BRANDIL       L       LYONS       X X X X X X X X X X X X X X X X X X X	<b>1040</b>	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn 20 <b>X</b>	X	, OMB No. 154	15-0074	IRS Use Or	nly—Do no	t write or staple i	in this space.	
KEH_I       LVONS       X X X X X X X X X X X X X X X X X X X	For the year Jan	. 31, 2023, or other tax year beginning	, 2023, ending , 20					See separate instructions.					
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Intermediates further and street, if you have a P.O. box, see instructions.         Apt. no.         Predicatel Election Company Check here if you, or your           Gity, town, or post office. If you have a foreign address, also complete spaces below.         State         2/2 Code         Town of the post office.           Foreign control name         Foreign province/state/contr         Foreign post office.         2/10 Code         Town of the post office.           Filing Status         Single         I have office.         I have office.         I have office.           Filing Status         Single         I have office.         I have office.         I have office.           Filing Status         Single         I have office.         I have office.         I have office.           Digital         Married filing spontaty (mice.         I have office.         I have office.         I have office.           Statadard         Someone can digital associ (r a financial interset in a digital associ)? (See instructions.)         I we instructions.         I we instructions.         I we instructions.           Hore office.         I have the digital associ (r a financial interset in a digital associ?         I have office.         I have office.           Digital         Associ (have office.         I have office.         I have office.         I have office.           Associ (have office.         I have off		first name and middle initial						Spouse's social security number					
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City: town, or pose office. If you have a foreign address, also complete spaces below.       State       US       10011         ANYTOWN       Foreign contriny name       Foreign province/state/county       Foreign post office.       you checked the MCH of Checking a box below ell into transpectory or services); or (b) self.         Check only one box.       Married filing jointly (went 35)       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 child's name if the qualifying person is a child but not your dependent:       Qualifying surviving spouse (QS)         Standard       Someone can claim:       You as a dependent       Qualifying surviving spouse (QS)         Standard       Someone can claim:       You as a dependent       Qualifying surviving spouse (QS)         Deduction       Gene to the wise of a digital asset (or a financial interact in a digital asset)? (See instructions):       Yee       No         Standard       Someone can claim:       You as a dependent:       QB elationship       (Olive the two if qualifies to the sint the claim of the origon of the two if qualifies to the sint the claim of the sint the claim of the sint two if qualifies to the sint the claim of the sint two if qualifies to the sint the claim of the sint two if qualifies to the sint two if qualifies two if qualifies to the sint two if qualif													
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AMYTOWN       US       10011       box below with not change         Foreign contributions       Bingle       Foreign province/state/courty       Foreign contributions       U       Status         Filing Status       Single       Head of household (HOH)       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MSP box, enter the harme 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:	City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse if											•	
Foreign province/state/county       Foreign post code       your tax or refund.       your tax or refund.         Filing Status       Single       Head of household (HOH)       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 (bas 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.)       Yes       No         Standard       Someone can claim:       You so a dapendent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Bindness You:       If yee instructions;       If a social security (g) fleationain (b) (Chie tax credit Credit foreinstructions;         If more the dependent;       (period tax credit Credit foreinstructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1 (see instructions);       If a total amount from Form(s) W-2, box 1	ANYTOWN				US			1				-	
Check only one box.       Imarried filing jointly (even if only one had income)       Imarried filing separately (MFS)       Imarried filing separately (MFS)         Digital At any time during 2023, did you: (a) receive (as a reward, 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)       Image:	Foreign country name				Foreign province/state/county Foreign pos					·			
