£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use	Only-(Do nat w	rite or staple	In this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			20	5	See se	parate inst	tructions.
Your first name	e and m	iddle initial	Last	name						Y	our so	cial securi	y number
If joint return,	spouse':	s first name and middle initial	Last	name						s	Spouse'	s aocial sec	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	clions.				At	t. no.	F	reside	ntial Election	on Campaign
City, town, or i	ost offi	ice. If you have a toreign address, also co	molete	spaces be	low.	Sta	nte I	ZIP cox	de			nere if you, if filing join	or your tly, want \$3
~~				•								this fund. ow will not	Checking a
Foreign countr	y name			Foreign pr	rovince/state	coun	ty	Foreign	postal co			or refund.	
Filing Status	s X	Single					Head of ho	useho	ld (HOH	 			
Check only		Married filing jointly (even if only or	ne had	d income)					•	1			
one box.		Married filing separately (MFS)					Qualifying :	survivi	ng spou	se (Q	SS)		
		you checked the MFS box, enter the allifying person is a child but not you			pouse. If yo	u che	ecked the HOH	or QS	S box, e	enter	the chi	ild's name	if the
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi	,		•			•		. ,		Yes	⊠ No
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retur	•				a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	☐ Are bi	lind Sp	ouse	: Was borr	n befor	e Janua	ry 2,	1959	☐ Is bl	ind
Dependent	s (see	instructions):		(2) 9	Social securit	,	(3) Relationship	D (4)	Check th	e box	if quali	fies for (see	instructions):
If more		(1) First name Last name			number		to you		Child ta	x crec	dit	Credit for oth	ner dependents
than four													
dependents, see Instruction	. —												
and check	_							_				[
here . L							l		L				
Income	1a	Total amount from Form(s) W-2, be					1 P3 780 981 101	(r) - y:	W 1961 3	4 14	1a	_	
Attach Form(s)		Household employee wages not reported on Form(s) W-2								1b	-		
W-2 here. Also	C	Tip income not reported on line 1a			•		(6) 340 H %		*) (*)	*) *	1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)		55 550 3	61.19	1d	1	
1099-R if tax	e	Taxable dependent care benefits for						* *	N 10 2	58.35	1e		
was withheld. If you did not	f -	Employer-provided adoption bene						* *	8 (B) 5				
get a Form	g h	Wages from Form 8919, line 6 Other earned income (see instruction			9 8 9	* *		• •			1g 1h		
W-2, see	i	Nontaxable combat pay election (s		tructions)			1 1 1	1	We chart to	475 V4III		31	
instructions.	z	Add lines 1a through 1h	See II 18	siruciioris)			L				1z	1	
Attach Sch. B	2a	·	2a			ЬT	axable interest		# OF 3	•	2b	1	20
if required.	3a		3a				Ordinary dividen	ds .	#1 D#6 D		3b	1	
	4a		4a				axable amount		** 100 S		4b		15439
brandard	5a		5a				axable amount		An orași d		5b	1	
Deduction for— Single or	6a	-	6a			ьт	axable amount				6b		
Married filing separately,	c	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)	¥ \$	1000	. \square			
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if required	d. If not req	uired	, check here		er ne e		7		
Married filing jointly or	ed filling						8						
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total in	come	9		x 2 - 5 8 5 - 3	85 O	9		15459
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26	× × ×		F 30 4 4	9 ×	#((e) =	800-08	10		
Head of household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross Inco	me	E 30 3 A		6 (9) S	*/: 5*	11		15459
\$20,800 If you checked	12	Standard deduction or itemized	dedu	ctions (fro	m Schedule	(A	150 050 78 05		#1 9 * 0 2	*0 -0	12		13850
any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A		\$1 DEC 1	9 18	13	1	
Standard Deduction,	14	Add lines 12 and 13							* /*c ::	50 of	14		13850
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter -	-0 This is v	our 1	taxable income	Θ.	20 121 0	20.02	15	1	1609

