

PRACTICE LAB

(202) 202-2022

CHRISTOPHER D ADAMS &  
CINDY T ADAMS  
1712 N CLANCY DR  
CEDAR RAPIDS IA 52402  
(319) 555-5555

Preparer No.: 995  
Client No. : XXX-XX-4412  
Invoice Date: 01/09/2024

**INVOICE**

Description	Amount	
<p><b>PREPARATION OF 2023 FEDERAL/STATE FORMS &amp; WORKSHEETS:</b></p> <p>FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS) FORM 1040 SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS) SCHEDULE B (INTEREST &amp; DIVIDENDS) SCHEDULE EIC (EARNED INCOME CREDIT) FORM W-2 (WAGES AND TAX) (2) FORM 1099-C (CANCELLATION OF DEBT) FORM 1099-R (RETIREMENT DISTRIBUTIONS) FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8812 (QUALIFYING CHILDREN &amp; OTHER DEPENDENTS CREDITS) FORM 8862 (CLAIM REFUNDABLE CREDITS AFTER DISALLOWANCE) FORM 8863 (EDUCATION CREDIT)</p>		
	<b>Total Invoice</b>	\$0.00
	<b>Amount Paid</b>	\$0.00
	<b>Balance Due</b>	\$0.00

TAX YEAR: 2023

PROCESS DATE: 01/09/2024

CLIENT : XXX-XX-4412 CHRISTOPHER D ADAMS  
SPOUSE : XXX-XX-4421 CINDY T ADAMS

BIRTH DATE : XX/XX/1975 Age:48  
BIRTH DATE : XX/XX/1976 Age:47

ADDRESS : 1712 N CLANCY DR  
: CEDAR RAPIDS IA 52402

PREPARER : 995

Home : (319) 555-5555  
Work :  
Cell :  
STATUS : MARRIED JOINT  
FED TYPE: Electronic Mail  
ST TYPE : Regular Tax  
E-MAIL :

EFFECTIVE RATE: 0.00%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
JASON ADAMS	XX/XX/2007	16	XXX-XX-5252	SON	12
SHANNON ADAMS	XX/XX/2004	19	XXX-XX-2563	DAUGHTER	12

LISTING OF FORMS FOR THIS RETURN

- FORM 1040
- SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
- SCHEDULE 3 (ADDITIONAL CREDITS AND PAYMENTS)
- FORM W-2
- FORM 1099-C (CANCELLATION OF DEBT)
- FORM 1099-R (RETIREMENT DISTRIBUTIONS)
- SCHEDULE B (INTEREST/DIVIDEND INCOME)
- SCHEDULE EIC (EARNED INCOME CREDIT)
- FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTIONS)
- CHILD TAX CREDIT WORKSHEET
- FORM 8812 (ADDITIONAL CHILD TAX CREDIT)
- FORM 8862 (INFORMATION TO CLAIM EIC AFTER DISALLOWANCE)
- FORM 8863 (EDUCATION CREDITS)
- FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

\* QUICK SUMMARY \*

SUMMARY	FEDERAL
FILING STATUS	2
TOTAL INCOME	43287
TOTAL ADJUSTMENTS	65
ADJUSTED GROSS INCOME	43222
DEDUCTIONS	27700
EXEMPTIONS	0
TAXABLE INCOME	15522
TAX	1553
CREDITS	1553
PAYMENTS	10103
REFUND	10103
AMOUNT DUE	0
EARNED INCOME CREDIT	3423

CLIENT : CHRISTOPHER ADAMS  
SPOUSE : CINDY ADAMS

XXX-XX-4412  
XXX-XX-4421

PREPARER : 995      DATE : 01/09/2024

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\* W-2 INCOME FORMS SUMMARY \*

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	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T	BAPTIST MEDICAL CEN	33450	3400	2167	507	790 IA
2.	S	AMANDAS FINE FASHIO	4800	480	298	70	58 IA
		TOTALS.....	38250	3880	2465	577	848

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\* 1099-R INCOME FORMS SUMMARY \*

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	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	S	PIONEER TRUST COMPANY	2000	2000	200	0
		TOTALS.....	2000	2000	200	0

		a Employee's social security number XXX-XX-4412		OMB No. 1545-0008		
b Employer identification number (EIN) 89-7004412			1 Wages, tips, other compensation 33450		2 Federal income tax withheld 3400	
c Employer's name, address, and ZIP code BAPTIST MEDICAL CENTER PO BOX 6700 INDIANAPOLIS IN 46204			3 Social security wages 34950		4 Social security tax withheld 2167	
			5 Medicare wages and tips 34950		6 Medicare tax withheld 507	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. CHRISTOPHER D ADAMS 1712 N CLANCY DR CEDAR RAPIDS IA 52402			11 Nonqualified plans		12a C o o d D   1500	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b C o o d DD   7230	
			14 Other		12c C o o d C   50	
					12d C o o d e	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IA	89700441201	33450	790			