Check only               Married filing jointly (even if only one had income)             metabox.                Qualifying supwriving spouse (QSS)          If you checked the MPS 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       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,           Assets       Seckinge.or of therwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions):           Standard       Someone can claim:        You as a dependent        Your spouse as a dependent          Age/Blindness       You:        Were born before January 2, 1959        Are blind        Someone can claim:        Your spouse as a dependent          Dependents       (see instructions):        (1) First name        (2) Octex the box if qualifies for (see instructions):        (1) First name        (2) Octex the box if qualifies for (see instructions):          If more        (1) Total amount from Form(s) W-2, box 1 (see instructions):        (1) Elex the torn by        (1) Elex the torn by          W-20 and taber forms)        W-20 box 1 (see instructions):        (1)        (1)          W-	Filing Status		Single	÷		[	Head of h	ousehol	d (HOH)				
one box.          □ Qualifying survives (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).          Standard       Someone can claim:         □ You as a dependent         □ You as a dependent         □ Couse itemizes on a separate return or you were a dual-status allen          Age/Blinchess       You:         □ Were born before January 2, 1959         □ A blind           □ Point Security         □ Pationamic         □ Point	•	1	Married filing jointly (even if only or	ne had	income)								
qualifying person is a child but not your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, er payment for property or services); or (b) sell,         Assets       sexchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You so a dependent       Our spouse as a dependent       Someone can claim:       Yes       No         Age/Blindness       You:       Wes born before January 2, 1959       Is blind       Beducinating       Is blind         Dependents       (see instructions):       (1) First name       Last name       (a) Realization at the box if qualifies for (see instructions):       Child tax credit       Codet for other dependents         UBBV L. LYONS       X X X X X X X X X X X X X X DAUGHTER       C       C       C         IBBV L. LYONS       X X X X X X X X X X X COUSIN       C       C       C         IBCOME       1a Total amount from Form(s) W-2, box 1 (see instructions)       1a       C       C         Ve 2 here, Alice       1a       C       <	•												
Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blinchess       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (a) Fist name       (a) Reationability       (b) Check the box if qualifies for (see instructions):       Child ax credit       Credit for other dependents         If more       ID Fist name       (a) Fist name       (a) Social security       (a) Reationability       (b) Check the box if qualifies for (see instructions)       Child ax credit       Credit for other dependent are see instructions)       Child ax credit       Credit for other dependent are see instructions)       Child are credit       Credit for other dependent are see instructions)       Child are credit       Credit for other dependent are see instructions)       Child are credit       Credit for other dependent are see instructions)       Child are credit       Credit for other dependent are see instructions)       Child are credit       Child are credit </td <td></td> <td>lf y</td> <td>ou checked the MFS box, enter the</td> <td>name</td> <td>of your spouse. If you</td> <td>u che</td> <td>cked the HOH</td> <td>l or QS</td> <td>S box, ente</td> <td>r the ch</td> <td>ild's name if</td> <td>the</td>		lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	l or QS	S box, ente	r the ch	ild's name if	the	
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent         Beduction       Spouse itemizes on a separate return or you were a clai-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       Gees instructions):       (f) First name       (g) social security       (g) Relationsh       (G) Check the box if qualifies for (see instructions);       Child tax credit       Credit for other dependents         if more       IDCELIVI G, LYONS       X X X X X X X X X X X X DAUGHTER       C       C       C         IDCELIVI G, LYONS       X X X X X X X X X X X COUSIN       C       C       C       C         Internet       ILBBY L, LYONS       X X X X X X X X X X COUSIN       C       C       C       C         Internet       1       Total amount from Form(6) W-2, box 1 (see instructions)       1       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       C       <		qu											
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       Gese instructions):       (1) First name       (2) Social security       (2) Relationship       (4) Check the box if qualifies for Gese instructionship         If more       IDCEL/YN G, LYONS       X X X X X X X X X X X X X X X X X X X													