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

1609

15

	2023)								Ok.			Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 497	2 3 🗆				16		161
Credits	17	Amount from Schedule 2, line 3								17		
	18	Add lines 16 and 17	na na na					2 2 10		18		161
	19	Child tax credit or credit for oth	ner dependent	s from Sched	ule 8812				a	19		
	20	Amount from Schedule 3, line 8	B	V2 - 82 - 342 - 54		8 54 12		x: x: 0x:		20		
	21	Add lines 19 and 20	:0: 0 × x	6 60 36 3	4 56 16 16 SE	S 34 W		AC 63 1961	19	21		
	22	Subtract line 21 from line 18, If	zero or less,	enter -0-		S (#) %				22		161
	23	Other taxes, Including self-emp	oloyment tax,	from Schedule	e 2, line 21					23		139
	24	Add lines 22 and 23. This is yo	ur total tax						. [24		300
Payments	25	Federal income tax withheld from	om:			50				12		
•	а	Form(s) W-2				25a				ks.		
	ь	Form(s) 1099	W 9 9 9	8 8 8 9.		25b		1	394	- 1		
	c	Other forms (see instructions)				25c				- 14 		
	ď	Add lines 25a through 25c	140 14 14 14 14 14 14 14 14 14 14 14 14 14	2 N 12 12		100 0		V 10 /20	a 2	25d		139
you have a	26	2023 estimated tax payments a	and amount a	pplied from 20	022 return	0.000 14		x x x	36	26		
ualifying child,	27	Earned income credit (EIC)	36 34 34 36			27	1			* 1		
tach Sch. EIC.	28	Additional child tax credit from 5	Schedule 8812	40 (#E 0#5		28				P		
	29	American opportunity credit fro	om Form 8863	, line 8	9 9 E V	29				2		
	30	Reserved for future use		e x 16 (x)		30		1	<i>f</i> .	. 1		
	31	Amount from Schedule 3, line	15			31				K		
	32	Add lines 27, 28, 29, and 31. To	hese are your	total other p	ayments and	refundab	le cre	dits .		32		
	33	Add lines 25d, 26, and 32. The	se are your to	ent noumante						33		120
				itai payin e nts		land the			100	33 I		139
Refund	34	If line 33 is more than line 24, s							_	34		
Refund	34 35a	If line 33 is more than line 24, s Amount of line 34 you want ref	subtract line 2	4 from line 33	. This is the am	ount you	over		190			109
Direct deposit?	35a		subtract line 2	4 from line 33	. This is the am	ount you	over			34		109
Direct deposit?	35a	Amount of line 34 you want ref	subtract line 2	4 from line 33	. This is the am 8 is attached, o	ount you	overt	aid .	ngs :	34		109
Direct deposit?	35a b	Amount of line 34 you want ref Routing number	subtract line 2 funded to you	4 from line 33 J. If Form 888	. This is the am 8 is attached, o c Type:	check her	overt	aid .	ngs :	34 35a		109
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Refund Direct deposit? See Instructions. Amount You Owe	35a b d 36	Amount of line 34 you want ref Routing number Account number Amount of line 34 you want ap Subtract line 33 from line 24. T	subtract line 2 tunded to you plied to your his is the amo	4 from line 33 I. If Form 888 ZUZ4 estimate Dunt you owe	This is the am 8 is attached, c c Type:	check her	overt	aid .	ngs	34 35a	44	1394
Direct deposit? See Instructions.	35a b d 36 37 38	Amount of line 34 you want ref Routing number Account number Amount of line 34 you want ap Subtract line 33 from line 24. T For details on how to pay, go t	plled to your this is the amo	4 from line 33 J. If Form 888 J. J	This is the am 8 is attached, or c Type: ded tax see instruction	check her	overt	aid .	ngs	34 35a 37		109
