

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 (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_

City, town, or post office. If you have a foreign address, also complete spaces below. \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Residential Election Campaign**  
 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.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  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 number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	25,910.
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid 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 6	1g	
	h	Other earned income (see instructions)	1h	
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	25,910.

Attach Sch. B if required.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	1,879.
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	

<b>Standard Deduction for—</b> • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	c	If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	7	0.
	8	Additional income from Schedule 1, line 10		8	26,182.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		9	53,971.
	10	Adjustments to income from Schedule 1, line 26		10	4,350.
	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>		11	49,621.
	12	<b>Standard deduction or itemized deductions</b> (from Schedule A)		12	27,700.
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	4,384.
	14	Add lines 12 and 13		14	32,084.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>		15	17,537.

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	1,753.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	1,753.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	400.
	21	Add lines 19 and 20	21	400.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,353.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	3,699.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	5,052.

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	1,915.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1,915.
	26	2023 estimated tax payments and amount applied from 2022 return	26	3,720.
	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	5,635.

If you have a qualifying child, attach Sch. EIC.

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	583.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	583.
	b	Direct deposit? See instructions.	c Type:	<input type="checkbox"/> Savings
	d			
	36	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	36	

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.	37	0.
	38	Estimated tax penalty (see instructions)	38	

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

**Paid Preparer Use Only**

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	26,182.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b>		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	26,182.

**Part II Adjustments to Income**

<b>11</b>	Educator expenses . . . . .	<b>11</b>	
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>15</b>	1,850.
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction . . . . .	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings . . . . .	<b>18</b>	
<b>19a</b>	Alimony paid . . . . .	<b>19a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions): _____		
<b>20</b>	IRA deduction . . . . .	<b>20</b>	2,500.
<b>21</b>	Student loan interest deduction . . . . .	<b>21</b>	
<b>22</b>	Reserved for future use . . . . .	<b>22</b>	
<b>23</b>	Archer MSA deduction . . . . .	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) . . . . .	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses . . . . .	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans . . . . .	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans . . . . .	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	<b>24h</b>	
<b>i</b>	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 . . . . .	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: _____	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z . . . . .	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .	<b>26</b>	4,350.

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **08**

Name(s) shown on return

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

KITSAP CREDIT UNION  
GOLDMAN SACHS BANK USA  
GOLDMAN SACHS BANK USA  
BOEING EMPLOYEES CREDIT UNION  
BOEING EMPLOYEES CREDIT UNION

**Amount**

790.  
412.  
589.  
44.  
44.

**1**

**2** Add the amounts on line 1 . . . . .  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

1,879.

**2**

**3**

**4**

1,879.

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer: \_\_\_\_\_

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

**6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

**7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: \_\_\_\_\_

**8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

Yes	No
	X
	X

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

<b>A</b> Name of proprietor	<b>B</b> Social security number (SSN)
<b>B</b> Principal business or profession, including product or service (see instructions)	<b>B</b> Enter code from instructions
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)
<b>E</b> Business address (including suite or room no.) City, town or post office, state, and ZIP code	
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____	
<b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>H</b> If you started or acquired this business during 2023, check here <input type="checkbox"/>	
<b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Part I Income</b>			
<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	27,603.
<b>2</b>	Returns and allowances	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1	<b>3</b>	27,603.
<b>4</b>	Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b>	<b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	27,603.
<b>6</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b>	<b>Gross income.</b> Add lines 5 and 6	<b>7</b>	27,603.

