2023

OMB No. 1545-0074

IBS Use Only—Do not write or stable in this space

For the year Jan.	1-Dec	. 31, 2023, or other tax year beginning		, 2	2023, endin	ng		, 20	Se	ee sep	arate in	structions.
Your first nam	e and	middle initial	Last r	name					Yo	our so	cial sec	urity number
JOHN			SMI'	ΓH					1	11	11	1111
If joint return,	spous	e's first name and middle initial	Last r	name								security numbe
SALLY			SMI				$\overline{}$		2	22	22	2222
	,	ber and street). If you have a P.O. I	oox, se	e instructions				Apt. no.	Pr	esiden	tial Elec	tion Campaig
		STIC AVE.				21		710				u, or your pintly, want \$3
		ffice. If you have a foreign address, a	iso com	ipiete spaces	below.	State		ZIP code 49519	to	go to t	this fund	d. Checking a
HAPPYVI Foreign count			Foreign province/state/county				reign postal cod			w will no or refun	ot change ıd.	
											You	Spouse
Filing		Single 🗵 Married filing jo	ointly	(even if or	nlv one	had	income)	☐ Marrie	ed fili	ina se	epara	telv (MFS)
Status		Head of household (HOH)								5	'	, ,
Check only		u checked the MFS box, enter					u checked	d the HOH or	r QSS	S box	, enter	the child's
one box.	_	e if the qualifying person is a d										
Digital		any time during 2023, did										
Assets		perty or services); or (b) so a financial interest in a dig									Yes	X No
Standard	Son	neone can claim: 🚨 Yo	u as a	depende	nt [□ Yo	ur spous	se as a dep	_			·
Deduction		Spouse itemizes on a sepa	arate	return or y	you we	re a c	dual-stat	us alien				
	Age	e/Blindness { You:		ere born k			, ,		_		•	
		Spouse:	X W	as born b	efore J	anua	ry 2, 195			<u> </u>		
Dependents		instrume.		(2) Social sec	curity numb	per (3)	Relationship you	.0		· 1	,	ee instructions)
(see instructions)	(1) -	irst name Last name					you	Child tax	x credi	t C	Credit for	other dependents
If more than four dependents, see									<u></u>			
instructions and]			
check here												
Income	1a	Total amount from Form	(s) W-	2, box 1 (see ins	tructi	ions) .			1a		
Attach Form(s) W-2	b	Household employee wa	ges r	ot reporte	ed on F	orm(s	s) W-2			1b		
here. Also attach Forms	С	Tip income not reported	on lin	e 1a (see	instruc	tions				1c		
W-2G and 1099-R if tax	d	Medicaid waiver paymen	ts no	t reported	on For	m(s)	W-2 (see	e instructio	ns)	1d		
was withheld.	е	Taxable dependent care	bene	fits from F	orm 24	441, I	ine 26			1e		
If you did not get a Form	f	Employer-provided adop	tion k	penefits fr	om For	m 88	39, line 2	29		1f		
W-2, see instructions.	g	Wages from Form 8919,	line 6							1g		
	h	Other earned income (se	e inst	ructions)						1h		
	i	Nontaxable combat pay	electi	on (see in	structio	ons)	. <u>1i</u>					
	Z	Add lines 1a through 1h								1z		
Attach Schedule B	2 a	Tax-exempt interest .	2a		200.	b	Taxable	interest .		2b		2,100
if required.	3a	Qualified dividends	3a	2,	250.	b (Ordinary	dividends		3b		10,000
	4a	IRA distributions	4a	50,	000.	b	Taxable	amount .		4b		50,000
	5a	Pensions and annuities	5a			b	Taxable	amount .		5b		
	6a	Social security benefits .	6a		000.		Taxable			6b		48,450
	С	If you elect to use the	lump-	-sum elec	tion m	etho	d, check	here (see	,			
		instructions)					<u> </u>	<u> </u>				

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

Cat. No. 71930F

Form **1040-SR** (2023)