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Direct deposit? See Instructions. Amount You Owe Third Party Designee	35a b d 36 37 38 Do ins	Amount of line 34 you want ref Routing number Account number Amount of line 34 you want ap Subtract line 33 from line 24. T For details on how to pay, go t Estimated tax penalty (see inst you want to allow another p structions signee's	plled to your his is the amo o www.irs.gov ructions)	4 from line 33 J. If Form 888 ZUZ4 estimate Dunt you owe //Payments or Cuss this return to the cust have been seen to the customer	This is the am 8 is attached, o c Type: ded tax see instruction m with the IF	ount you check her 36 ns	ing Ye	said Savi	ngs	34 35a 37 37 37 37 37 37 37 37 37 37 37 37 37	□ No	109
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Direct deposit? See Instructions. Amount You Owe Third Party Designee	35a b d 36 37 38 Do ins De na	Amount of line 34 you want ref Routing number Account number Amount of line 34 you want ap Subtract line 33 from line 24. T For details on how to pay, go t Estimated tax penalty (see inst you want to allow another p structions signee's me der penalties of perjury, I declare that lief, they are true, correct, and complete	plled to your his is the amo o www.irs.gov ructions) erson to disc	4 from line 33 J. If Form 888 ZUZ4 estimate Dunt you owe //Payments or cuss this return and of preparer (other	This is the am 8 is attached, or c Type: ed tax see instruction m with the IF	ount you check her 36 as 38 as 38 schedules a schedule	overpe e ing	said Savi	ete bel	34 35a 37 37 best or repare	No of my knowler has any kn	109 109
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Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign Here	35a b d 36 37 38 Docins Deenal Unbel Yo	Amount of line 34 you want ref Routing number Account number Amount of line 34 you want ap Subtract line 33 from line 24. T For details on how to pay, go t Estimated tax penalty (see inst by you want to allow another p structions signee's me der penalties of perjury, I declare that lef, they are true, correct, and comple ur signature	plled to your his is the amo o www.irs.gov ructions) erson to disc	4 from line 33 J. If Form 888 ZUZ4 estimate Dunt you owe //Payments or cuss this return and of preparer (other	This is the am 8 is attached, or c Type: ed tax see instruction m with the IF	count you check her 36 as 38 as? See aschedules a is based on on	overpe e ing	said Savi	ete bel dentifica PN) d to the which p If the IF Protect (see ins	34 35a 37 37 37 37 37 37 37 37 37 37 37 37 37	No No my knowler has any ke	109 109
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Direct deposit? See Instructions. Amount You Owe	35a b d 36 37 38 Decins Dena Unbel Yo Sp	Amount of line 34 you want ref Routing number Account number Amount of line 34 you want ap Subtract line 33 from line 24. T For details on how to pay, go t Estimated tax penalty (see inst you want to allow another p structions signee's me der penalties of perjury. I declare that ief, they are true, correct, and completure signature ouse's signature. If a joint return, both	plled to your plled to your this is the amo to www.irs.gour ructions) erson to disc I have examine the Declaration of	4 from line 33 J. If Form 888 ZUZ4 estimate ZUZ4 estimate ZUZ4 estimate ZUZ4 estimate Dunt you owe //Payments or Phone no. Phone no. Date Date Email address	This is the am 8 is attached, or c Type: ed tax see instruction m with the IF l accompanying ser than texpayer) Your occupation T Spouse's occupation	is sased of particular	overpe e ing Ye	es. Compless. Co	ete bel dentification of to the which p If the IP Protect (see ins	37 and a second	No In the service of	1094 1094 edge and nowledge.entity ere