<b>Part II Expenses. Enter expenses for business use of your home only on line 30.</b>			
<b>8</b>	Advertising	<b>8</b>	
<b>9</b>	Car and truck expenses (see instructions)	<b>9</b>	134.
<b>10</b>	Commissions and fees	<b>10</b>	
<b>11</b>	Contract labor (see instructions)	<b>11</b>	
<b>12</b>	Depletion	<b>12</b>	
<b>13</b>	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	207.
<b>14</b>	Employee benefit programs (other than on line 19)	<b>14</b>	
<b>15</b>	Insurance (other than health)	<b>15</b>	
<b>16</b>	Interest (see instructions):		
<b>a</b>	Mortgage (paid to banks, etc.)	<b>16a</b>	
<b>b</b>	Other	<b>16b</b>	
<b>17</b>	Legal and professional services	<b>17</b>	
<b>18</b>	Office expense (see instructions)	<b>18</b>	
<b>19</b>	Pension and profit-sharing plans	<b>19</b>	
<b>20</b>	Rent or lease (see instructions):		
<b>a</b>	Vehicles, machinery, and equipment	<b>20a</b>	
<b>b</b>	Other business property	<b>20b</b>	
<b>21</b>	Repairs and maintenance	<b>21</b>	
<b>22</b>	Supplies (not included in Part III)	<b>22</b>	
<b>23</b>	Taxes and licenses	<b>23</b>	
<b>24</b>	Travel and meals:		
<b>a</b>	Travel	<b>24a</b>	
<b>b</b>	Deductible meals (see instructions)	<b>24b</b>	
<b>25</b>	Utilities	<b>25</b>	480.
<b>26</b>	Wages (less employment credits)	<b>26</b>	
<b>27a</b>	Other expenses (from line 48)	<b>27a</b>	
<b>b</b>	Energy efficient commercial bldgs deduction (attach Form 7205)	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b	<b>28</b>	821.
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	26,782.
<b>30</b>	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: <u>1,770</u> and (b) the part of your home used for business: <u>120</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	<b>30</b>	600.
<b>31</b>	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	26,182.
<b>32</b>	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.		

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person  
with self-employment income

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 26,182.

**3** Combine lines 1a, 1b, and 2 **3** 26,182.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 24,179.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue **4c** 24,179.

**5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

**6** Add lines 4c and 5b **6** 24,179.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200.

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 160,200.

**10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124) **10** 2,998.

**11** Multiply line 6 by 2.9% (0.029) **11** 701.

**12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3 **12** 3,699.

**13** Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15 **13** 1,850.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11358Z

Schedule SE (Form 1040) 2023

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,840, or **(b)** your net farm profits<sup>2</sup> were less than \$7,103.

<b>14</b>	Maximum income for optional methods . . . . .	
<b>15</b>	Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross farm income <sup>1</sup> (not less than zero) or \$6,560. Also, include this amount on line 4b above . . . . .	

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$7,103 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and **(b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b>	Subtract line 15 from line 14 . . . . .	
<b>17</b>	Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above . . . . .	

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.



VOID <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation 6560.88		2 Federal income tax withheld 714.51	
c Employer's name, address, and ZIP code		3 Social security wages 4826.88		4 Social security tax withheld 406.77	
		5 Medicare wages and tips 6560.88		6 Medicare tax withheld 95.13	
		7 Social security tips 1734.00		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial      Last name      Suff.		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other WA L&I: 37.66 WA PFML: 28.10 WA-CARES: 27.99		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement  
Copy D—For Employer

**2023**

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

OVER 150-003

**COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return**

1 Wages, tips, other compensation 9715.00		2 Federal income tax withheld 1200.00	
3 Social security wages 9715.00		4 Social security tax withheld 602.33	
5 Medicare wages and tips 9715.00		6 Medicare tax withheld 140.87	
a Employee's social security number			
c Employer's name, address and ZIP code			
d Control Number    Department    Corporation    Employer Use Only			
e Employee's name			
f Employee's address and ZIP Code			
b Employer Identification Number (EIN)			
7 Social security tips		11 Nonqualified plans	
8 Allocated tips		14 Other	
13 Salaried employee <input type="checkbox"/>		12a \$	
Retirement plan <input type="checkbox"/>		12b \$	
Third party sick pay <input type="checkbox"/>		12c \$	
16 State		17 State income tax	
Employer's state ID number		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

OVER 150-003

**COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return**

1 Wages, tips, other compensation 9715.00		2 Federal income tax withheld 1200.00	
3 Social security wages 9715.00		4 Social security tax withheld 602.33	
5 Medicare wages and tips 9715.00		6 Medicare tax withheld 140.87	
a Employee's social security number			
c ZIP code			
d Control Number    Department    Corporation    Employer Use Only			
e Employee's name			
f Employee's address and ZIP Code			
b Employer Identification Number (EIN)			
7 Social security tips		11 Nonqualified plans	
8 Allocated tips		14 Other	
13 Salaried employee <input type="checkbox"/>		12a \$	
Retirement plan <input type="checkbox"/>		12b \$	
Third party sick pay <input type="checkbox"/>		12c \$	
16 State		17 State income tax	
Employer's state ID number		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

a Employee's social security number		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)		1 Wages, tips, other compensation 9633.58		2 Federal income tax withheld	
c Employer's name, address, and ZIP code  WA 98110		3 Social security wages 7915.37		4 Social security tax withheld 597.28	
		5 Medicare wages and tips 9633.58		6 Medicare tax withheld 139.69	
		7 Social security tips 1718.21		8 Allocated tips	
d Control number 13		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other WA L&I 65.73		12c 12d	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

