

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 WA	
				ZIP code 98052	
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**  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	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>						

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)										
1b Household employee wages not reported on Form(s) W-2										
1c Tip income not reported on line 1a (see instructions)										
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
1e Taxable dependent care benefits from Form 2441, line 26										
1f Employer-provided adoption benefits from Form 8839, line 29										
1g Wages from Form 8919, line 6										
1h Other earned income (see instructions)										
1i Nontaxable combat pay election (see instructions)										
1z Add lines 1a through 1h										
2a Tax-exempt interest	2a									
2b Taxable interest										95
3a Qualified dividends	3a									
3b Ordinary dividends										
4a IRA distributions	4a									
4b Taxable amount										
5a Pensions and annuities	5a	17,014								16,483
5b Taxable amount										
6a Social security benefits	6a	24,599								1,939
6b Taxable amount										
c If you elect to use the lump-sum election method, check here (see instructions)										

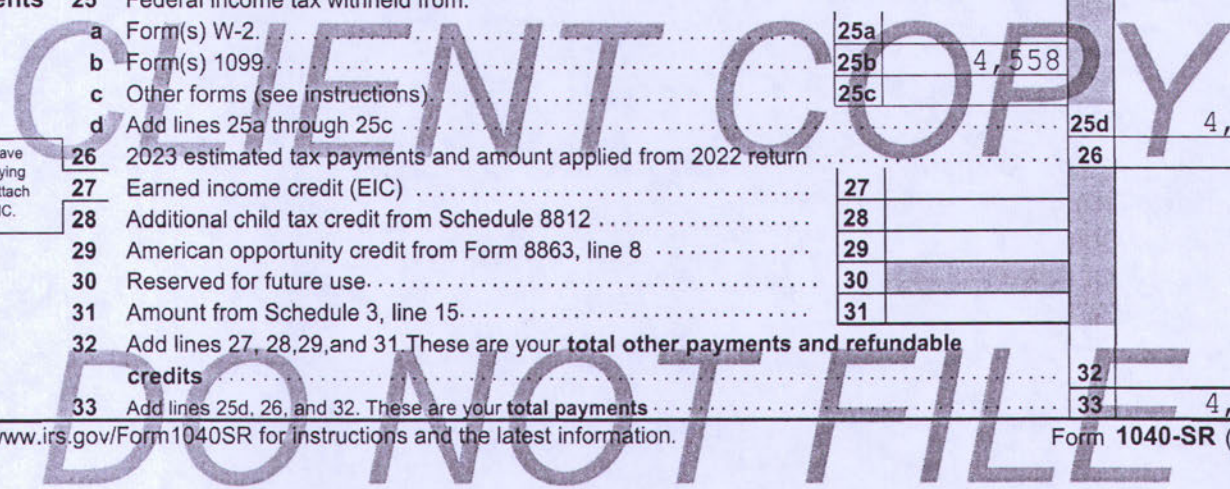
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.



	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	18,517
	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	18,517
	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	2,817
<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	281
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	281
	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	281
	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	281
<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	4,558
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	4,558
	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	4,558

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2023)





<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 <b>overpaid</b>	<b>34</b>	4,277
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . <input type="checkbox"/>	<b>35a</b>	4,277
Direct deposit? See instructions.	<b>b</b>	Routing number	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . .	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b>	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. . . . .	<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 **HRB TAX GROUP INC** Phone no. [redacted] Personal identification number (PIN) [redacted]

**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.

Joint return? See instructions. Keep a copy for your records.	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, <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 [redacted]		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	[redacted]				

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

Form **1040-SR** (2023)

**DO NOT FILE**



**Paid  
By**

Office of Personnel Management  
Retirement Operations  
P.O. Box 45  
Boyers, PA 16017-0045

**Statement of Annuity Paid**  
Copy 2A - To be filed with annuitant's state or  
local tax return

**2023**

OMB No. 1545-0119  
Form: 1099-R  
Distributions From  
Pensions, Annuities,  
Retirement or Profit-  
Sharing Plans, IRAs,  
Insurance Contracts, etc.

Form CSA 1099R (Rev. 1/2024)  
This information is being furnished to the  
Department of Treasury - Internal Revenue Service

PAYER's Federal Identification <b>52-6083699</b>	Recipient's ID No. (Annuitant)	Account number (Retirement Claim No.) CS A89863510
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums  2490.53	<b>Paid To</b>	[REDACTED]
7. Distribution Code(s)  7-NONDISABILITY		
9b. Total Employee Contributions  11513.00		

1. Gross distribution	17014.20
2a. Taxable amount	UNKNOWN
4. Federal Income Tax Withheld	2296.32
14. State tax withheld	NONE
15. State/Payer's state no.	
14. State tax withheld	NONE
15. State/Payer's state no.	

GROSS ANNUITY REDUCED BY 7369.80 PAID TO  
[REDACTED] UNDER COURT-ORDERED  
APPORTIONMENT. TAXABLE AMOUNT NOT DETERMINED