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury—Internal Revenue Service

		a Employee's social security number XXX-XX-4421		OMB No. 1545-0008		
b Employer identification number (EIN) 89-7235614			1 Wages, tips, other compensation 4800		2 Federal income tax withheld 480	
c Employer's name, address, and ZIP code AMANDAS FINE FASHIONS 145 W MAIN ST CEDAR RAPIDS IA 52402			3 Social security wages 4800		4 Social security tax withheld 298	
			5 Medicare wages and tips 4800		6 Medicare tax withheld 70	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. CINDY T ADAMS 1712 N CLANCY DR CEDAR RAPIDS IA 52402			11 Nonqualified plans		12a C o o d e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o d e	
			14 Other		12c C o o d e	
					12d C o o d e	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IA	89723561401	4800	58			

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury—Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  PIONEER TRUST COMPANY PO BOX 1400 BOSTON MA 02119		1 Gross distribution \$ 2000		OMB No. 1545-0119  <b>2022</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$ 2000		Form <b>1099-R</b>		
		2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S TIN 27-1128584	RECIPIENT'S TIN XXX-XX-4421	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 200		
RECIPIENT'S name CINDY T ADAMS		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.
Street address (including apt. no.) 1712 N CLANCY DR		7 Distribution code(s) 1		8 Other \$ %		
City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS IA 52402		9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib. 0	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$	
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form **1099-R** (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution \$		OMB No. 1545-0119  <b>2022</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		2a Taxable amount \$		Form <b>1099-R</b>		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.
Street address (including apt. no.)		7 Distribution code(s)		8 Other \$ %		
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution %		9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$	
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

Form **1099-R** (keep for your records)

www.irs.gov/Form1099R

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](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name CHRISTOPHER D ADAMS	Social security number XXX-XX-4412
Spouse's name CINDY T ADAMS	Spouse's social security number XXX-XX-4421

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income . . . . .	1	43222
2 Total tax . . . . .	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	4080
4 Amount you want refunded to you . . . . .	4	10103
5 Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. 1 4 4 1 2  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ 01/09/2024

### Spouse's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. 1 4 4 2 1  
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 01/09/2024

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 3 6 9 2 5 8 9 8 7 6 5  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 01/09/2024

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial CHRISTOPHER D Last name ADAMS Your social security number XXX-XX-4412

If joint return, spouse's first name and middle initial CINDY T Last name ADAMS Spouse's social security number XXX-XX-4421

Home address (number and street). If you have a P.O. box, see instructions. 1712 N CLANCY DR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. CEDAR RAPIDS IA ZIP code 52402 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows for JASON ADAMS and SHANNON ADAMS.

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2023)

Table with columns for Tax and Credits (lines 16-24) and amounts. Includes 'Total tax' on line 24.

Table for Payments (lines 25-33) including federal income tax withheld (25a-25d), EIC (27), and total payments (33).

Table for Refund (lines 34-36) including overpaid amount (34) and amount applied to 2024 tax (36).

Table for Amount You Owe (lines 37-38) including amount owed (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature/occupation fields for taxpayer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
CHRISTOPHER & CINDY ADAMS

Your social security number  
XXX-XX-4412

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>1</b>	
<b>2a</b>	Alimony received . . . . .		<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions): _____			
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .		<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .		<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .		<b>7</b>	
<b>8</b>	Other income:			
<b>a</b>	Net operating loss . . . . .	<b>8a</b> ( )		
<b>b</b>	Gambling . . . . .	<b>8b</b>		
<b>c</b>	Cancellation of debt . . . . .	<b>8c</b> 2787		
<b>d</b>	Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b> ( )		
<b>e</b>	Income from Form 8853 . . . . .	<b>8e</b>		
<b>f</b>	Income from Form 8889 . . . . .	<b>8f</b>		
<b>g</b>	Alaska Permanent Fund dividends . . . . .	<b>8g</b>		
<b>h</b>	Jury duty pay . . . . .	<b>8h</b>		
<b>i</b>	Prizes and awards . . . . .	<b>8i</b>		
<b>j</b>	Activity not engaged in for profit income . . . . .	<b>8j</b>		
<b>k</b>	Stock options . . . . .	<b>8k</b>		
<b>l</b>	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 . . . . .	<b>8l</b>		
<b>m</b>	Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>		
<b>n</b>	Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>		
<b>o</b>	Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>		
<b>p</b>	Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>		
<b>q</b>	Taxable distributions from an ABL account (see instructions) . . . . .	<b>8q</b>		
<b>r</b>	Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>		
<b>s</b>	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b> ( )		
<b>t</b>	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>		
<b>u</b>	Wages earned while incarcerated . . . . .	<b>8u</b>		
<b>z</b>	Other income. List type and amount: _____	<b>8z</b>		
<b>9</b>	Total other income. Add lines 8a through 8z . . . . .		<b>9</b>	2787
<b>10</b>	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .		<b>10</b>	2787

For Paperwork Reduction Act Notice, see your tax return instructions.  
QNA

Part II Adjustments to Income

Table with columns for line numbers (11-26), descriptions of adjustments (e.g., Educator expenses, IRA deduction), and numerical values (e.g., 65, 65). Includes sub-sections for 'Other adjustments' (24a-24z).