Form 1040-SR	ل (2023)	OHN SMITH & SALLY SMITH 11	<u>1-1:</u>	<u>l – 1111</u> Page 2
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	4,000.
	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	114,550.
	10	Adjustments to income from Schedule 1, line 26	10	0.
Ot	11	Subtract line 10 from line 9. This is your adjusted gross income	11	114,550.
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	30,700.
See Standard Deduction Chart	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
on the last page	14	Add lines 12 and 13	14	30,700.
of this form.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	15	83,850.
Tax and	16	Tax (see instructions). Check if any from:		
Credits		1 □ Form(s) 8814 2 □ Form(s) 4972 3 □	16	8,995.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	8,995.
	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	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	8,995.
	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	8,995.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	7,000.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
If you have a qualifying child, attach	27	Earned income credit (EIC)		
Sch. EIC.	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	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	7.000.

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

Form **1040-SR** (2023)

Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	Form 1040-SR (2023) T	OUN CMTTU C CAT	V CMTTI	ப				111	1_11	_1111	Page 3
amount you overpaid						04 fram: ":	00	Tola !		<u> </u>		i age o
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	Refund	34						_	s the	0.4		
check here										34		
Direct deposit? See Instructions. Description Sign Checking C		35a	_	ı want ref	unded to	you. If Form	8888	is attac				
Amount of line 34 you want applied to your 2024 estimated tax			check here						. 🗆	35a		
Amount of line 34 you want applied to your 2024 estimated tax		b	Routing number XXX	X X X	X X X	c Type:	Checkin	ng 🗌 Sa	avings			
Amount 37 Subtract line 34 you want applied to your 2024 estimated tax		d	Account number X X X	x x x	x x x z	xxxxx	ХX	x				
Amount You Owe Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gow/Payments or see instructions 37 1,99 and 58 Estimated tax penalty (see instructions)												
Amount You Owe Solution To details on how to pay, go to www.irs.gov/Payments or see instructions Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bof my knowledge and belief, they are true, correct, and complete. Declaration of which preparer has any knowledge. Your signature Date Phone no. Sign Here Joint return? Spouse's signature. If a joint return, both must sign. Phone no. Email address Preparer's name Preparer's signature Preparer's signature Preparer Ilse Only Phone no. 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 38 Latimated tax penalty (see instructions). 39 Latima		36	•									
For details on how to pay, go to www.irs.gov/Payments or see instructions 8 Estimated tax penalty (see instructions)			estimated tax				36					
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions			Subtract line 33 from li	ne 24. This	s is the am	ount you ow	e.					
Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to p	oay, go to	www.irs.gc	v/Payments o	r see	instruct	ions	37	1,	995.
Designee instructions		38	Estimated tax penalty	(see instru	uctions) .		38					
Designee's name No. Number (PIN) Designee's name One. Personal identification number (PIN) Designee's name One. Number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the body 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 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation RETIRED Phone no. Preparer's name Preparer's signature Date Prin's name Phone no. Preparer Personal identification number (PIN) Possible samd statements, and to the body of my knowledge. The preparer of preparer is passed on all information of which preparer has any knowledge. Page instructions. RETIRED Spouse's signature. If a joint return, both must sign. Date Spouse's signature. If a joint return, both must sign. Date Preparer's name Preparer's signature Date Prin Check if: SELF-PREPARED Phone no. Phone no.		Do	you want to allow another p	person to dis	scuss this ret	urn with the IRS	? See					
Name No. number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bof 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 Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. Email address Preparer's name Preparer's signature Date PTIN Check if: Self-emple Firm's name Phone no.	Designee	ins	tructions					Yes.	Complete	e belov	v. X N	٥
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the bof 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 Fet 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 Fet IRS sent your spouse an identity Protection PIN, enter it (see inst.) Phone no. Preparer's name Preparer's signature SELF-PREPARED Phone no. Phone no. Phone no.			9							ation		
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 Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation RETIRED Spouse's occupation RETIRED Phone no. Email address Preparer's name Preparer's signature Date PTIN Check if: Self-emple Firm's name Phone no.	0:			o that I have a		raturn and accomp	on ina		` '	omont	a and to th	o boot
Your signature Your signature Date Your occupation February intermediate any knowledge. Your signature Date Your occupation February intermediate any knowledge. Firm's name Posset instructions. Keep a copy for your records. Firm's name Posset instructions. Keep a copy for your records. Phone no. Email address Preparer's signature Date Your occupation FETTRED Fortection PIN, enter it here (see inst.) Figure inst. Firm's name Preparer's signature Firm's name Phone no.												
Joint return? See instructions. Keep a copy for your records. Propose instructions a copy for your records. Phone no. Preparer's name Preparer's signature Protection PIN, enter it here (see inst.) Spouse's occupation RETIRED RETIRED Phone no. Preparer's signature Spouse's occupation RETIRED Phone no. Preparer's signature Preparer's signature SELF-PREPARED Phone no. Phone no. Phone no. Phone no. Phone no.	Here			any knowledg	Ί							
Joint return? See instructions. Keep a copy for your records. Phone no. Preparer's name Preparer Use Only Spouse's signature. If a joint return, both must sign. Date Spouse's occupation RETIRED Proparer's see inst.) Find the IRS sent your spouse an Identity Protection PIN, enter in (see inst.) Phone no. Preparer's signature SELF-PREPARED Phone no. Phone no.		Yo	ur signature		Date	Your occupation						
Keep a copy for your records. Phone no. Preparer's name Preparer Use Only Spouse's signature. If a joint return, both must sign. Date Spouse's occupation RETIRED From Firm's name Spouse's occupation RETIRED RETIRED Propage Spouse's occupation RETIRED RETIRED Propage Spouse's occupation RETIRED						RETIRED					. 1, 011101 11 1101	
Paid Preparer Use Only Phone no. RETIRED RETIRED		Sno	ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupa	ition					
Phone no. Preparer's name Preparer's signature SELF-PREPARED Prim's name Phone no. Email address Preparer's signature SELF-PREPARED Phone no. Phone no.	your records.					RETIRED					ction Pily, en	ter it nere
Preparer Use Only Self-employed Self-empl		Pho	one no.	<u>'</u>	Email address	REFERENCE	1					
Preparer Use Only SELF-PREPARED Self-employer	Paid	Pre	eparer's name	Preparer's si	gnature		Date	F	PTIN		Check if:	
Use Only Phone no.			AV	SELF-PRE	EPARED		7				Self-er	nployed
Firm's address Firm's EIN						-						
		Firr	m's address						Firm's	s EIN		

