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

Submission	on Identification Number (SID)			
Taxpayer's r	name	Social security	y number	
KOSHY	CHERIAN	888-06-	6974	
Spouse's na		Spouse's soci		umber
DELCY	MATHEW	987-97-	-6224	
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e authori:	zing.)
Enter who	ole dollars only on lines 1 through 5.	-		
Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Ad	ljusted gross income		1	67 , 076.
	tal tax		2	4,085.
	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3	5 , 890.
	nount you want refunded to you		4	1,805.
	nount you owe		5	
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and kalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
to send my for any dela Agent to in payment of authorization payment, I business d taxes to re personal id	inal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject ay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. titate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicting for the defending and the stream of the financial institution in the financial institution on is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipays prior to the payment (settlement) date. I also authorize the financial institutions involved in the paceive confidential information necessary to answer inquiries and resolve issues related to the patentification number (PIN) below is my signature for the income tax return (original or amended) I am Funds Withdrawal Consent.	ction of the tra S. Treasury an ated in the ta to debit the the authoriza ests must be processing of syment. I furth	ansmission, and its design x preparation entry to this tion. To revolute received in the electron ner acknow	(b) the reason nated Financial on software for account. This roke (cancel) a to later than 2 nic payment of eledge that the
	's PIN: check one box only			
	authorize GLOBAL TAXES LLC to enter or generate n	N PIN 6	6 9 7	4 as my
<u> </u>	ERO firm name	Ento	er five digits,	, but
S	signature on the income tax return (original or amended) I am now authorizing.	don	t officer all 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
if	will enter my PIN as my signature on the income tax return (original or amended) I am not you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.			
Your signa	ature ▶ Date ▶			
Spouse's	PIN: check one box only			
	authorize GLOBAL TAXES LLC to enter or generate n	nv PIN 7	6 2 2	4 as my
<u> </u>	ERO firm name	.,	er five digits,	
S	signature on the income tax return (original or amended) I am now authorizing.	don	't enter all ze	eros
it	will enter my PIN as my signature on the income tax return (original or amended) I am not fyou are entering your own PIN and your return is filed using the Practitioner PIN methodelow.			
Spouse's	signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part III	Certification and Authentication — Practitioner PIN Method Only			
ERO's EF	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 Don't ente		2 7 1
authorized	at the above numeric entry is my PIN, which is my signature for the electronic individual income tax to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit that of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for	ting this retu	rn in accord	dance with the
ERO's sig	nature ▶ Date ▶			
LI 10 3 319	ERO 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



1040		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 Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
KOSHY CHERIAN											888	06	6974
If joint return, spouse's first name and middle initial Last name								Spouse's social security nun					
DELCY MATHEW									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 T	ECH 1	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	ow.	Sta	te	ZIP c	ode			-	jointly, want \$3 nd. Checking a
AUSTIN						TX		787	53		•		not change
Foreign countr	y name		F	Foreign pr	rovince/state/	count	у	Foreig	n postal c	ode	your tax	or refu	
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOI	- I)			
Check only	_	Married filing jointly (even if only or	ne had i	ncome)									
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spo	use (0	QSS)		
	If y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	cked 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 deper	ndent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavn	nent for prope	rtv or	services): or ((b) sell.		
Assets		nange, or otherwise dispose of a digi										□ Ye	es 🗵 No
Standard		neone can claim: You as a de					a dependent	, ,			<u>, </u>		
Deduction		 Spouse itemizes on a separate retur	•		-		•						
A /Dlimalman										0	1050		- 1-1:
		: Were born before January 2, 1	959 _	_ Are bl	<u> </u>	ouse		- 1					s blind
Dependent		(see instructions): (1) First name Last name			(2) Social security (3) Relationship to you			ip (4	Child t				(see instructions): or other dependents
If more than four	(1)	(1) First Harris				10 you		T		-			
dependents,										_			
see instruction	s									_			
and check here [1												
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)						1a		76 , 861.
Income	b	Household employee wages not re	,		,						1b	_	,
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		` '						1c	_	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	_		
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e	_			
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f	_	
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)								1h		0.
instructions.	i	Nontaxable combat pay election (s	,	ructions)			1i						
	z	Add lines 1a through 1h									1z		76,861.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard Deduction for—	5а	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method,	check here	(see	instructions)						
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If no Married filing											7		
jointly or	8	Additional income from Schedule	1, line 1	0							8		-9 , 785.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our total inc	come					9		67 , 076.
\$27,700 Head of	10	Adjustments to income from Sche	tments to income from Schedule 1, line 26							10			
household,	11	Subtract line 10 from line 9. This is	your a c	djusted	gross incor	ne					11		67 , 076.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12	1	27 , 700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13		
Deduction,	14										14		27 , 700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loc	e antar.	O This is w	Our t	avabla incom				15	1	39 376

