<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use O	nly—[	Do not w	ite or stap	le in this space.
For the year Jan.	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20				structions.
Your first name and middle initial				name					 Y	Your social security number			
ALEKSAND	R		GORB	RBASHEV						***	**	0654	
lf joint return, sp	oouse's	first name and middle initial	Last nar	me						s	pouse':	s social s	ecurity number
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	F	Presider	ntial Elec	tion Campaign
105 TUBE	FLO	VER											u, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces be	low.	Sta	ite	ZIP c	ode				ointly, want \$3 d. Checking a
IRVINE						CA	Į	926	18				ot change
Foreign country	name		F	oreign pi	rovince/state/o	count	ty	Foreig	n postal coo	de y	our tax	or refun	_
		Cinala											
Filing Status		Single	no hod i	noomo)			Head of he	ousen	ola (HOH)				
Check only		Married filing separately (MES)											
one box.	lf v	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the											e if the
		It 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:											
					7						)		
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig										Yes	s X No
Standard		eone can claim:  You as a de					a dependent	,,,, (0			•)		
Deduction		Spouse itemizes on a separate retur											
Age/Blindness		Were born before January 2, 1	_	Are bl		ouse		n hefo	ore Januar	v 2	1959		blind
Dependents					Social security		(3) Relationsh						ee instructions):
If more		rst name Last name		(-) (	number		to you		Child tax	crea	dit	Credit for	other dependents
than four										]			
dependents,										]			
see instructions and check					<u>.</u>					]			
here 🗌							*			]		_	
Income	<b>1</b> a	Total amount from Form(s) W-2, b						1	• • •		<b>1</b> a	2	271,392.
Attach Form(s)	b	Household employee wages not re				• •		11			1b		
W-2 here. Also attach Forms	c	Tip income not reported on line 1a					· · · ·		•••	•	10		
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f				nstru	ictions)	• •	• • •		1d	-	
1099-R if tax	e f							•			1e		
was withheld. If you did not	f	Employer-provided adoption bene Wages from Form 8919, line 6		FOILID	009, iiiie 29						1f		
get a Form	g h	Other earned income (see instruct	ions)						• • •	•	1g 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s		uctions)		• •	11	Ì					
	z	Add lines 1a through 1h					· · <u> </u>				1z		271,392.
Attach Sch. B	2a		2a			b T	axable interest	t.			2b	•	7,711.
if required.	3a		3a			<b>b</b> 0	Ordinary divider	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b		
Single or	<b>6</b> a	Social security benefits	6a			b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions) $\ldots$											
\$13,850 Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
jointly or	8	Additional income from Schedule							· · ·		8		-48,592.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	our total inc	come	e				9	2	230,511.
\$27,700 • Head of	10	Adjustments to income from Sche					2.2.2.2	.tt.	• • •	. •	10		20 _ 20 _ 2004
household, \$20,800	11	Subtract line 10 from line 9. This is		-	-			· P	· · ·		11	2	230,511.
If you checked	12	Standard deduction or itemized						•			12		13,850.
any box under Standard	13	Qualified business income deduct					5-A	• •	• • •		13		10 050
Deduction, see instructions.	14	Add lines 12 and 13						• •	· · ·	•	14		13,850.
	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-u Inis is y	ourt	axable incom	ie.		·	15	4	216,661.

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

Form **1040** (2023)

Form 1040 (2023	3)			Page 2					
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	48,164.					
Credits	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	48,164.					
	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	48,164.					
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,138.					
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	49,302.					
Payments 8 8 1	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions)							
	d	Add lines 25a through 25c	25d	55,930.					
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26						
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)							
	28	Additional child tax credit from Schedule 8812							
	29	American opportunity credit from Form 8863, line 8							
	30	Reserved for future use							
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32						
	33	Add lines 25d, 26, and 32. These are your total payments	33	55,930.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,628.					
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	6,628.					
Direct deposit? See instructions.	b	Routing number * * * * * * * X X X X X C Type: Checking 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 <b>amount you owe</b> .							
		For details on how to pay, go to www.irs.gov/Payments or see instructions	37						
	38	Estimated tax penalty (see instructions)							
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See								
	ins	structions	below.	X No					
-		signee's Phone Personal ident	tification						
	nai								
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic							
Here				t you an Identity					
	ŶŎ			N, enter it here					
Joint return? See instructions.			e inst.)						
	Sp		the IRS sent your spouse an						
Keep a copy for your records.			entity Protection PIN, enter it here						
your records.			e inst.)						
		one no. (214) 755-0355 Email address		Oha alu ife					
Paid	Pre	eparer's name Preparer's signature Self-Prepared Date PTIN		Check if:					
raiu				Self-employed					
Preparer Use Only			one no. m's EIN						

irs.gov/Form1040 for instructions and the li