QNA-FFF

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2023 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

					-	-		.						
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					. Sees	See separate instructions.			
Your first nam	e and m	ilddle initial	Last n	ame							Your	socia	i security number	
If joint return,	spouse'	s first name and middle initial	Last n	ame					Spou	Spouse's social security number				
Home address	s (numb	er and street). If you have a P.O. box, see	instruct	ions.					Ap	t. no,	Presi	dentia	al Election Cempalgn	
													a if you, or your	
City, town, or nost effice. If you have a foreign address, also complete s				spaces be	low.		Sta	ite	ZIP cod	le	to go	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign count	ry name			Foreign p	rovinc	e/state/d	ount	ty	Foreign	postal cod	1	tax or	refund. You Spouse	
Filing Statu	s 🛚	Single						Head of he	ousehol	d (HOH)				
Check only		Married filing jointly (even if only o	ne had	income)										
one box.		Married filing separately (MFS)						☐ Qualifying	survivin	g spous	e (QSS)			
		you checked the MFS box, enter the allifying person is a child but not you		•	pous	e. If you	che	ecked the HOH	or QSS	S box, en	ter the	child'	s name if the	
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, aw	ard, or	payr	ment for proper	rty or se	ervices);	or (b) se	II,		
Assets		ange, or otherwise dispose of a dig											Yes 🛛 No	
Standard	Som	neone can claim: 🔲 You as a de	pender	ıt 🔲	Your	spouse	e as	a dependent		8				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-	status a	alien	1						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind	Spo	use	: Was bor	n before	January	2. 1959	a [ls blind	
Dependent				T		security		(3) Relationsh	(4) (ox if qualifies for (see instructions):		
If more	•	irst name Last name		(2)	num			to you	P	Child tax		1		
than four							i		_					
dependents							T							
see instruction and check	ıs ——						T							
here . [
Income	1a	Total amount from Form(s) W-2.b	ox 1 (se	ee instruc	tions) : :	. 20	6 6 8 8		6 6 6	230	1a	77.	
Attach Form(s)	ь	Household employee wages not re	eparted	on Form	n(s) W	1-2			2183		** [1b		
W-2 here. Also	_	Tip income not reported on line 1a	(see in	struction	is)		i ii	20 E E			: L	1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2	2 (see ir	nstru	ctions)	E 160 9	FF 150 150	100	1d		
1099-R if tax	e	Taxable dependent care benefits f	rom Fo	rm 2441	, line :	26 .	2	20 20 20 20	ê ê :	20 DE 180	120 E	1e		
was withheld.	f	Employer-provided adoption bene	fits from	m Form 8	839,	line 29	*		6.56.5		540	1f		
If you did not get a Form	9	Wages from Form 8919, line 6		\$ \$ ¥	1		2	E E E E	8 38 3	S 18 19		1g		
W-2, see	h	Other eamed income (see instruct			-		¥3	E E E E	1 100 5	#1 5#6 5#6	_	1h		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			- 6	1i	1,			43		
		Add lines 1a through 1h	أ	¥ ¥ ¥		· i ·				2 12 12		1z	77.	
Attach Sch. B if required.	2a		2a		20	_		axable interest		# 1# 1#:	-	2b	076	
	3a		3a		26	_		ordinary divider		#C 1#C 5#C	-	3b	976.	
Standard	4a		4a			_		axable amount axable amount		AT 181 185	-	4b 5b		
Deduction for—	5a 6a		5a 6a	24	50	_		axable amount		51 /22 N##		6b	0.	
Single or Married filing	c	If you elect to use the lump-sum e							-1 /42 N			00	0.	
separately, \$13,850	7	Capital gain or (loss). Attach Sche							188 - 1862 - 15 1783 - 1783 - 17	a) (a) (a) (a) (b) (a)	$=$ \Box	7	6,000.	
Married filing	8	Additional income from Schedule				ioi requ						8	0,000.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									-	9	7,053.	
surviving spouse, \$27,700	10	Adjustments to income from Sche			oui ti	otal inc					_	10	0.	
Head of	11	Subtract line 10 from line 9. This is			aros	s incon	10		en en e			11	7,053.	
household, \$20,800	12	Standard deduction or itemized	•	-	•				5 23	현 (1천) (현) 20 (220 (220		12	13,850.	
If you checked any box under	13	Qualified business income deducti		-				5-A	関係が(5)23 の		-	13	10,000.	
Standard Deduction.	14				333 0	Jiiii			8 /8 N 12 (2) 2		· ·	14	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer				his Is v	our 1	taxable incom	e .		200	15	0.	
=		Act and Paparuork Reduction Act N								11320B			50m 1040 (2022)	