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check in	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	4,285.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	4,285.	
	19	Child tax credit or credit for o	ther dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20	200.	
	21	Add lines 19 and 20						21	200.	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	4,085.	
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	4,085.	
Payments	25	Federal income tax withheld t	from:							
-	а	Form(s) W-2				25a	5,890).		
	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	and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812	2		28				
	29	American opportunity credit f	rom Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	5,890.	
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amou	nt you overpaic	١	34	1,805.	
	35a	Amount of line 34 you want re			3 is attached, che	ck here	[35a	1,805.	
Direct deposit?	b	Routing number 1 1 1				Checking [] Saving	ıs		
See instructions.	d	Account number 4 8 8 1 1 2 9 1 1 0 3 6								
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions			37		
	38	Estimated tax penalty (see ins	structions) .			38				
Third Party		you want to allow another	•				.		₩.	
Designee		structions		Phone			•	e below.	⊠ No	
		esignee's me		no.			rsonai ide nber (PIN	entification I)		
Sign		der penalties of perjury, I declare that								
Here	be	lief, they are true, correct, and comp	lete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all informa	tion of wh	nich prepar	er has any knowledge.	
	Yo	ur signature		Date	Your occupation			nt you an Identity		
l-i-t0		المنظيمان			FUNCTIONAL	CONCIIT TA NT	١,	rotection P ee inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, be	oth must sign	Date	Spouse's occupat		ПС ,		nt your spouse an	
Keep a copy for	opouse s signature. Il a joint return, both must sign.			Date	opouse s occupat	ion .			ection PIN, enter it here	
your records.					HOME MAKE	₹	(s	ee inst.)		
	Ph	one no. (512) 917-6607		Email address	KOSHYCHERIA	AN1@GMAIL.	COM			
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2024	P020	82703	Self-employed	
Use Only	Firm's name GLOBAL TAXES LLC F							Phone no. (678) 965-9522		
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Fi	irm's EIN	84-3171965	
o	/-	4040 ()							- 4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KOSHY CHERIAN & DELCY MATHEW 888-06-6974 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -9,785. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: а 8a Gambling 8b 8c Foreign earned income exclusion from Form 2555 8d 8e 8f Alaska Permanent Fund dividends 8q 8i Activity not engaged in for profit income 8i 8k 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 8m 8n 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8a Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t Wages earned while incarcerated 8u Other income. List type and amount: 9 9

10

-9,785.

10

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				
	-	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 adjustments to income .	. 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 6h			
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 6k			
ı	Amount on Form 8978, line 14. See instructions 6I			
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m			
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.

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. 13

Your social security number

KOSE	Y CHERIAN & DELCY MATHEW						888-0	6-6974	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use	Schedule			-			
Α [Did you make any payments in 2023 that would require you	ı to file	Form(s) 1	1099? S	ee ins	tructions .		. 🗌 Ye	
B I	f "Yes," did you or will you file required Form(s) 1099? .							. L Ye	es UNo
1a	Physical address of each property (street, city, state, ZI	P code	e)						
Α	H.478, THEKKEPARAMPIL HOUSE V.C.ABRAHAN	M ROA	AD PAME	PADY I	2.0,I	KOTTAYAM,	KERAL	A IN 68	86502
В						<u> </u>			
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and		Fa	ir Rental Days		nal Use ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desci	ribe)		
						Properti	es:		
ncon				Α		В			С
3	Rents received	3		6	85.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 0	- 1				
7	Cleaning and maintenance	7		1,9	54.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 -	<i>C</i> 1				
11	Management fees	11		1,5	64.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13 14	Other interest	13		2 7	E /				
15	Repairs	15		2,7 2,9					
16	Supplies	16		2,9	02.				
17	Utilities	17		1,2	3.6				
18	Depreciation expense or depletion	18		1,2	30.				
19		19							
20	Other (list) Total expenses. Add lines 5 through 19	20		10,4	70				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	-		<u> </u>					
21	result is a (loss), see instructions to find out if you must file Form 6198			- 9 , 7	85.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9 , 78	5.))(,
23 a	Total of all amounts reported on line 3 for all rental proper				23a		685.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	10	,470.		
24	Income. Add positive amounts shown on line 21. Do no		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							(9,785.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a						on 26		-9,785.

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

(b) Your spouse

Name(s) shown on return

KOSHY CHERIAN & DELCY MATHEW

Your social security number

888-06-6974

(a) You



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).

							(a) You		(b) Your spouse
1	Traditional an designated be								
2	•	•) or other qualified e						
2	contributions,	6,8	42.						
3	Add lines 1 an	d2				3	6,8	42.	
4	Certain distrib	outions receive	ed after 2020 and	before the due date	te (including				
	extensions) of	your 2023 tax	return (see instructio	ns). If married filing jo	intly, include				
	both spouses	' amounts in b e	oth columns. See inst	ructions for an excep	tion	4			
5	Subtract line 4	from line 3. If	zero or less, enter -0-			5	6,8	42.	
6	In each colum	n, enter the sn	naller of line 5 or \$2,0	00		6	2,0		
7	Add the amou	nts on line 6. If	zero, stop ; you can't	take this credit				7	2,000.
8	Enter the amo	unt from Form	1040, 1040-SR, or 10	040-NR, line 11*	8	67	7,076.		·
9	Enter the appl	icable decimal	amount from the tabl	e below.		•			
	If line	8 is-	l l	And your filing status	is-				
		But not	Married	Head of	Single, Marr	ied filing			
	Over-	over—	filing jointly	household	separate	ly, or			
		0.10.	Enter or	line 9—	Qualifying survi	ving spous	е		
		\$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	x .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				
		_							
10	Multiply line 7	by line 9 .		·				10	200.
11	Limitation bas	ed on tax liabil	ity. Enter the amount	from the Credit Limit	Worksheet in t	he instruc	tions	11	4,285.
12				utions. Enter the sm			11 here		
	and on Sched	ule 3 (Form 10	40), line 4					12	200.

^{*} 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.

REV 01/12/24 PRO