## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submissio	n Identification Number (SID)		-				
Taxpayer's na	ame	Social securit	Social security number				
KOSHY	CHERIAN	888-06-	-6974	1			
Spouse's nar	ne	Spouse's soc	ial secu	rity numbe	r		
DELCY	MATHEW	987-97	-622	4			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	re aut	horizing	.)		
Enter who	e dollars only on lines 1 through 5.				,		
Note: Form	n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
<b>1</b> Adj	usted gross income		1	67	7,076.		
<b>2</b> Tot	altax		2	4	1,085.		
3 Fed	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3	5	890.		
<b>4</b> Am	ount you want refunded to you		4	1	,805.		
	ount you owe		5				
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)		
return (origi to send my for any dela Agent to ini payment of authorizatio payment, I business da taxes to re- personal ide	dge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about a manded) I am now authorizing. I consent to allow my intermediate service provider, transmoreturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejust in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Litate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incomy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminat must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises prior to the payment (settlement) date. I also authorize the financial institutions involved in the certification number (PIN) below is my signature for the income tax return (original or amended) I a unds Withdrawal Consent.	nitter, or electro- ection of the transport of transport of the transport of the transport of the transport of transport of the transport of transport	onic reteansmise of its cax preperently testion. The receivent the electric care of the elect	urn origina ssion, (b) the designated paration so to this acco to revoke ( yed no late ectronic parknowledge	ator (ERO) he reason I Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	s PIN: check one box only						
	authorize GLOBAL TAXES LLC to enter or generate	my PIN 6	6 9	7 4	as my		
_	ERO firm name gnature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but r all zeros	ao my		
if	will enter my PIN as my signature on the income tax return (original or amended) I am ryou are entering your own PIN and your return is filed using the Practitioner PIN methelow.						
Your signa	ture ▶ Date ▶ _						
Spouso's	PIN: check one box only						
-	authorize GLOBAL TAXES LLC to enter or generate	my PINI 7	6 2	2 2 4	as my		
	ERO firm name	-		digits, but	as IIIy		
S	gnature on the income tax return (original or amended) I am now authorizing.			r all zeros			
if	will enter my PIN as my signature on the income tax return (original or amended) I am r you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methelow.						
Spouse's	signature ► Date ►						
	Practitioner PIN Method Returns Only—continue below	1					
Part III	Certification and Authentication — Practitioner PIN Method Only						
ERO's EF	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 0 er all ze	8 2 7 ros	7 1		
authorized 1	the above numeric entry is my PIN, which is my signature for the electronic individual income to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submits of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this retu	ırn in a	ccordance			
ERO's sigr	nature ▶ Date ▶						
<u> </u>	FRO Must Retain This Form — See Instructions						