Dependents frame       (a) Secial security number       (a) Relationship to you       (b) Check the box if qualifies for (see instructions): Child tax credit       Cendit for other dependents or you         If more dependents, see instructions;       JOCELYN G, LYONS       X X X X X X X X X X X A DAUGHTER       Child tax credit       Credit for other dependents         IBBY L, LYONS       X X X X X X X X X X X X X X COUSIN       Image: Child tax credit       Image: Child tax credit       Child tax credit </td <td></td> <td colspan="11">Someone can claim: You as a dependent Your spouse as a dependent</td>		Someone can claim: You as a dependent Your spouse as a dependent											
If orce than four dependents, see instructions       I) First name       Last name       number       Child tax credit       Credit for other dependents         IBBY L. LYONS       X X X X X X X X X X DAUGHTER       I       I         IBBY L. LYONS       X X X X X X X X X X DAUGHTER       I       I         IBBY L. LYONS       X X X X X X X X X DAUGHTER       I       I         IBBY L. LYONS       X X X X X X X X X COUSIN       I       I         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       I         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Ib       I         V*2 feer, Also       Tip income not reported on Form(s) W-2 (see instructions)       Ia       Ia         W*2 feer, Also       Tip income not reported on Form 2441, line 26       Ie       Ie         was withheld.       Femployee-provided adoption benefits from Form 2441, line 26       Ie       Ia         If you did not       gWages from Form 8919, line 6       In       Ig       In         If required.       3a       D       D atable interest       2b         If required.       3a       D atable interest       2b       In         If required.       Gualified dividends       Sa	Age/Blindness	ss You: 🗌 Were born before January 2, 1959 🗌 Are blind Spouse: 🗌 Was born before January 2, 1959 🗌 Is blind											
If more than four dependents, see instructions       Image of the term of the term of the term of the term of	Dependents	dents (see instructions):						ip <b>(4)</b>					
dependents, see instructions       IBBV L LYONS       X X X X X X X X X DAUGHTER       Image: see instructions         and check here       Image: see instructions       Imagee: see instructions       Image: see instruc	If more	(1) Fi	(1) First name Last name		number to you					edit	Credit for other	dependents	
see instructions       IDBT L. LTONS       IA A A A A A A A A A A A A A A A A A A		JOC	ELYN G. LYONS		X X X X X X X X X DAUGHTER			_				-	
and check here       Image: Construction in the image: Construction in themage: Construction in themage: Constructio	• •	-											
Income Attach Forms W-26 and tach F	. —	RICH	RICHARD F. HAYES		XXXXXXXXX	X X X X X X X X COUSIN						1	
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 are. Attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 are       f       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         Hy ou did not get a Form       g       Wages from Form 8919, line 6       1g         yet a Form       h       Other earned income (see instructions)       11         z       Add lines 1a through 1h       1z         Attach Sch. B       2a       Tax-exempt interest       2a         jingle or       Gal lines 1a through 1h       1a       1z         Attach Sch. B       f       If Add lines 1a through 1h       1a       1a         standard       Qualified dividends       3a       b       Dratable amount       4b         Standard       Fensions and annuities       5a       b       Taxable amount       6b         Gal al security benefits       Ga al throw 5, hoth, 5h, 6b, 7, and 8. This is your total income       7       1a<	-	4.0		av <b>1</b> /a									
Attach Forms       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2G and       e       Taxable dependent care benefits from Form 2441, line 26       1d         Was withheld, f       Employer-provided adoption benefits from Form 8839, line 29       1f       1e         get a Form       Wages from Form 8919, line 6       1g       1g         get a Form       Other earned income (see instructions)       1i       1e         v-2, see       h       Other earned income (see instructions)       1i       1z         v-2, see       h       Other earned income (see instructions)       1i       1z         attach Sch, B       2a       Tax-exempt interest       2a       2b       1b         frequired.       3a       b       Draxable amount       4b       4b         Standard       Deduction for-       6a       b       Taxable amount       6b         Standard Deduction for-       if you elect to use the lump-sum election method, check here       7       7         Standard Deduction for-       6a       Social security benefits       6a       6b       7         Standard Deductin for-       6a       Soc	Income												
attach Forms W-26 and 1099-R if tax       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       m       Other earned income (see instructions)       1h         W-2, see       i       Nothaxable combat pay election (see instructions)       1i         www.vis.see       i       Nothaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2b         Attach Sch. B       2a       Jaa       b       Dranable interest       2b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdiary dividends       3b         Standard       3a       Jaa       b       Draxable amount       4b       5b         Standard       5a       Deal       b       Taxable amount       6b       5b         Standard       5a       Deal       b       Taxable amount       6b       5b       5b         Standard       5a       Deal       b       Taxable amount       6b	• •										1		
