on Form 2 fits from Form 5 ions)	nstruction Form(s) Victions) orm(s) W- 2441, line orm 8839,	(2) Social se number 314-22-313-22-312-31	ecurity 2111 2111 cuctions) cuctions c	(3) Relation to your SON SON SON In the second seco	onship ou	(4) Che Child te	eck if qualix credit	Credit to the control of the control	see ins for other	tructions): dependents
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If more than four dependents, see instructions and check here	1a b c d e f g h i z 2a 3a 4a 5a	Total amount from Form(s) W-2, but Household employee wages not return Tip income not reported on line 1at Medicaid waiver payments not reportable dependent care benefits from Employer-provided adoption benefit Wages from Form 8919, line 6 Other earned income (see instruction Nontaxable combat pay election (see Add lines 1a through 1h Tax-exempt interest Qualified dividends Pensions and annuities Pensions and annuities Pensions	ox 1 (see in eported on Form 2 fits from 5 fit	nstruction Form(s) Victions) orm(s) W2441, line orm 8839,	(2) Social se number 314-22-313-22-312-31	ecurity 2111 2111 uctions) b Taxal b Ordir b Taxal b Taxal b Taxal	(3) Relation to your SON SON SON In the second seco	onship bu	(4) Che Child te	eck if qualix credit	Credit 1 11a	see ins for other	tructions): dependents

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

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

6,000,000

6,000,000

27,700

27,700

8

9

10

11

12

13

14

15

jointly or Qualifying

household, \$20,800

If you checked

any box under Standard

see instructions.

Head of

surviving spouse, \$27,700 8

9

10

11

12

13

14

15

Form 1040 (2023)		JOHN & JANE DOE 1						111-2	2-3333 Page 2	
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 881	4 2	4972	3 🗌			. 16	2,139,665
Credits	17	Amount from Schedule 2, line 3						.	. 17	
	18	Add lines 16 and 17							. 18	2,139,665
	19	Child tax credit or credit for other dependen	ts 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	2,139,665
	23	Other taxes, including self-employment tax, from Schedule 2, line 21						. 23	51,750	
	24	Add lines 22 and 23. This is your total tax							. 24	2,191,415
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2			25a					
	b									
	С	Other forms (see instructions)						200		
	d	Add lines 25a through 25c							. 250	d 52,200
If you have a	26	2023 estimated tax payments and amount a							. 26	i
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
anaon 55m 2.5.	28	Additional child tax credit from Schedule 88	12			28				
	29	American opportunity credit from Form 886	3, line 8			29				
	30					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						. 32	0	
	33	Add lines 25d, 26, and 32. These are your total payments						. 33	52,200	
Refund	34	If line 33 is more than line 24, subtract line 2			•				_ 34	
	35a	Amount of line 34 you want refunded to yo	u. If Form 8888 is		_	_		_	<u> </u>	a 0
Direct deposit? See instructions.	b	Routing number		c Type	e: [_ Checl	king I	∐ Savin	gs	
oee manuchons.	d	Account number					ب			
	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	-							
Tou Owe		For details on how to pay, go to www.irs.gov/Payments or see instru							. 37	2,139,215
	38	Estimated tax penalty (see instructions) .				38				
Third Party		o you want to allow another person to discuss		e IRS? See			□ v	0		Пис
Designee		instructions · · · · · · · · · · · · · · · · · · ·							∑ No	
		name no. number (PIN)						'		
Sign	Un	der penalties of perjury, I declare that I have exami	ned this return and a	accompanyir	ng sche	edules and	d statem	ents, and t	o the best	of my knowledge and
Here		lief, they are true, correct, and complete. Declaration			-					
пете	You	ur signature	Date Your occupation				If the IRS sent you an Identity			
Joint return?										PIN, enter it here
See instructions.		The state of the s	Data Shayaala aasynat			, is it			(see inst.)	sent your spouse an
Keep a copy for	Spo	ouse's signature. If a joint return, both must sign.	Date Spouse's occu							otection PIN, enter it here
your records.								(see inst.)		
	Ph	one no.	Email address			•				
	Pre	eparer's signature	Date			PTIN		Check if:		
Paid			11-27-2024 P010				P0107	3338 Self-employed		
Preparer	Pre	Preparer'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								
								irm's EIN	82-3840304	