

**SOLUTIONS FOR
QUESTIONS AND PROBLEMS**

CHAPTER 1

THE INDIVIDUAL INCOME TAX RETURN

Group 1 – Multiple Choice Questions

1. D The income tax includes elements of social and economic policy (LO 1.1)
2. C The income tax was authorized by the 16th Amendment in 1913 (LO 1.1)
3. C The 1040A and 1040-EZ no longer exist and the 1120 is for corporations (LO 1.2)
4. D Partnerships use Form 1065 to report income tax information. A partner will report their share of income from a partnership on a Form 1040 (LO 1.2)
5. D Capital gains and losses are reported directly on the face of the Form 1040 (from Schedule D) (LO 1.2)
6. D A partnership is not generally a tax-paying entity (LO 1.2)
7. C Student loan interest is a for AGI deduction. The other responses are all itemized (from AGI) deductions (LO 1.3)
8. B The deduction for IRA contributions is a for AGI deduction (LO 1.3)
9. B \$98,000 – \$13,850 (standard deduction is more than itemized deductions) (LO 1.3)
10. D For AGI adjustments are deducted to get to AGI (LO 1.3)
11. B The larger of the two may be deducted (LO 1.3)
12. D The QBI deduction is a from AGI deduction (LO 1.3)
13. B Filing thresholds generally are the same as the standard deduction amount (LO 1.4)
14. E Ben's income would need to exceed the standard deduction to require filing a tax return (LO 1.4)
15. E $\$27,700 + \$1,500$ (LO 1.4)
16. C Single dependent over 65 and blind threshold is \$4,950 for unearned income (LO 1.4)
17. C Joan qualifies as either single or head of household; however, head of household is more advantageous (LO 1.5)
18. A As a cousin, Dorothy must live with Glenda to be a qualifying person for head of household (LO 1.5)
19. D Taxpayer may file married filing jointly in year of spouse's death (LO 1.5)
20. B Death of spouse is more than 2 years ago thus surviving spouse is not available (LO 1.5)
21. B Form 8867 must be completed and filed (LO 1.5)
22. E Either Margaret or her sister (but not both) may claim the mother as a dependent under a multiple support agreement (LO 1.6)
23. D The daughter fails the age test to be a qualifying child and she fails the gross income test (\$4,700 in 2023) to be a qualifying relative (LO 1.6)
24. D The child tax credit in 2023 is \$2,000 (LO 1.6)
25. C The child tax credit for the 13-year-old child is \$2,000. The mother is eligible for the other dependent credit of \$500 (LO 1.6)
26. B Must be age 16 or under for child tax credit (LO 1.6)
27. E Head of household standard deduction plus additional standard deduction for age 65 ($\$20,800 + \$1,850$) (LO 1.7)
28. B Taxpayers age 65 or older are eligible for an additional standard deduction amount (LO 1.7)
29. B Taxpayers that are blind are eligible for an additional standard deduction amount (LO 1.7)
30. D Earned income plus \$400, limited to the maximum standard deduction (LO 1.7)
31. C Earned income plus \$400 (LO 1.7)
32. D Business inventory is not considered a capital asset (LO 1.8)
33. A Gain of \$15,000 ($\$25,000$ amount realized less $\$10,000$ adjusted basis) has been held for more than 12 months and is long-term (LO 1.8)
34. C $\$10,000 = \$240,000 - (\$270,000 - \$40,000)$ (LO 1.8)
35. A $\$43,000 - \$3,000$. Net capital losses of up to \$3,000 may be deducted from ordinary income for individual taxpayers (LO 1.8)
36. E Line 13 is the qualified business income deduction (LO 1.9)
37. B Preparers must get a signed authorization to e-file from the taxpayer. (LO 1.10)
38. B About 90% of returns are filed electronically (LO 1.10)