**2023**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.  
DAA

a Employee's social security number		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN)		1 Wages, tips, other compensation 9633.58		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		3 Social security wages 7915.37		4 Social security tax withheld 597.28	
		5 Medicare wages and tips 9633.58		6 Medicare tax withheld 139.69	
		7 Social security tips 1718.21		8 Allocated tips	
d Control number 13		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other WA L&I 65.73		12c 12d	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

**2023**

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS  
(See Notice to Employee on the back of Copy B.)  
DAA

Safe, accurate,  
FAST! Use IRS e-file

CORRECTED (if checked)

1

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112		<b>Interest Income</b>
		1 Interest income	\$43.61	Form <b>1099-INT</b> (Rev. January 2022)	
		2 Early withdrawal penalty		For calendar year <b>2023</b>	
PAYER'S TIN	RECIPIENT'S TIN	3 Interest on U.S. Savings Bonds and Treasury obligations			<b>Copy B</b>
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld	5 Investment expenses		<b>For Recipient</b> This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		6 Foreign tax paid	7 Foreign country or U.S. possession		
		8 Tax-exempt interest	9 Specified private activity bond interest		
		10 Market discount	11 Bond premium		
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	14 Tax-exempt and tax credit bond CUSIP no.	15 State WA	16 State identification no.	17 State tax withheld

Form 1099-INT (Rev. 1-2022) (keep for your records) [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT) Department of the Treasury - Internal Revenue Service

Account Number	Box 1 Interest	Box 2 Early Withdrawal Penalty	Box 3 Bond Interest	Box 4 Federal Tax Withheld
	\$24.63			
	\$18.98			
	\$43.61			

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112  <b>Form 1099-INT</b> (Rev. January 2022)		<b>Interest Income</b>
		1 Interest income  <div style="text-align: right;">\$43.84</div>	For calendar year <b>2023</b>		
		2 Early withdrawal penalty			
PAYER'S TIN	RECIPIENT'S TIN	3 Interest on U.S. Savings Bonds and Treasury obligations			<b>Copy B</b>  <b>For Recipient</b> <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld	5 Investment expenses		
		6 Foreign tax paid	7 Foreign country or U.S. possession		
		8 Tax-exempt interest	9 Specified private activity bond interest		
		10 Market discount	11 Bond premium		
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	14 Tax-exempt and tax credit bond CUSIP no.	15 State WA	16 State identification no.	17 State tax withheld

Form 1099-INT (Rev. 1-2022) (keep for your records) [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT) Department of the Treasury - Internal Revenue Service

Account Number	Box 1 Interest	Box 2 Early Withdrawal Penalty	Box 3 Bond Interest	Box 4 Federal Tax Withheld
	\$25.17			
	\$18.67			
	\$43.84			







# IMPORTANT TAX RETURN INFORMATION BELOW

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112 <b>Form 1099-INT</b> (Rev. January 2022) For calendar year <b>2023</b>		<b>Interest Income</b>  <b>Copy B</b>  <b>For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		<b>1</b> Interest income <b>\$2.94</b>	<b>2</b> Early withdrawal penalty <b>\$0.00</b>		
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Interest on U.S. Savings Bonds and Treasury obligations <b>\$786.80</b>			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		<b>4</b> Federal income tax withheld <b>\$0.00</b>	<b>5</b> Investment expenses <b>\$</b>		
		<b>6</b> Foreign tax paid <b>\$</b>	<b>7</b> Foreign country or U.S. possession		
		<b>8</b> Tax-exempt interest <b>\$</b>	<b>9</b> Specified private activity bond interest <b>\$</b>		
		<b>10</b> Market discount <b>\$</b>	<b>11</b> Bond premium <b>\$</b>		
		FATCA filing requirement <input type="checkbox"/>	<b>12</b> Bond premium on Treasury obligations <b>\$</b>	<b>13</b> Bond premium on tax-exempt bond <b>\$</b>	
		Account number (see instructions)		<b>14</b> Tax-exempt and tax credit bond CUSIP no.	<b>15</b> State