Form 1040 (2023)	Calle St. of Later						92
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 🗌 881	4 2 🗌 4972	3 🔲		16	0.
Credits	17	Amount from Schedule 2, line 3			action for the fact) i ii	17	705.
	18	Add lines 16 and 17		pa 15pa 15pa 15pa 15pa 1		\$ \$	18	705.
	19	Child tax credit or credit for other dependent	ents from Sched	ule 8812		3 3	19	
	20	Amount from Schedule 3, line 8				3 G	20	0.
	21	Add lines 19 and 20		\$0 (V\$0 0\$0 0\$0 0\$0 0	av var sam sam sam sam	4 4	21	0.
	22	Subtract line 21 from line 18. If zero or less	s, enter -0-	4 4 W W W		12 12	22	705.
	23	Other taxes, including self-employment ta	x, from Schedule	e 2, line 21		32 - 42	23	Nation 1
	24	Add lines 22 and 23. This is your total tax		B 165 NO NEW YORK	FA N A A	Si si	24	705.
Payments	25	Federal income tax withheld from:			821 V			
	а	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	26	2023 estimated tax payments and amount	applied from 20	022 return .		4 4	26	
qualifying child,	27	Earned income credit (EIC)			27	6		
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 88	63, line 8 .		29			
	30	Reserved for future use			30		1	
	31	Amount from Schedule 3, line 15			31		7.0	
	32	Add lines 27, 28, 29, and 31. These are yo	our total other p	ayments and ref	undable credits	191. W	32	6.
	33	Add lines 25d, 26, and 32. These are your	total payments	w a w w	ge las sup sup sup sup	Sala	33	6.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amou	int you overpaid	(a)	34	
	35a	Amount of line 34 you want refunded to y				· • 🗖	35a	
Direct deposit?	b	Routing number X X X X X X X X	1.4					
See instructions.	d	Account number X X X X X X X X		c Type: ☐ X X X X X			1	
	36	Amount of line 34 you want applied to you						
Amount	37	Subtract line 33 from line 24. This is the a	mount vou owe				i 1	
You Owe	٠.	For details on how to pay, go to www.irs.g	37	699.				
	38	Estimated tax penalty (see instructions)		T 2 2 2 2	38		250	(4) (4)
Third Party Designee		you want to allow another person to distructions	iscuss this retu		? See	omplete	below.	⊠ No
3	De	signee's	Phone		Perso	onal ident		
	_	me	no.			per (PIN)		
Sign		der penalties of perjury, I declare that I have exami lief, they are true, correct, and complete. Declaration						
Here					ased on all information			
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				RN			inst.)	iri, cinci it noic
See instructions.	Sc	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupa	tion	If th	e IRS ser	nt your spouse an
Keep a copy for						lder	ntity Prote	ection PIN, enter it here
your records.						(see	e inst.)	
		опе по.	Email address		,			
Paid	Pr	eparer's name Preparer 2 219	nature		Date	PTIN		Check if:
Preparer		SELF-PR	EPARED					Self-employed
Use Only	Fir	m's name				Pho	one no.	
- Only	Fi	m's address	n's EIN					
Go to www.irs.a	av/Fon	n 1040 for instructions and the latest information.						Form 1040 (2023)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to Form 1040, 1040-SR, or 1040-NR. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, Go to www.irs.gov/ScheduleD for instructions and t