Group 2 – Problems

1.
 - a. Raising revenue to operate the government.
 - b. Furthering economic goals such as reducing unemployment.
 - c. Furthering social goals such as encouraging contributions to charities. (LO 1.1)
2.
 - a. Form 1040
 - b. Schedule B
 - c. Schedule D
 - d. Schedule A
 - e. Schedule 2
 - f. Schedule E
 - g. Schedule 3
 - h. Schedule C
 - i. Schedule 1 (LO 1.2)
3.
 - a. $\$37,300 = \$43,000 + \$300 - \$6,000$.
 - b. $\$27,700$, the greater of itemized deductions or the standard deduction of $\$27,700$.
 - c. $\$9,600 = \$37,300 - \$27,700$. (LO 1.3)
4.
 - a. $\$35,000$.
 - b. $\$13,850$, the greater of total itemized deductions or the standard deduction amount.
 - c. $\$21,150 = \$35,000 - \$13,850$. (LO 1.3)
5.
 - a. $\$56,000 = \$56,000 + \$3,000 - \$3,000$ ($\$7,000$ capital loss limited to $\$3,000$).
 - b. $\$13,850$
 - c. $\$42,150 = \$56,000 - \$13,850$. (LO 1.3 and 1.8)
6.
 - a. $\$51,600 = \$52,000 + \$2,600 - \$3,000$.
 - b. $\$27,700$, the greater of itemized deductions or the standard deduction of $\$27,700$.
 - c. $\$23,900 = \$51,600 - \$27,700$.
 - d. $\$2,431$ (Tax Table) (LO 1.3, 1.5, and 1.7)
7.

| | |
|---------------------------|-----------------|
| Adjusted gross income | \$18,000 |
| Less: Itemized deductions | <u>-2,400</u> |
| Taxable income | <u>\$15,600</u> |

Marco's tax liability from the Tax Table is $\$1,655$. Note: because they are married and filing separately and Marco's spouse Tatiana itemizes her deductions, Marco must also itemize his deductions, even though the itemized deductions total is less than the standard deduction he would be otherwise entitled to. (LO 1.3, 1.5, and 1.7)
8.

| | |
|--|-----------------|
| Adjusted gross income ($\$14,200 + \$1,450$) | \$ 15,650 |
| Less: Standard deduction | <u>-13,850</u> |
| Taxable income | <u>\$ 1,800</u> |

(LO 1.3, 1.5, and 1.7)
(Note: See Chapter 7 for the tax credit computation for dependent college students under age 24.)
9.
 - a. $\$35,150 = \$49,000 - \$13,850$.
 - b. Tax tables. Taxpayers with income up to $\$100,000$ must use the tax tables.
 - c. $\$4,001$. (LO 1.3, 1.5, and 1.7)
10.
 - a. $\$68,000 = \$52,000 + \$8,000 + \$5,000 + \$3,000$.
 - b. $\$65,250 = \$68,000 - \$2,750$.
 - c. $\$28,000$, the greater of itemized deductions or the standard deduction of $\$27,700$.
 - d. $\$37,250 = \$65,250 - \$28,000$.
 - e. $\$4,033$ (LO 1.3, 1.5, and 1.7)
11.
 - a. $\$90,500 = \$86,700 + \$3,800$.
 - b. $\$0$.
 - c. $\$62,800 = \$90,500 - \$27,700$ (standard deduction). (LO 1.3, 1.5, 1.6, and 1.7)

