

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_ See separate instructions.

Your first name and middle initial _____	Last name _____	Your social security number _____
If joint return, spouse's first name and middle initial _____	Last name _____	Spouse's social security number _____
Home address (do not include a P.O. box, see instructions) _____		Apt. no. _____
City, town, or post office _____ State _____ ZIP code _____		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name _____	Foreign province/state/county _____	

**Filing Status**  Single  Married filing jointly (even if only one had income)  Married filing separately (MFS)  
 Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you 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 qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien  
 Age/Blindness: You:  Were born before January 2, 1959  Are blind  
 Spouse:  Was born before January 2, 1959  Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security no.	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
					Child tax credit <input type="checkbox"/> Credit for other dependents <input type="checkbox"/>
If more than four dependents, see instructions and check here <input type="checkbox"/>					

Income	Description	Code	Amount
	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medical waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 8	1g	
	h Other earned income (see instructions)	1h	
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	
Attach Schedule B if required.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	31,595
		c If you elect to use the lump-sum election method, check here (see instructions)	
	b Taxable interest	2b	
	b Ordinary dividends	3b	
	b Taxable amount	4b	
	b Taxable amount	5b	9,730
	b Taxable amount	6b	264

	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8	Additional income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	9,994
	10	Adjustments to income from Schedule 1, line 26	10	
<b>Standard Deduction</b> See Standard Deduction Chart on the last page of this form.	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	9,994
	12	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12	15,700
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	15,700
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15	0
<b>Tax and Credits</b>	16	<b>Tax</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>	16	0
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	0
<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, 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 <b>total other payments and refundable credits</b>	32	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	<b>34</b>
	<b>35a</b>	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	<b>35a</b>
	<b>b</b>	Routing number XXXXXXXXXXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>d</b>	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	<b>36</b>	Amount of line 34 you want applied to your 2024 estimated tax	<b>36</b>
<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	<b>37</b>
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name	Phone no.	Personal identification number (PIN)
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**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			<input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
				Firm's EIN

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information. Form 1040-SR (2023)

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2023	Box 4. Benefits Repaid to SSA in 2023	Box 5. Net Benefits for 2023 (Box 3 minus Box 4)	
\$31,594.80	\$2,400.00	\$29,194.80	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>	
Paid by check or Direct deposit	\$26,868.00	Deductions for work or other adjustments	\$2,400.00
Medicare Part B premiums deducted from your benefits	\$1,978.80	Benefits Repaid to SSA in 2023	\$2,400.00
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$348.00		
Deductions for work or other adjustments	\$2,400.00		
Total Additions	\$31,594.80		
Benefits for 2023	\$31,594.80		
		Box 6. Voluntary Federal Income Tax Withheld	
		NONE	
		Box 7. Address	
		Box 8. Claim Number (Use this number if you need to contact SSA.)	

<input type="checkbox"/> CORRECTED (if checked)			OMB No. 1545-0119		<b>2023</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution	\$ 9,730.20		
			2a Taxable amount	\$ 9,730.20	<b>Copy B</b> Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the IRS.	
			2b Taxable amount not determined			
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s)	7	IRA/SEP/SIMPLE	8 Other
			9a Your percentage of total distribution	%	9b Total employee contributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	\$	15 State/Payer's state no.	16 State distribution
\$			\$		WA /	\$ 9,730.20
Account number (see instructions)		13 Date of payment	17 Local tax withheld	\$	18 Name of locality	19 Local distribution
			\$			\$
Form 1099-R			www.irs.gov/Form1099R			Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)			OMB No. 1545-0119		<b>2023</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution	\$ 9,730.20		
			2a Taxable amount	\$ 9,730.20	<b>Copy C</b> For Recipient's Records  This information is being furnished to the IRS.	
			2b Taxable amount not determined			
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s)	7	IRA/SEP/SIMPLE	8 Other
			9a Your percentage of total distribution	%	9b Total employee contributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	\$	15 State/Payer's state no.	16 State distribution
\$			\$		WA /	\$ 9,730.20
Account number (see instructions)		13 Date of payment	17 Local tax withheld	\$	18 Name of locality	19 Local distribution
			\$			\$
Form 1099-R			(Keep for your records.) www.irs.gov/Form1099R			Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)			OMB No. 1545-0119		<b>2023</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution	\$ 9,730.20		
			2a Taxable amount	\$ 9,730.20	<b>Copy 2</b> File this copy with your state, city, or local income tax return, when required.	
			2b Taxable amount not determined			
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	
91-6029051	XXX-XX-6917		5 Employee contributions/Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code			7 Distribution code(s)	7	IRA/SEP/SIMPLE	8 Other
			9a Your percentage of total distribution	%	9b Total employee contributions	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	\$	15 State/Payer's state no.	16 State distribution
\$			\$		WA /	\$ 9,730.20
Account number (see instructions)		13 Date of payment	17 Local tax withheld	\$	18 Name of locality	19 Local distribution
04935			\$			\$
Tracking #: 4234557T1			Form 1099-R			Department of the Treasury - Internal Revenue Service
3H8034 2.000			www.irs.gov/Form1099R			