W-26 and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         1109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1h         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Atdach Sch. B       2a       Tax-exempt interest       2a       b         Add lines 1a through 1h       3a       b       Doddiand         Attach Sch. B       2a       Tax-exempt interest       2a       b         Add lines 1a through 1h       3a       b       Datable interest       2b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Datable interest       3b         Standard       5a       Deduction for- 6a       5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard Deduction for- 6a       6a       Social security benefits       6a       b       Taxable amount       6b         Standard Divide of ling separately, S13.850       r       Additional inc											4		
Non-rin tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a form       g       Wages from Form 8919, line 6       1g         M-2, see       h       Other earned income (see instructions)       1h         M-2, see       in Nontaxable combat pay election (see instructions)       1i       1h         Attach Sch. B       2a       Add lines 1a through 1h       1z         Attach Sch. B       2a       Qualified dividends       3a       b       Ordnary dividends       3b         Standard       Qualified dividends       3a       b       Ordnary dividends       3b       3b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Varied filing benefity or Married filing benefity or Capital gain or (loss). Attach Schedule D if required. Heack here       7       7 <td>W-2G and</td> <td></td> <td colspan="7"></td> <td></td> <td></td> <td></td>	W-2G and												
If you did not g Wages from Form 8919, line 6 1g   get a Form Mages from Form 8919, line 6 1h   W-2, see i Nontaxable combat pay election (see instructions) 1i   a i Nontaxable combat pay election (see instructions) 1i   a Add lines 1a through 1h 1z   Attach Sch. B i Rax-exempt interest 2a   a Qualified dividends 3a b   a Qualified dividends 3a b   b Taxable amount 4b   Standard 5a b   Deduction for- 6a Social security benefits   6a Social security benefits 6a   b Taxable amount 6b   Married filing opinity of undifying spouse, 227.701 7   9 Additional income from Schedule D if required. If not required, check here 7   9 Additional income from Schedule 1, line 10 8   20.all/fired 9 Additional income from Schedule 1, line 26 10   11 Standard deduction or itemized deductions (from Schedule A) 11   502.000 12 Standard deduction or itemized deductions (from Schedule A) 12   13 Qualified business income deduction from Seys or Form 8995 or Form 8995-A 13   14 Add lines 12 and 13 14			•						20 20 2009 27 25 2007 20		-		
get a Form h Other earned income (see instructions) 1h   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. i Nontaxable combat pay election (see instructions) 1i   Attach Sch. B 2a Tax-exempt interest 2a   if required. 3a Qualified dividends 3a   Qualified dividends 3a b   Tax-exempt interest 2a   Qualified dividends 3a   Qualified dividends 3a   H b   Deduction for-   Single or   Married filing separately, S13,850   Y C capital gain or (loss). Attach Schedule 1, line 10   Standard filing ionity or   Qualified dividends   Single or   Married filing separately, S13,850   Y   C apital gain or (loss). Attach Schedule 1 if not required, check here   Standard filing surving spouse, S27,700   9   Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9   Standard deduction or itemized deductions (from Schedule A)   11   12   13   Qualified business income deduction from Form 8995 or Form 8995-A   14   Add lines 12 and 13   Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income													
W-2, see       instructions.	get a Form												
z       Add lines 1a through 1h       1z         Attach Sch, B       2a       Tax-exempt interest       2b         if required.       3a       b       Ordinary dividends       3b         Standard       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b         Standard       5a       5a       b       Taxable amount       5b         Standard       5a       5a       b       Taxable amount       6b         Standard       6a       b       Taxable amount       6b       6a         Social security benefits       6a       b       Taxable amount       6b       6a         Social security benefits       6a       b       Taxable amount       7       7         Married filing jointy or       C apital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing spouse, \$27.700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       9         Subtract line 10 from line 9. This is y													