12. Taxable income is: **\$28,650** = \$42,500 – \$13,850. Tax liability from the tax tables not the tax rate schedules: **\$3,221**. (LO 1.3, 1.5, and 1.7)
13. **Yes.** Since Griffin owes Social Security taxes on the unreported tips (greater than \$400), he must file an income tax return. (LO 1.4)
14. a. **Yes.** Income is more than the \$20,800 standard deduction. (See Figure 1.1)
 b. **Yes.** Unearned income was more than \$1,250. Also, gross income of \$2,900 is more than the larger of \$1,250 or \$2,000 (earned income of \$1,600 plus \$400). (See Figure 1.2)
 c. **No.** Their income is under the \$29,200 standard deduction [\$27,700 + \$1,500 (over 65 years old)]. (See Figure 1.1)
 d. **Yes.** Gross income is greater than \$27,700, the 2023 standard deduction. (See Figure 1.1)
 e. **Yes.** His earnings exceeded the \$400 limit for self-employed persons. (See Figure 1.3) (LO 1.4.)
15. a. Allen **\$2,441.** $\$36,000 - \$13,850 = \$22,150$
 b. Boyd **\$2,705.** $\$38,200 - \$13,850 = \$24,350$
 c. Caldwell **\$3,919.** $\$64,020 - \$27,700 = \$36,320$
 d. Dell **\$3,301.** $\$50,922 - \$20,800 = \$30,122$
 e. Evans **\$5,246.** $\$59,003 - \$13,850 = \$45,153$ (LO 1.5)
16. a. A Kayla does not meet the requirements of a qualifying person for head of household because she is not a related person and did not live in Linda's home.
 b. A The significant other is not a qualifying person as this individual is not one of the relatives that can be considered a qualifying person for head of household.
 c. A or D Head of household is likely preferable. The brother is a qualifying person that lives for than one-half the year in the abode.
 d. B or C MFJ can be claimed in the year of the spouse's death and is probably preferable.
 e. A, D or E Surviving spouse is likely to be preferable but single or head of household are also possible. (LO 1.5 and 1.6)
17. a. Because their income exceeds \$100,000, the tax rate schedules must be used.
 b. **\$13,935** = $\$10,294 + 22\% \times (\$106,000 - \$89,450)$. (LO 1.5)
18. Jonas needs to meet the requirements to be a qualified person. Both depend on classification as a dependent as either a qualified child or qualified relative. The overall tests should be applied first:
1. Can Jonas be claimed as a dependent by any other taxpayer?
 2. Is Jonas married and does he file a tax return jointly with his spouse for any reason other than to get a refund?
 3. Is Jonas a U.S. citizen or resident alien?
 4. Does Jonas have a valid Social Security number?
- The next set of questions are related to qualifying child status:
1. Relationship test: Confirm Jonas' relationship to Karl.
 2. Domicile test: Where did Jonas live during the tax year? Was it more than one-half of the year with Karl?
 3. Age test: What is Jonas' age and is he a full-time student? Is Jonas older than Karl?
 4. Support test: How much of Jonas' support is provided by Jonas? Is it more than one-half?
- If Jonas is a qualifying child, then he need not meet the citizenship test to be a qualifying person for head of household filing status. If Jonas is not a qualifying child, he might be a qualifying relative which would prompt the following questions:
1. Relationship or member of household test: If Jonas is Karl's brother, this test has been confirmed in the qualifying child questions. If Jonas is not one of the qualifying relatives, the remaining tests need not apply since a person that is a qualifying relative by living in the taxpayer's household is not a qualifying person for purposes of the head of household test.

The following test need only be applied if Jonas is not Karl’s brother but is a qualifying relative for reasons other than living in Karl’s home:

2. Gross income test: What is Jonas’ 2023 income? Is it less than \$4,500?
3. Support test: Does Karl provide more than one-half of Jonas’ support?

Karl’s tax return should include Form 8867. (LO 1.5 and 1.6)

19. **Head of household.** Maggie’s parents meet the requirements of a qualified person. Maggie is single. Additionally, she provides a home for her parents. Parents are an exception to the requirement that dependents must live in the same household as the taxpayer to qualify the taxpayer for head of household status. (LO 1.5 and 1.6)
20. **Single.** Unmarried with no dependent.
Head of household. Single or abandoned spouse, with qualifying person.
Surviving spouse [qualified widow(er)]. Spouse died within the past 2 years and has a qualifying dependent. (LO 1.5)
21. a. **Yes**, his son qualifies as a dependent, meeting the tests of a qualifying relative.
 b. **No.** To be a qualifying person, his son must live in the same household as Marquez, so Marquez cannot use the head of household filing status. (LO 1.5 and 1.6)
22.

| <u>Dependent?</u> | <u>Amount of Credit</u> |
|--|-------------------------------------|
| a. Yes | \$500 other dependent credit |
| b. No (must be below \$4,700 gross income test) | \$0 |
| c. Yes | \$2,000 child tax credit |
| d. Yes | \$500 other dependent credit |
| e. No | \$0 (LO 1.6) |
23. **\$0.** Exemptions were suspended for tax years 2018–2025. **\$2,500.** The 11-year-old child qualifies for the \$2,000 child tax credit (under age 17). The 17-year-old qualifies for the other dependent credit of \$500. (LO 1.6)
24. **No.** Because Charles is self-supporting, his parents may not claim him as a dependent. The self-support test is applied to both children and relatives who otherwise qualify, so Charles is disqualified either way. (LO 1.6)
25. **No.** Phillip cannot be claimed as a dependent because he is not a U.S. citizen or a resident of the U.S., Canada, or Mexico. (LO 1.6)
26. The standard deduction is a specific dollar amount that varies with filing status, age and vision, but not by type of individual deduction. Total itemized deductions depend on the amount and type of items, with some items having limitations based on AGI. They include medical expenses, certain taxes, certain interest expenses, charitable contributions and miscellaneous deductions.
 A taxpayer should claim the larger of the standard deduction or the total allowed itemized deductions to reduce the taxpayer’s income subject to tax as much as possible. (LO 1.7)
27. i. The “statutory” amount of \$1,250.
 ii. The earned income of the dependent plus \$400
 iii. The “typical” standard deduction for a taxpayer of that filing status (e.g., \$13,850 for a single taxpayer that is under age 65 and not blind) (LO 1.7)
28. A spouse in a married filing separate situation when the other spouse is itemizing; most nonresident aliens; an individual filing a short-year return. (LO 1.7)

