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

2023	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					Se	See separate instructions.				
				st name ALLAPU						Yo	Your social security number			
If joint return, spouse's first name and middle initial Last name				ame						Spe	Spouse's social security number			
OFO HAVEFUED									Presidential Election Campaign Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete <b>TALLAHASEE</b>				ete spaces below.  State  FL				ZIP co	spouse if filing jointly to go to this fund. Cl box below will not cl			. Checki	ng a	
Foreign country name				Foreign province/state/county F				Foreigr	n postal cod		your tax or refund.  You Spous			
Filing Status	V	Single					Head of he	ouseho	old (HOH)	'				
Check only one box.		☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ 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		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi	,			•		•	, ,	` '	sell,	□Yes	✓N	0
		eone can claim: You as a dep					as a dependent	i): (OC	e mstruct	.10113.)				
Standard Deduction		Spouse itemizes on a separate return			•		•							
Age/Blindness	You:	Were born before January 2, 19	959	Are bl	lind §	Spou	se: Was bor	rn befo	re Januar	y 2, 19	359	☐ Is b	olind	
Dependents				<del>-</del>	Social secu	•	(3) Relationsh	(4)			ox if qualifies for (see instructions):			
If more	(1) First name Last name			number			to you		Child tax cred			Credit for o	ther depe	ndents
than four														
dependents, see instructions													<u> </u>	
and check				-						<u> </u>			<u> </u>	
here $\square$	4.	Tatal and wat from Farma(a) M/ O. Inc	1 /-		+: \							_		
Income	1a	Total amount from Form(s) W-2, bo								•	1a 1b			
Attach Form(s)	C	<ul> <li>b Household employee wages not reported on Form(s) W-2</li></ul>								•	1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi									1e			$\neg$
was withheld.	f	Employer-provided adoption benef				29					1f			
If you did not	g										1g			
get a Form W-2, see	h Other earned income (see instructions)									1h				
instructions.	i	Nontaxable combat pay election (see instructions)												
	z	Add lines 1a through 1h									1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b	Taxable interest	t.			2b			
if required.	3a		3a				Ordinary divide				3b			
Standard	4a	_	4a				Taxable amoun				4b			_
Deduction for—	5a	_	5a				Taxable amoun				5b			
Single or     Married filing	6a	,	6a   				Taxable amoun	t		Ė	6b			
separately, \$13,850	c	you elect to use the lump-sum election method, check here (see instructions) L								H	-			
Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							Ш	8					
jointly or Qualifying		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								•	9			-
surviving spouse, \$27,700										•	10			
<ul> <li>Head of household,</li> </ul>	11									11			$\overline{}$	
\$20,800	12 Standard deduction or itemized deductions (from Schedule A)									1:	3850			
If you checked any box under	necked —— Your Control of the Contro								13					
Standard Deduction,	14										14		1:	3850
see instructions.	15	Subtract line 14 from line 11. If zero	o or le	ss, enter	-0 This i	s you	ır taxable incom	ne .			15			
													4040	

Form 1040 (2023)	)							Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if a	any from Form(	s): <b>1</b> 8814	<b>2</b> 4972	3 🗌	1	16		
Credits	17	Amount from Schedule 2, line 3	3				1	17		
	<b>18</b> Add lines 16 and 17							18		
	19	Child tax credit or credit for oth	1	19						
	20	Amount from Schedule 3, line 8	3				2	20		
	21	Add lines 19 and 20					2	21		
	22	Subtract line 21 from line 18. If	otract line 21 from line 18. If zero or less, enter -0							
	23 Other taxes, including self-employment tax, from Schedule 2, line 21							23		
	24	Add lines 22 and 23. This is you	ur <b>total tax</b>				2	24		
Payments	25	Federal income tax withheld from	om:							
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .					2	5d		
If you have a	26	2023 estimated tax payments a	and amount ap	oplied from 20	22 return		2	26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28				
	29	American opportunity credit fro	m Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1	15			31				
	32	Add lines 27, 28, 29, and 31. The	3	32						
	33	Add lines 25d, 26, and 32. The	se are your <b>to</b>	tal payments			3	33		
Refund	34	If line 33 is more than line 24, s	ubtract line 24	from line 33.	This is the amour	nt you <b>overpaid</b>	3	34		
	35a	Amount of line 34 you want ref	unded to you	. If Form 8888	is attached, chec	k here	. 🗌 🔼	5a		
Direct deposit?	b	Routing number	Savings							
See instructions.	d	Account number								
	36	Amount of line 34 you want app	olied to your 2	2024 estimate	d tax	36				
Amount	37	Subtract line 33 from line 24. T								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see inst	ructions) .			38				
Third Party		you want to allow another pe				_				
Designee		tructions					omplete belo			
	nar	signee's ne		Phone no.			onal identificat ber (PIN)	ion		
Sign		der penalties of perjury, I declare that						, ,		
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
11010	You	ır signature	Date	Your occupation			S sent you an Identity			
						(see inst	on PIN, enter it here			
Joint return? See instructions.	Sno	ouse's signature. If a joint return, <b>bot</b>	Date Spouse's occupation				If the IRS sent your spouse an			
Keep a copy for	Op.	odoo o olgitataro. Il a joint rotarii, <b>bot</b>	Opodoc o occupation				Identity Protection PIN, enter it here			
your records.						(see inst.	.)			
	Pho	one no.		Email address						
Paid	Pre	parer's name Pi	reparer's signatu	ature Date F				Check if:		
Preparer								Self-employed		
Use Only	Firr	n's name	Phone n	0.						
	Firr	n's address	Firm's El							
Go to www.irs.gov/Form1040 for instructions and the latest information.										