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

SCHEDULE B (Form 1040)

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

JOHN SMITH & SALLY SMITH

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

Attachment Sequence No. 08

Your social security number

111-11-1111

Amount List name of payer. If any interest is from a seller-financed mortgage and the Part I buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions LAKE MICHIGAN CREDIT UNION 2,000. and the 100. FIDELITY Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT. 1 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. 2 Add the amounts on line 1. 2 2,100. Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 2,100. Note: If line 4 is over \$1,500, you must complete Part III. **Amount** List name of payer: Part II 10,000. FIDELITY **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 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 10,000. dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III 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. **Foreign Accounts** Yes No and Trusts 7a At any time during 2023, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to Χ file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements Additionally, you b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the may be required to file Form 8938, financial account(s) is (are) located: Statement of

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 .

Specified Foreign Financial Assets.

See instructions.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

 JOHN SMITH & SALLY SMITH
 111-11-1111

 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
 ☐ Yes
 ☒ No

 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) (d) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 250 1,250. 1,000. 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts Schedule(s) K-1 . . 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 1,000. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmer to gain or los		(h) Gain o Subtract co from colum	olumn (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the	ne result
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.		500.			3	,000.
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824							
12	Net long-term gain or (loss) from partnerships, S corpora	lule(s) K-1	12				
13	Capital gain distributions. See the instructions	13					
14	Long-term capital loss carryover. Enter the amount, if an						
	Worksheet in the instructions		14	()		
Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back							,000.
Eor I	Panarwork Reduction Act Notice see your tay return instructi	one	Cat No. 1100011		Cabadu	lo D /Form 1	0.40\ 0000

Schedule D (Form 1040) 2023

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16 4,00	0.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	X Yes. Go to line 18.☐ No. Skip lines 18 through 21, and go to line 22.		
	No. Skip lines to through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the		
	amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	21 (,
	• (\$3,000), or if married filing separately, (\$1,500)		
	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-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2023