- 29.
- | | <u>Gain/(loss)
Realized</u> | <u>Gain/(loss)
Recognized</u> | <u>Long-term/
Short-term</u> |
|----|---------------------------------|-----------------------------------|---|
| a. | \$5,000 | \$5,000 | Long-term. |
| b. | (\$5,000) | (\$3,000) | Short-term. The excess \$2,000 loss can be carried forward. |
| c. | (\$7,000) | (\$3,000) | Long-term. The net capital loss deduction is \$3,000 regardless of filing status. The excess \$4,000 loss can be carried forward. |
| d. | (\$4,000) | \$0 | Short-term. Losses on the sale of personal use property are not deductible. |
| e. | \$4,000 | \$4,000 | Long-term. Gains on the sale of personal use property are taxable. |
- (LO 1.8)
30. The answer will vary depending on the date the problem is assigned and completed. The purpose of the problem is to familiarize the student with the IRS website. (LO 1.9)
31. Form 8949 is Sales and Other Dispositions of Capital Assets. (LO 1.9)
32. A number of articles in the blog indicate the limit for student loan interest deduction is \$2,500. (LO 1.9)
33. The title of Section 10.33 of Circular 230 is Best Practices for Tax Advisors. (LO 1.9)
34. ChatGPT responses can change based on data availability and continued learning by the LLM. A recent response is: I'm sorry, but I don't have access to real-time data as my knowledge cutoff date is September 2021. Tax laws and regulations can change from year to year, and I do not have information on the standard deduction for the year 2023. To find the most up-to-date information on the standard deduction for a single taxpayer in 2023, I recommend checking the official website of the Internal Revenue Service (IRS) or consulting with a tax professional. They will have the most current and accurate information regarding tax deductions and rates for the current tax year. (LO 1.9)
35. Tax returns are electronically signed through the use of a PIN. PINs can be generated by either the taxpayer or by the ERO. Self-selected PINs require the prior year AGI or PIN to authenticate the taxpayer. Before a PIN can be created by the ERO, the preparer must obtain a signed copy of an IRS E-file signature authorization (Forms 8878 or 8879). (LO 1.10)
36. Form 8453, copies of Forms W-2, W-2G, and 1099-R, a copy of the consent to disclose tax information form, a copy of the electronic return that could be retransmitted, an acknowledgment file for IRS accepted returns, Forms 8878 and 8879. (LO 1.10)

Group 3 – Writing Assignments

1. Research Solution:

Whittenburg and Gill, CPAs
San Diego, CA
February 20, 20xx

Mr. and Mrs. William Carson
3276 Lakeline Drive
San Diego, CA

Dear William and Sheila,

Thank you for requesting my advice concerning the tax treatment of your brother Jerry. I have researched your question and am sorry to say that you cannot claim Jerry as a qualifying child.

Although Jerry meets the domicile, age, joint return, citizenship, and self-support test, he does not meet the relationship test. Even though he is William's brother, in order to be your qualifying child, he must be younger than at least one of you.

Although you cannot claim Jerry as a qualifying child, there is a possibility that you could claim him as a qualifying relative if he earns less than \$4,700.

My conclusion is based upon the facts that you have provided me. I'm sorry that the news was not more favorable. If you have any questions or would like further explanation, please do not hesitate to call me.

Sincerely,

Trevor Malcolm

for Whittenburg and Gill, CPAs

2. Ethics Solution:

To: JasonandMary@email.com

Subject: Inquiry on filing status: single v. married filing jointly

Jason and Mary,

Thank you for your e-mail regarding your filing status for 2023. Let me also say, I really enjoyed your wedding ceremony and reception. Thank you for inviting me.