Attachment Sequence No. 12 Your sesial search member

				Allh. Allli	l	
	•	pose of any Investment(s) in a qualified opportunity ach Form 8949 and see its Instructions for addition	•		No gain or loss.	
	rt [Short-Term Capital Gains and Losses—Ge		e:		ee instructions)
lines This	below	nay be easier to complete if you round off cents to	(d) ee ds	(e) Cost (or other basis		ss from from column (d) and Part I, combine the result
WIIO	le dolla	15.		+	line 2, colur	nn (g) with column (g)
	1099- which Howe on Fo	for all short-term transactions reported on For n B for which basis was reported to the IRS an you have no adjustments (see instructional yer, if you choose to report all these manager of the B was a series of the B was				
	Box A	for all transactions reported on Forms 8949 with checked	8 440	. 95	5.	-515.
	Box B	for all transactions reported on Form(s) 8949 with checked				
3		for all transactions reported on Forme 8949 with checked				
4	Short-	term gain from For. gain or (I	oss) from Forms	4684, 6781, am	8824	4
5		hort-term gain rom partnerships, jule(s) K-1	S corporations,	estates, and	trusts from	5
6		term capital togs car ver Enter the amount, If an	y, from line 8 of y	our Capital	rryover	6
7	Net si term o	HIMD:		you h .	ave any long-	7 -515.
Pai	t II	ital Gains and Losses—Ger	nerally As	Th	an One Year	(see instructions)
lines	Instruct below.		11111	(e)	(g) Adjustme to gain or los	
	form m e dolla	ay be easier to complete if you round off cents to rs.		(or other basis)	Form(s) 8949, line 2, colum	
	1099-l which Howev on For	for all long-term transactions reported on Form 3 for which basis was reported to the IRS an you have no adjustments (see instructions). Ver, If you choose to report all these transactions m 8949, leave this line blank and go to line 89.				
8b		for all transactions reported on For.	9 757.	9 48	6.	271.
9		for all transactions reported on Forms 8949 with checked	18 664.	13 16	4.	5 500.
10		for all transactions reported on Form(s) 🦸 h checked .				
11		rom Form 4797, Part I; long-term gain from Forms orms 4684, 6781, and 8824 .	2439 and 6252;	and long-term	gain or (loss)	. 11,
12		ng-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sch	nedule(s) K-1	12
		I gain distributions. See the instructions .			-	13 744.
14	_	erm capital loss carryover. Enter the amount, if any heet in the instructions	, from line 13 of y	our Capital Lo	ss Carryover	14
15	Net lo	ng-term capital gain or (loss). Combine lines 8a back.	through 14 In co	olumn (h). Then,	go to Part III	15 6 515.

Schedule D (Form 1040) 2023 Page **2**

Part	III Summary	1	
16	Combine lines 7 and 15 and enter the result	. 16	6,000.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, 1040 Then, go to line 17 below.	-NR, line 7.	
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 28. Also be such that line 22.	to complete	
	 If line 16 is zero, skip lines 17 through 21 below and enter 0 of Form 040, 1 1040-NR, line 7. Then, go to line 22. 	040-SR, or	
17	Are lines 15 and 16 both gains? Yes. Go to line 18.		
18	No. Skip lines 18 through 21, and go to line 22. If you are required to complete the 28% Rate Gain Worksheet (see instructions)	\ ontor the	
10	amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Work instructions), enter the amount, if any from the 18 of that worksheet	sheet (see	
20	Are lines 18 and 19 both zero or blank and you are not filling Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the for Form 1040, line 16. Don't complete lines 21 and 22 below.	instructions	
	No. Complete the schedule D Tax Worksheet in the instructions. Don't compand 22 below.	ete ines 21	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7 the small	ller of:	
	The loss on line of or the loss on line of the loss on line of the loss on line of the loss of the lo	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-SR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the for Form 1040, line 16.	instructions	
	□ No. Complete the rest of Form 1040, 1040-St. or 1046 NR.		

Schedule D (Form 1040) 2023

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpaver identification number

C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether you reasts (establity your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year reless are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transaction reported form(s) 1099-B showing basis was reported to the IRS and for which no adjustments accodes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report the etransactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box if more than the box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1098, but wing basis was reported to the IRS (see Note above)

(B) Short-term transactions				sis wasn't repor	ted to the I	RS	
(C) Short-term transactions	not reported	d to you on F	1099-B				
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acciured (Mo., daysyr)	Date sold on disposed of the , day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	If you enter ar enter a c See the se	if any, to gain or loss a mount incounted in column ill parate instructions. (g) Amounted and surjections and surjections in the column ill parate instructions.	(h) Gain or (loss) Subtract column (e from column (d) an combine the result with column (g).
9413300000000000000000000000000000000000	1 12/22	03/27/23	1,930	1,891.		0.	39
26871000000000000000000000000000000000000	12/12/2/22	06/20/23	339.	3 9.		0.	10
120000000000000000000000000000000000000	12/12/22	03/27/23	1,711.	1, 12.	Jin.	0.	159
920520000000000000000000000000000000000	03/27/23	11/13/23	3,449.	593		0,	-144
18368000000 0000000 65	12/12/22	11/13/23	1,031.	1,590.		0.	-579
	4						
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C	here and incl is checked), lin	ude on your e 2 (if Box B	8.440	8. 955		0	-515