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number	
KOSHY			CHER	IAN							888	06	6974	
If joint return, s	pouse's	s first name and middle initial	Last na										security number	
DELCY			MATH	EW							987	97	6224	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaign	
12501 TI	ECH I	RIDGE BLVD						_   1	1324				ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode		•	_	jointly, want \$3 nd. Checking a	
AUSTIN						TX	ζ	787	53		•		not change	
Foreign countr	y name		F	Foreign pr	rovince/state/	count	ty	Foreiç	gn postal c	ode	your tax or refund.			
Filing Status	s [	Single					☐ Head of h	ouseh	old (HOI	<del> </del> )				
Check only	X	Married filing jointly (even if only or	ne had i	ncome)			_							
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,			
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ıalifying person is a child but not you	ır depen	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services	); or (	(b) sell,			
Assets		nange, or otherwise dispose of a digi										□ Ye	es 🗵 No	
Standard	Som	neone can claim:	pendent	t 🗌	Your spous	e as	a dependent							
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	e Vou	: Were born before January 2, 1	959 F	Are bl	ind <b>Sn</b>	ouse	: Was bor	n hefe	ore Janus	an/ 2	1050		s blind	
			333 <u> </u>	Ī	·			- 1					(see instructions):	
Dependent		irst name Last name		(2) 8	Social security number	′	(3) Relationsh to you	Child tax c					or other dependents	
If more than four	(.,.						,						$\neg$	
dependents,														
see instruction and check	s —													
here	]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions) .						1a		76,861.	
	b	Household employee wages not re	eported	on Form	n(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	ıs)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see i	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruction	,					, .			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>							
	z	Add lines 1a through 1h			· · ;						1z		76,861.	
Attach Sch. B	2a	· —	2a				axable interes				-			
if required.	3a		3a				ordinary divide							
Standard	4a		4a				axable amoun							
Deduction for—	5a	<del>-</del>	5a				axable amoun							
Single or Married filing	6a	,	6a	ال - بالم م	-hl !:		axable amoun	τ			6b			
separately, \$13,850	C	If you elect to use the lump-sum e		•		`	,				- -			
Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7	+	-9 <b>,</b> 785.	
jointly or Qualifying	8 9	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7									9	+	67,076.	
surviving spouse, \$27,700		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,										+	07,070.	
Head of	10	Adjustments to income from Sche									10	_	67 076	
household, \$20,800	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-	_						11 12		67 <b>,</b> 076.	
If you checked any box under	13	Qualified business income deducti					 5-Δ				13		27 <b>,</b> 700.	
Standard	14						J-A				14		27,700.	
Deduction, see instructions.	15	Subtract line 1/1 from line 11. If zer									15		39 376	

Form 1040 (202)	3)								Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	4,285.		
Credits	17	Amount from Schedule 2, line 3	3					. 17			
	18	Add lines 16 and 17						. 18	4,285.		
	19	Child tax credit or credit for oth	ner dependent	s from Sched	ule 8812			. 19			
	20	Amount from Schedule 3, line 8	в					. 20	200.		
	21	Add lines 19 and 20						. 21	200.		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				. 22	4,085.		
	23	Other taxes, including self-emp	oloyment tax, t	from Schedule	e 2, line 21			. 23	0.		
	24	Add lines 22 and 23. This is yo	ur <b>total tax</b>					. 24	4,085.		
<b>Payments</b>	25	Federal income tax withheld from	om:								
-	а	Form(s) W-2				25a	5,8	90.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						. 25d	5,890.		
If you have a	26	2023 estimated tax payments a	and amount ap	oplied from 20	22 return			. 26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .				27					
	28	Additional child tax credit from S	Schedule 8812			28					
	29	American opportunity credit from	om 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. T	hese are your	total other pa	ayments and refu	undable cr	edits .	. 32			
	33	Add lines 25d, 26, and 32. The	se are your <b>to</b>	tal payments				. 33	5,890.		
Refund	34	If line 33 is more than line 24, s	subtract line 24	4 from line 33.	This is the amou	nt you <b>ove</b>	rpaid .	. 34	1,805.		
	35a	Amount of line 34 you want ref			is attached, che	ck here .		☐ 35a	1,805.		
Direct deposit?	b	Routing number 1 1 1 0				Checking	☐ Sav	rings			
See instructions.	d	Account number 4 8 8 1	. 1 2 9	1 1 0 3	3 6						
	36	Amount of line 34 you want ap	plied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. T For details on how to pay, go t						. 37			
	38	Estimated tax penalty (see inst	_	-		38		. 07			
Third Party Designee	Do	you want to allow another postructions	erson to disc	uss this retu	n with the IRS?	See _	es. Comr	olete below.	⊠ No		
Designee		signee's		Phone				identification	<del></del>		
		me		no.			number (				
Sign Here		der penalties of perjury, I declare that lief, they are true, correct, and comple									
Here	Yo	ur signature		Date	Your occupation				ent you an Identity		
								Protection F (see inst.)	PIN, enter it here		
Joint return? See instructions.				5 .	FUNCTIONAL		ANT L2	, , , , , , , , , , , , , , , , , , ,	<del> </del>		
Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>bot</b>	Date	Spouse's occupat HOME MAKEI			If the IRS sent your spouse an Identity Protection PIN, enter it her (see inst.)				
	Ph	one no. (512) 917-6607		Email address	KOSHYCHERIA		IL.COM	1	-		
	Pre		reparer's signati	ure		Date		ΓIN	Check if:		
Paid	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/	2024   PC	2082703	Self-employed		
Preparer									hone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			Firm's EIN	84-3171965		
	<u></u>	40406 1 1 11 11 11 11			-				= 1010 :		

### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **01** Your social security number

KOSH	Y CHERIAN & DELCY MATHEW			888-0	6-69	74
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	
2a	Alimony received				2a	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C				3	
4	Other gains or (losses). Attach Form 4797				4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta				5	-9 <b>,</b> 785.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:					
а	Net operating loss	8a	(	)		
b	Gambling	8b	,			
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	(	)		
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
ı	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n	Section 951(a) inclusion (see instructions)	8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8p				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
s	Nontaxable amount of Medicaid waiver payments included on Form					
	1040, line 1a or 1d	8s	(	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
		8z				
9	Total other income. Add lines 8a through 8z				9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here	e and or	Form		
	1040 1040-SR or 1040-NR line 8				10	-9.785

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
				-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

## SCHEDULE 3 (Form 1040)

**Additional Credits and Payments** 

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR KOSHY CHERIAN & DELCY MATHEW

Your social security number 888-06-6974

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, lir Form 2441	ne 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	200.
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Reserved for future use			
f	Clean vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 <b>6h</b>			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 <b>6k</b>			
ı	Amount on Form 8978, line 14. See instructions 6I			
m	Credit for previously owned clean vehicles. Attach Form 8936 . <b>6m</b>			
z	Other nonrefundable credits. List type and amount:			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040	1040-SR, or		
	1040-NR, line 20		8	200.
		(00	ontinue	d on page 2)

Schedule 3 (Form 1040) 2023 Page **2** 

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15	

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

OMB No. 1545-0074

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

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

2023	
Attachment Sequence No. <b>13</b>	

KOSH	IY CHERIAN &	DELC	CY MATHEW						88	8-06	6-6974		
Part	Income or Note: If you a	Los ire in t	s From Rental Real Estate a he business of renting personal proposes from Form 4835 on page 2, line 40	nd Ro erty, use	yalties e Schedule	<b>c</b> . See	instru	ctions. If you	are a	ın indiv	ridual, rep	ort far	m
Α [			ents in 2023 that would require you										
			ou file required Form(s) 1099?										No
1a			ach property (street, city, state, Z										
			AMPIL HOUSE V.C.ABRAHA			אט עכ	D 0 1	$V \cap T \cap T \setminus V \setminus M$		DNTN	TN 69	2650	2
A B	n.4/0,1nEKK	CPAP	AMPIL HOUSE V.C.ABRAHA	M KO.	AD PAMI	ADI	F.O,1	NOTTATAM	, N.E.	INALA	7 111 00	000	
C													
1b	Type of Property	2	For each rental real estate prop	erty lie	ted		Fa	ir Rental	P	erson	al Use		
	(from list below)	~	above, report the number of fair	r rental	l and			Days	' '	Da		C	JV
Α	3	1	personal use days. Check the C			Α		365			0		
В			if you meet the requirements to qualified joint venture. See instr			В							
С			qualified joint venture. See inst	uction	J.	С							
	of Property:												
	Single Family Resi			ntal	5 Lanc		-	Self-Rental					
2	Multi-Family Resid	ence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)	)			
								Propert	ies:				
Incom	ne:					Α		В				С	
3	Rents received .			3		6	85.						
4		d		4									
Exper													
5				5									
6			structions)	6									
7			ance	7		1,9	54.						
8				8									
9				9									
10 11			sional fees	10		1 5	6.1						
12			to banks, etc. (see instructions)	12		1,3	64.						
13		•	· · · · · · · · · · · · · · · ·	13									
14				14		2.7	54.						
15				15			62.						
16				16									
17				17		1,2	36.						
18	Depreciation expe	ense	or depletion	18									
19	Other (list)			19									
20	Total expenses. A	Add lii	nes 5 through 19	20		10,4	70.						
21			ne 3 (rents) and/or 4 (royalties). If										
	* **		structions to find out if you must			0 7	0 -						
				21		<b>-9,</b> 7	85.						
22	on <b>Form 8582</b> (se	e ins	estate loss after limitation, if any, tructions)	22	(	9,78	35.)	(		)(	(		)
23a			ported on line 3 for all rental prop				23a		6	85.			
b			ported on line 4 for all royalty pro				23b						
C			ported on line 12 for all properties				23c						
d			ported on line 18 for all properties				23d	4 /	7 4	70			
e 24			ported on line 20 for all properties				23e	Τ(	0,4 <sup>°</sup>				
24 25	-		amounts shown on line 21. <b>Do no</b> ses from line 21 and rental real esta		-		nter to	tal losses has	·	24 25	(	a -	785.)
25 26	•	-	te and royalty income or (loss).						- 1	20		3, I	00.
20			te and royalty income or (loss). Id IV, and line 40 on page 2 do n										