Your e-mail stated that you had prepared your 2023 taxes as both single and married filing jointly and found that your refund would be larger if both of you filed as single. Unfortunately, the tax law is very clear on this issue. Individuals who are married as of the last day of the tax year are considered to be married. Married taxpayers have only two filing status options: married filing jointly or married filing separately. In order to file as single, taxpayers must be unmarried or legally separated from their spouse as of the last day of the tax year. Not only would it be unethical for you to file as single, it would be against the law.

The additional tax that married couples sometimes encounter is known as the “marriage penalty.” Hopefully you are finding that your wedded bliss outweighs the tax penalty! If you have any questions or would like further explanation, please do not hesitate to call me.

Your friend,

Trevor Malcolm

For Whittenburg and Gill, CPAs

Group 4 – Comprehensive Problems

1A. See Pages 1-7 and 1-8.

1B. See Pages 1-9 to 1-11.

2A. See Pages 1-12 and 1-13.

2B. See Pages 1-14 and 1-15.

Group 5 – Cumulative Software Problem

The solution to the Cumulative Software Problem is posted on the website for the textbook at www.cengage.com/login.

Comprehensive Problem 1A

| | | | | | |
|---|--|-------------------------------|----------------------------|---|--|
| 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 _____, 2023, ending _____, 20____ | | | | See separate instructions. | |
| Your first name and middle initial Maria | | Last name Tallchief | | Your social security number 466 33 1234 | |
| 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. 1919 Barker Cypress Road | | | Apt. no. | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Cypress | | State TX | ZIP code 77433 | | |
| Foreign country name | | Foreign province/state/county | Foreign postal code | | |
| Filing Status | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Standard Deduction | Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien | | | | |
| Age/Blindness | You: <input type="checkbox"/> Were born before January 2, 1959 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1959 <input type="checkbox"/> Is blind | | | | |
| Dependents | (see instructions): | | | | |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | (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 <input type="checkbox"/> Credit for other dependents <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) 23,672 b Household employee wages not reported on Form(s) W-2 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 g Wages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 23,672 | | | 1a 23,672 1b 1c 1d 1e 1f 1g 1h 1z 23,672 | |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | b Taxable interest | 2b | |
| | 3a Qualified dividends | 3a | b Ordinary dividends | 3b | |
| 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. | 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 | |
| | 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 | |
| | 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 23,672 | | |
| 10 Adjustments to income from Schedule 1, line 26 | | | 10 | | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | | | 11 23,672 | | |
| 12 Standard deduction or itemized deductions (from Schedule A) | | | 12 13,850 | | |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | 13 | | |
| 14 Add lines 12 and 13 | | | 14 13,850 | | |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | 15 9,822 | | |

Comprehensive Problem 1A, cont.

| Form 1040 (2023) | | Page 2 | | |
|---|--|---|---|--|
| Tax and Credits | 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 | 983 | |
| | 17 Amount from Schedule 2, line 3 | 17 | | |
| | 18 Add lines 16 and 17 | 18 | 983 | |
| | 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 | 983 | |
| | 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 | 983 | |
| | Payments | 25 Federal income tax withheld from: | | |
| a Form(s) W-2 | | 25a | 1,204 | |
| b Form(s) 1099 | | 25b | | |
| c Other forms (see instructions) | | 25c | | |
| d Add lines 25a through 25c | | 25d | 1,204 | |
| 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 | 0 | | |
| 33 Add lines 25d, 26, and 32. These are your total payments | 33 | 1,204 | | |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 221 | |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 221 | |
| | b Routing number | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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 | | |
| | 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 <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No | | | |
| | Designee's name | Phone no. | Personal identification number (PIN) | |
| 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 Cashier | |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| | Phone no. | Email address | | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | |
| | Firm's name | PTIN | Check if: <input type="checkbox"/> Self-employed | |
| | Firm's address | Phone no. | Firm's EIN | |

Comprehensive Problem 1B, cont.

| | | | | |
|---|---|--|-----------------------------------|------------|
| | 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 total income | 9 | 23,672 |
| | 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income | 11 | 23,672 |
| Standard Deduction <small>See Standard Deduction Chart on the last page of this form.</small> | 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 15,700 (a) |
| | 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 taxable income | 15 | 7,972 |
| Tax and Credits | 16 | Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> | 16 | 798 |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 798 |
| | 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 | 798 |
| | 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 | 798 |
| | Payments | 25 | Federal income tax withheld from: | |
| a | | Form(s) W-2 | 25a | 1,204 |
| b | | Form(s) 1099 | 25b | |
| c | | Other forms (see instructions) | 25c | |
| d | | Add lines 25a through 25c | 25d | 1,204 |
| 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | | |
| <small>If you have a qualifying child, attach Sch. EIC.</small> | 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 | 1,204 | |