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-       5a       5a       b       Taxable amount       4b         Single or       6a       b       Taxable amount       4b       5b         Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or       8       Additional income from Schedule 1, line 10       7         Qualifying surving spouse, \$27,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9         It you checked any box under Standard deduction or itemized deductions (from Schedule A)       11       12         Subtract line 10 from line 9. This is your adjusted gross income       12       13         It you checked any box under Standard deduction or itemized deductions (from Schedule A)       12       13         Subtract line 12 and 13       14       14       14													
if required.       3a       3a       b       Ordinary dividends       3b         Standard Deduction for-       5a       IRA distributions       4a       b       5a       b       5a       b       5b       5c       7a	Attach Sch. B		• • • • •	2a		b Ta		t .	·· ···				
Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       c       7         Married filing jointly or Qualifying souse, \$27,700       8       Additional income from Schedule 1, line 10       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       9         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11         11       Subtract line 10 from line 9. This is your adjusted gross income       12       13         12       Standard deduction or itemized deductions (from Schedule A)       13       14         14       Add lines 12 and 13       14       14		3a	Qualified dividends	3a		b Or	rdinary divide	nds .		. 3b			
Deduction for-       5a       Pensions and annuities	$\equiv$	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t. 🧋	a	4b			
Single or Married filing separately, \$13,850       6a       Social security benefits 6a       b Taxable amount	Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t. 🤹	പറഞ	. 5b			
separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying souse, \$27,700       8       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11         If you checked any box under Standard Deduction, see instructions.       13       12         Subtract line 12 and 13       14       14	Single or	6a	Social security benefits	<b>b</b> Taxable amount				8 95 68	6b				
\$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$27,700       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       9         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11         12       Standard deduction or itemized deductions (from Schedule A)       12       12         If you checked any box under Standard Deduction, see instructions.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       14		С	If you elect to use the lump-sum election method, check here (see instructions)										
jointly or Qualifying surviving spouse, \$27,700       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         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11         If you checked any box under Standard Deduction, see instructions.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       14	\$13,850								E	7			
surviving spouse, \$27,700       9       Add lines 12, 20, 30, 40, 50, 60, 7, and 8. This is your total income       9         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11         If you checked any box under Standard Deduction, see instructions.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         If you checked any box under Standard       14       14         Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15	jointly or	8									2		
\$27,700       10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11         \$12       Standard deduction or itemized deductions (from Schedule A)       12         If you checked any box under Standard Deduction, see instructions.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       14	surviving spouse,	e, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income .								. 9			
household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11         12       Standard deduction or itemized deductions (from Schedule A)       12         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15	\$27,700	10 Adjustments to income from Schedule 1, line 26								10	)		
If you checked any box under Standard deduction or itemized deductions (irom Schedule A)       12         If you checked any box under Standard deduction or itemized deductions (irom Schedule A)       13         Qualified business income deduction from Form 8995 or Form 8995-A       13         Id peduction, see instructions.       14         Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15	household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	ne	980 <b>6</b> 6 8	s 3	a actac	. 11	_		
any box under Standard Deduction, see instructions.13Qualified business income deduction from Form 8995 or Form 8995-A1314 Subtract line 12 and 13 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income13		12	Standard deduction or itemized	deduc	tions (from Schedule	A)	× • • •	а з	n an as	. 12	2		
Deduction, see instructions.       14       Add lines 12 and 13       14         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15	any box under	13	Qualified business income deduction	ion fror	m Form 8995 or Form	8995	5-A	8 8	8 8 80 O	13			
	Deduction,							8.8		-			
					•		axable incom	6.6	5 30 GC	. 15		0.42	