26

-9,785.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

## **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074 Attachment Sequence No. 54

Name(s) shown on return

KOSHY CHERIAN & DELCY MATHEW

888-06-6974

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student (see instructions).

5 p 0. 1 d 0.			(5) (6)				a) You		(b) Your	r spouse
		ontributions, and AB 023. <b>Do not</b> include ro			1					•
		x) or other qualified en (D) plan contributions			2		6 <b>,</b> 8	42.		
Add lines 1 an	d2				3		6,8	42.		
extensions) of	your 2023 tax	ed <b>after</b> 2020 and return (see instruction oth columns. See inst	ns). If married filing jo	ointly, include	4					
Subtract line 4	from line 3. If	zero or less, enter -0-			5		6.8	42.		
		naller of line 5 or \$2,0			6		2,0			
		f zero, <b>stop</b> ; you can't						7		2,000.
		1040, 1040-SR, or 10	•	8		67,	076.			
Enter the appl	icable decimal	amount from the table	e below.							
If line	8 is-	<b>A</b>	and your filing status	s is—						
Over—	But not over—	Married filing jointly	Head of household	Single, Marr separate	ly, or					
		Enter on	line 9—	Qualifying survi	ving sp	oouse				
	\$21,750	0.5	0.5	0.5						
\$21,750	\$23,750	0.5	0.5	0.2						
\$23,750	\$32,625	0.5	0.5	0.1				9	Х	.1
\$32,625	\$35,625	0.5	0.2	0.1						
\$35,625	\$36,500	0.5	0.1	0.1						
\$36,500	\$43,500	0.5	0.1	0.0						
\$43,500	\$47,500	0.2	0.1	0.0						
\$47,500	\$54,750	0.1	0.1	0.0						
\$54,750	\$73,000	0.1	0.0	0.0						
\$73,000		0.0	0.0	0.0						
	Note:	If line 9 is zero, <b>stop</b> ; y	ou can't take this cre	edit.						
Multiply line 7	by line 9 .							10		200
Limitation bas	ed on tax liabil	lity. Enter the amount	from the Credit Limit	Worksheet in t	he ins	structio	ons	11		4,285
		nent savings contrib	utions. Enter the sm	aller of line 10	or li	ne 11	here			
	1 0 /F 40	40\ 1' 4						l .	I	

<sup>\*</sup> See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

200.

and on Schedule 3 (Form 1040), line 4