(a) Single Standard deduction of \$13,950 + \$1,850 additional standard deduction for being over age 65

Comprehensive Problem 1B, cont.

| | | | | | | |
|---|--|--|-----------|-----|------------|-----|
| Form 1040-SR (2023) | | Page 3 | | | | |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">34</td> <td style="width: 90%; text-align: right;">406</td> </tr> <tr> <td style="text-align: center;">35a</td> <td style="text-align: right;">406</td> </tr> </table> | 34 | 406 | 35a | 406 |
| 34 | 406 | | | | | |
| 35a | 406 | | | | | |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | | | | | |
| Direct deposit? See instructions. | b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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 | | | | |
| | 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 <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No Designee's name _____ Phone no. _____ Personal identification number (PIN) _____ | | | | | |
| 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 Cashier Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____ Phone no. _____ Email address _____ | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____ | | | | |
| Paid Preparer Use Only | Preparer's name _____ Preparer's signature _____ Date _____ PTIN _____ Firm's name _____ Firm's address _____ | Check if: <input type="checkbox"/> Self-employed Phone no. _____ Firm's EIN _____ | | | | |
| Go to www.irs.gov/Form1040SR for instructions and the latest information. | | Form 1040-SR (2023) | | | | |

Comprehensive Problem 2A

| 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 _____, 2023, ending _____, 20 | | | | See separate instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your first name and middle initial Dallas | | Last name Land | | Your social security number 3 6 7 1 2 8 9 7 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If joint return, spouse's first name and middle initial Richelle | | Last name Land | | Spouse's social security number 3 1 2 4 4 7 7 8 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. 2300 Walnut Street | | | Apt. no. F2 | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Dallas | | State TX | ZIP code 75243 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foreign country name | | Foreign province/state/county | Foreign postal code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Status | <input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Qualifying surviving spouse (QSS) <input type="checkbox"/> Married filing separately (MFS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Standard Deduction | Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age/Blindness | You: <input type="checkbox"/> Were born before January 2, 1959 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1959 <input type="checkbox"/> Is blind | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependents (see instructions): | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">If more than four dependents, see instructions and check here <input type="checkbox"/></th> <th style="width:20%;">(1) First name</th> <th style="width:20%;">Last name</th> <th style="width:10%;">(2) Social security number</th> <th style="width:10%;">(3) Relationship to you</th> <th style="width:10%;">(4) Check the box if qualifies for (see instructions):</th> <th style="width:10%;"></th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Child tax credit</th> <th>Credit for other dependents</th> </tr> </thead> <tbody> <tr> <td></td> <td>Legolas</td> <td>Land</td> <td>712 34 4315</td> <td>Son</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | If more than four dependents, see instructions and check here <input type="checkbox"/> | (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 | | Legolas | Land | 712 34 4315 | Son | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Legolas | Land | 712 34 4315 | Son | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">1a Total amount from Form(s) W-2, box 1 (see instructions)</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;">1a</td> <td style="width:10%; text-align: right;">54,300</td> </tr> <tr> <td>b Household employee wages not reported on Form(s) W-2</td> <td></td> <td></td> <td></td> <td></td> <td>1b</td> <td></td> </tr> <tr> <td>c Tip income not reported on line 1a (see instructions)</td> <td></td> <td></td> <td></td> <td></td> <td>1c</td> <td></td> </tr> <tr> <td>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</td> <td></td> <td></td> <td></td> <td></td> <td>1d</td> <td></td> </tr> <tr> <td>e Taxable dependent care benefits from Form 2441, line 26</td> <td></td> <td></td> <td></td> <td></td> <td>1e</td> <td></td> </tr> <tr> <td>f Employer-provided adoption benefits from Form 8839, line 29</td> <td></td> <td></td> <td></td> <td></td> <td>1f</td> <td></td> </tr> <tr> <td>g Wages from Form 8919, line 6</td> <td></td> <td></td> <td></td> <td></td> <td>1g</td> <td></td> </tr> <tr> <td>h