Form **1040** 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 , ending | See separate instructions.

Your first name and middle initial	Last name	Your social security number
	J	[redacted]
If joint return, spouse's first name and middle initial	**Last name**	**Spouse's social security number**
	J	[redacted]

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
[redacted]	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
[redacted]	WA	[redacted]

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

Presidential 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 Check only one box.
☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
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):
If more than four dependents, see instr. and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

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	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	
2a	Tax-exempt interest	2a		b Taxable interest 2b	2,000.
3a	Qualified dividends	3a	3,701.	b Ordinary dividends 3b	8,605.
4a	IRA distributions	4a		b Taxable amount IRA 4b	6,000.
5a	Pensions and annuities	5a	30,301.	b Taxable amount 5b	0.
6a	Social security benefits	6a	37,341.	b Taxable amount 6b	138.
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	-3,000.
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	13,743.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	13,743.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	30,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	30,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0.

Attach Sch. B if required.

Standard Deduction for -
- 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.

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Note: Take the -3,000 loss on line 7 as is - no Schedule D provided.

Tax and Credits	16			16	0.
	17	Amount from Schedule 2, line 3		17	872.
	18	Add lines 16 and 17		18	872.
	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	872.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	872.
Payments	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 **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number — c Type: ☐ Checking ☐ Savings			
	d	Account number			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	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		37	872.
	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 Scott T Blaesing, CPA Phone no. 5098868866 Personal Identification number (PIN) 45555

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.

Sign Here

Your signature | Date | Your occupation: Retired | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation: Retired | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. | Email address jcjorchard@aol.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Scott T Blaesing, CPA	Scott T Blaesing, CPA	03/29/24	P01240254	☒ Self-employed

Firm's name Cascade Tax & Accounting Services — Phone no. 509-886-8866

300 — Firm's EIN 26-0661615

Form **1040** (2023)

313922 12-04-23

11100329 160982

☐ Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
The Northern Trust Company *Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603* *As Paying Agent for:* 0265 MMRLS MARSH & MCLENNAN COMPANIES,INC THE MMC RETIREMENT PLAN 8663742662	$ 30,301.87 2a Taxable amount $	2023 Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☒		Copy B
	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	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.
PAYER'S TIN: [redacted] RECIPIENT'S TIN: ***-**-1242	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 [redacted]	7 Distribution code(s) G; IRA/ SEP/ SIMPLE ☐	8 Other $ %	
	9a Your percentage of total distribution	9b Total employee contributions $	This information is being furnished to the IRS.
	10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib. $; 12 FATCA filing requirement ☐	13 Date of payment
Account number (see instructions) [redacted]; 14 State tax withheld $; 15 State/Payer's state no.	16 State distribution $	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

☐ Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
The Northern Trust Company *Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603* *As Paying Agent for:* 0265 MMRLS MARSH & MCLENNAN COMPANIES,INC THE MMC RETIREMENT PLAN 8663742662	$ 30,301.87 2a Taxable amount $	2023 Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☒		Copy C For Recipient's Records
	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
PAYER'S TIN: [redacted] RECIPIENT'S TIN: ***-**-1242	5 Employee contributions/ Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
[redacted]	7 Distribution code(s) G; IRA/ SEP/ SIMPLE ☐	8 Other $ %	
	9a Your percentage of total distribution	9b Total employee contributions $	This information is being furnished to the IRS.
	10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib. $; 12 FATCA filing requirement ☐	13 Date of payment
Account number (see instructions) [redacted]; 14 State tax withheld $; 15 State/Payer's state no.	16 State distribution $	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

☐ Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
The Northern Trust Company *Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603* *As Paying Agent for:* 0265 MMRLS MARSH & MCLENNAN COMPANIES,INC THE MMC RETIREMENT PLAN 8663742662	$ 30,301.87 2a Taxable amount $	2023 Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☒		Copy 2
	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	File this copy with your state, city, or local income tax return, when required.
PAYER'S TIN: [redacted] RECIPIENT'S TIN: ***-**-1242	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 [redacted]	7 Distribution code(s) G; 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 ■	13 Date of payment
Account number (see instructions) [redacted]; 14 State tax withheld $; 15 State/Payer's state no.	16 State distribution $	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