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023)			Attachment Sequence	No. 12A Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not requi	red if shown on other sid	de	er or taxpayer iden	tification number
Before you check Box D, E, or F below, see whether you received statement will have the same information as Form 1099-B. Either broker and may even tell you which box to check.	l any Form(s) 1099-l will show whether y	B or substitute sta your basis (usuall	from your broke your was reported to	er. A substitute o the IRS by your
Part II Long-Term. Transactions involving capital instructions). For short-term transactions,	see page 1.	Willen Miller		
Note: You may aggregate all long-term to the IRS and for which no adjustments 8a; you aren't required to report these tra	or codes are req	julied. Emer th	ie totals directly on S	asis was reported schedule D, line
You must check Box D, E, or F below. Check only one a separate Form 8949, page 2, for each applicable box. If more of the boxes, complete as many forms with the same	you have nove lore box checked as	ng ferm transac you need.	tions than will fit on this	s page for one or
 (D) Long-term transactions reported on Form(s) 109 (E) Long-term transactions reported on Form(s) 109 (F) Long-term transactions not reported to you on € 	9-B stowing basis			oove)
Description of property (Example: 100 sh. XYZ Co.) (b) Date sold or (Mo., day, yr.) Date sold or (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if any, to gain or If you enter an amount in column enter a code in column (See the separate instruction) (f) Code(s) from Amount instructions adjustments	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
774402000000000000000 112/10/21 08/20/23	9,757.	9,486.	instructions adjustment	271.
<i>m</i> .		Manne.		
	illin.			
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)	9.757.	9-486		0. 271.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2023)

Form 8949 (2023)						Attachr	ment Se quence No.	12A Page 2
Name(s) shown on return . Name :	and SSN or to	axpayer identifica	ation no, not requi	red if shown on other s	side			ation number
Before you check Box D, E, statement will have the san broker and may even tell yo	ne Informat	tion as Form 1	r you received 099-B. Either	l any Form(s) 1099 will show whether	-B or substitute st your basis (usu	atementis) fro your cost v	om your broker. A vas reported to th	substitute e IRS by your
				al assets you h see page 1.	eld more trans	year are	generally long	-term (see
Note: You to the IRS	may agg and for v	gregate all k which no ad	ong-term tr ljustments d	ansactions rep or codes are re	orted on Carrie quited. Errer ti pre 8949 see	ne totals di	irectly on Sche	
You must check Box D a separate Form 8949, p more of the boxes, com	page 2, for plete as m	r each applic nany forms w	able box. If you	ou have more lo box checked as	ong term transac s you need.	tions than v	vill fit on this pa	ge for one or
☐ (D) Long-term trai ☐ (E) Long-term trai ☐ (F) Long-term trar	nsactions	reported on	Form(s) 1099	9-B showing ba				e)
1 (a) Description of pro (Example: 100 sh.)		(b) Date acquired (Mo., day, yr.)	Date sold or this posed of the c. day yr.)	Proceeds gales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	If you enter an	fany, to gain or loss anount in column (g), xde in column (f), arate instructions. Amount	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
11352350000000000	000000	12/17 0	06 20/23	14,304.	8,744.		ni o.	5 , 560.
42453700000000000	00000	01/19	03/27/23	4,360.	4,420.		0.	-60.
							W	
		j.,						
						3,		
					Allin.			
		8						
2 Totals. Add the amounts negative amounts). Enter Schedule D, line 8b (i Bo	each total	here and incl	ude on your					

above is checked), or line 10 (if Box F above is checked) 18,664 13,164 0 5,500.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023)