Other earned income (see instructions)</td> <td></td> <td></td> <td></td> <td></td> <td>1h</td> <td></td> </tr> <tr> <td>i Nontaxable combat pay election (see instructions)</td> <td></td> <td></td> <td></td> <td>1i</td> <td></td> <td></td> </tr> <tr> <td>z Add lines 1a through 1h</td> <td></td> <td></td> <td></td> <td></td> <td>1z</td> <td style="text-align: right;">54,300</td> </tr> </table> | | | | 1a Total amount from Form(s) W-2, box 1 (see instructions) | | | | | 1a | 54,300 | 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 | 54,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a Total amount from Form(s) W-2, box 1 (see instructions) | | | | | 1a | 54,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 54,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach Sch. B if required. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">2a Tax-exempt interest</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;">2a</td> <td style="width:10%;"></td> </tr> <tr> <td>3a Qualified dividends</td> <td></td> <td></td> <td></td> <td></td> <td>3a</td> <td></td> </tr> <tr> <td>4a IRA distributions</td> <td></td> <td></td> <td></td> <td></td> <td>4a</td> <td></td> </tr> <tr> <td>5a Pensions and annuities</td> <td></td> <td></td> <td></td> <td></td> <td>5a</td> <td></td> </tr> <tr> <td>6a Social security benefits</td> <td></td> <td></td> <td></td> <td></td> <td>6a</td> <td></td> </tr> <tr> <td>c If you elect to use the lump-sum election method, check here (see instructions)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>7 Capital gain or (loss). Attach Schedule D if required. If not required, check here</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>7</td> <td></td> </tr> <tr> <td>8 Additional income from Schedule 1, line 10</td> <td></td> <td></td> <td></td> <td></td> <td>8</td> <td></td> </tr> <tr> <td>9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</td> <td></td> <td></td> <td></td> <td></td> <td>9</td> <td style="text-align: right;">54,300</td> </tr> <tr> <td>10 Adjustments to income from Schedule 1, line 26</td> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td></td> </tr> <tr> <td>11 Subtract line 10 from line 9. This is your adjusted gross income</td> <td></td> <td></td> <td></td> <td></td> <td>11</td> <td style="text-align: right;">54,300</td> </tr> <tr> <td>12 Standard deduction or itemized deductions (from Schedule A)</td> <td></td> <td></td> <td></td> <td></td> <td>12</td> <td style="text-align: right;">27,700</td> </tr> <tr> <td>13 Qualified business income deduction from Form 8995 or Form 8995-A</td> <td></td> <td></td> <td></td> <td></td> <td>13</td> <td></td> </tr> <tr> <td>14 Add lines 12 and 13</td> <td></td> <td></td> <td></td> <td></td> <td>14</td> <td style="text-align: right;">27,700</td> </tr> <tr> <td>15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income</td> <td></td> <td></td> <td></td> <td></td> <td>15</td> <td style="text-align: right;">26,600</td> </tr> </table> | | | | 2a Tax-exempt interest | | | | | 2a | | 3a Qualified dividends | | | | | 3a | | 4a IRA distributions | | | | | 4a | | 5a Pensions and annuities | | | | | 5a | | 6a Social security benefits | | | | | 6a | | 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 | | 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 | 54,300 | 10 Adjustments to income from Schedule 1, line 26 | | | | | 10 | | 11 Subtract line 10 from line 9. This is your adjusted gross income | | | | | 11 | 54,300 | 12 Standard deduction or itemized deductions (from Schedule A) | | | | | 12 | 27,700 | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | 13 | | 14 Add lines 12 and 13 | | | | | 14 | 27,700 | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | | | 15 | 26,600 |
| 2a Tax-exempt interest | | | | | 2a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3a Qualified dividends | | | | | 3a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a IRA distributions | | | | | 4a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a Pensions and annuities | | | | | 5a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a Social security benefits | | | | | 6a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 54,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Adjustments to income from Schedule 1, line 26 | | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | | | | | 11 | 54,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Standard deduction or itemized deductions (from Schedule A) | | | | | 12 | 27,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Add lines 12 and 13 | | | | | 14 | 27,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | | | 15 | 26,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Standard Deduction for— | <ul style="list-style-type: none"> • 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. | | | | Cat. No. 11320B | Form 1040 (2023) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Comprehensive Problem 2A, cont.

| | | | | |
|--------------------------------------|------------|---|------------|--|
| Tax and Credits | 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 | 2,755 |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 2,755 |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 500 |
| | 20 | Amount from Schedule 3, line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | 500 |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 2,255 |
| | 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 | 2,255 |
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 3,209 |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 3,209 |
| | 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 | 3,209 |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 954 |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 954 |
| Direct deposit? See instructions. | b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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 | |
| | 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) _____

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 Teacher | 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 Unemployed | 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 | Date | PTIN | Check if: <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| Firm's address | | | | Firm's EIN |

Comprehensive Problem 2B

| | | | | | |
|--|---|--|--|---|----------------------|
| 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 _____, 2023, ending _____, 20 | | | | See separate instructions. | |
| Your first name and middle initial Abigail | | Last name Boxer | | Your social security number 6 7 6 7 3 3 3 1 1 | |
| 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. 3456 S Career Avenue | | | Apt. no. | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Sioux Falls | | State SD | ZIP code 57107 | | |
| Foreign country name | | Foreign province/state/county | Foreign postal code | | |
| Filing Status | <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) <input checked="" type="checkbox"/> Head of household (HOH) <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Standard Deduction | Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien | | | | |
| Age/Blindness | You: <input type="checkbox"/> Were born before January 2, 1959 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1959 <input type="checkbox"/> Is blind | | | | |
| Dependents (see instructions): | (4) Check the box if qualifies for (see instructions): | | | | |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name Helen Boxer | Last name | (2) Social security number 676 73 3312 | (3) Relationship to you Daughter | |
| | | | | Child tax credit <input type="checkbox"/> | |
| | | | | Credit for other dependents <input checked="" type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | | | 1a 61,785 | |
| 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. | 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 61,785 | |
| | Attach Sch. B if required. | 2a Tax-exempt interest | 2a 250 | b Taxable interest | 2b 187 |
| | | 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 |
| | | 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 | |
| | 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 61,972 | |
| | 10 Adjustments to income from Schedule 1, line 26 | | | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | | | 11 61,972 | |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | | 12 20,800 | |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | 13 | |
| | 14 Add lines 12 and 13 | | | 14 20,800 | |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | 15 41,172 | |

Comprehensive Problem 2B, cont.

| | | | |
|--------------------------------------|---|-----------|-------|
| Tax and Credits | 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 | 4,627 |
| | 17 Amount from Schedule 2, line 3 | 17 | |
| | 18 Add lines 16 and 17 | 18 | 4,627 |
| | 19 Child tax credit or credit for other dependents from Schedule 8812 | 19 | 500 |
| | 20 Amount from Schedule 3, line 8 | 20 | |
| | 21 Add lines 19 and 20 | 21 | 500 |
| | 22 Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 4,127 |
| | 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 | 4,127 |
| Payments | 25 Federal income tax withheld from: | | |
| | a Form(s) W-2 25a 4,590 | | |
| | b Form(s) 1099 25b | | |
| | c Other forms (see instructions) 25c | | |
| | d Add lines 25a through 25c 25d 4,590 | | |
| | 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 4,590 | | |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 463 | | |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> 35a 463 | | |
| Direct deposit? See instructions. | b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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 | | |
| | 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) _____

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

Key Number Tax Return Summary

Chapter 1

Comprehensive Problem 1A

| | |
|---------------------------------|--------|
| Adjusted Gross Income (Line 11) | 23,672 |
| Taxable Income (Line 15) | 9,822 |
| Total Tax (Line 24) | 983 |
| Tax Refund (Line 35a) | 221 |

Comprehensive Problem 1B

| | |
|---|--------|
| Adjusted Gross Income (Line 11) | 23,672 |
| Standard Deduction or Itemized Deductions (Line 12) | 15,700 |
| Total Tax (Line 24) | 798 |
| Tax Refund (Line 35a) | 406 |

Comprehensive Problem 2A

| | |
|---|--------|
| Adjusted Gross Income (Line 11) | 54,300 |
| Standard Deduction or Itemized Deductions (Line 12) | 27,700 |
| Total Tax (Line 24) | 2,255 |
| Amount Overpaid (Line 34) | 954 |

Comprehensive Problem 2B

| | |
|---|--------|
| Adjusted Gross Income (Line 11) | 61,972 |
| Standard Deduction or Itemized Deductions (Line 12) | 20,800 |
| Credit for Other Dependents (Line 19) | 500 |
| Total Tax (Line 24) | 4,127 |
| Amount Overpaid (Line 34) | 463 |