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://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  
CHRISTOPHER & CINDY ADAMS

Your social security number  
XXX-XX-4412

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1500
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____ _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	1500

(continued on page 2)

**Part II Other Payments and Refundable Credits**

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

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

CHRISTOPHER & CINDY ADAMS

Your social security number

XXX-XX-4412

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
	<b>1</b> Medical and dental expenses (see instructions) . . . . .		<b>1</b>			
	<b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <input type="text" value="2"/>		<b>2</b>			
	<b>3</b> Multiply line 2 by 7.5% (0.075) . . . . .		<b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				<b>4</b>		
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.					
	<b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	<b>5a</b>		848		
	<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>				
	<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>				
	<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>		848		
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>		848		
	<b>6</b> Other taxes. List type and amount: _____	<b>6</b>				
<b>7</b> Add lines 5e and 6 . . . . .				<b>7</b>	848	
<b>Interest You Paid</b>	<b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	<b>8a</b>				
	<b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .	<b>8b</b>				
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>				
	<b>d</b> Reserved for future use . . . . .	<b>8d</b>				
	<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>				
<b>9</b> Investment interest. Attach Form 4952 if required. See instructions	<b>9</b>					
<b>10</b> Add lines 8e and 9 . . . . .				<b>10</b>		
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>				
	<b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>12</b>				
	<b>13</b> Carryover from prior year . . . . .	<b>13</b>				
	<b>14</b> Add lines 11 through 13 . . . . .				<b>14</b>	
<b>Casualty and Theft Losses</b>	<b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .				<b>15</b>	
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount: _____				<b>16</b>	
<b>Total Itemized Deductions</b>	<b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .				<b>17</b>	848
	<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **08**

Name(s) shown on return

CHRISTOPHER & CINDY ADAMS

Your social security number

XXX-XX-4412

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

VALLEY NATIONAL BANK

**Amount**

250

**1**

**2** Add the amounts on line 1 . . . . . **2** 250  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . **3**  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** 250

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer: \_\_\_\_\_

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b **6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

**7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: \_\_\_\_\_

**8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

Yes	No
	X
	X

# Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/Form5329](http://www.irs.gov/Form5329) for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

CINDY T ADAMS

Your social security number

XXX-XX-4421

**Fill in Your Address Only  
if You Are Filing This  
Form by Itself and Not  
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

<b>1</b>	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	<b>1</b>	2000
<b>2</b>	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: <u>08</u>	<b>2</b>	2000
<b>3</b>	Amount subject to additional tax. Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	<b>Additional tax.</b> Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 <b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	<b>4</b>	

**Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts.** Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

<b>5</b>	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	<b>5</b>	
<b>6</b>	Distributions included on line 5 that are not subject to the additional tax (see instructions)	<b>6</b>	
<b>7</b>	Amount subject to additional tax. Subtract line 6 from line 5	<b>7</b>	
<b>8</b>	<b>Additional tax.</b> Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	<b>8</b>	

**Part III Additional Tax on Excess Contributions to Traditional IRAs.** Complete this part if you contributed more to your traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329.

<b>9</b>	Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15	<b>9</b>	
<b>10</b>	If your traditional IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>10</b>	
<b>11</b>	2023 traditional IRA distributions included in income (see instructions)	<b>11</b>	
<b>12</b>	2023 distributions of prior year excess contributions (see instructions)	<b>12</b>	
<b>13</b>	Add lines 10, 11, and 12	<b>13</b>	
<b>14</b>	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	<b>14</b>	
<b>15</b>	Excess contributions for 2023 (see instructions)	<b>15</b>	
<b>16</b>	Total excess contributions. Add lines 14 and 15	<b>16</b>	
<b>17</b>	<b>Additional tax.</b> Enter 6% (0.06) of the <b>smaller</b> of line 16 or the value of your traditional IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	<b>17</b>	

**Part IV Additional Tax on Excess Contributions to Roth IRAs.** Complete this part if you contributed more to your Roth IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329.

<b>18</b>	Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23	<b>18</b>	
<b>19</b>	If your Roth IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>19</b>	
<b>20</b>	2023 distributions from your Roth IRAs (see instructions)	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	
<b>23</b>	Excess contributions for 2023 (see instructions)	<b>23</b>	
<b>24</b>	Total excess contributions. Add lines 22 and 23	<b>24</b>	
<b>25</b>	<b>Additional tax.</b> Enter 6% (0.06) of the <b>smaller</b> of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	<b>25</b>	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2023 were more than is allowable or you had an amount on line 33 of your 2022 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 26-33 detailing excess contributions and additional tax for Coverdell ESAs.

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2023 than is allowable or you had an amount on line 41 of your 2022 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 34-41 detailing excess contributions and additional tax for Archer MSAs.

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2023 than is allowable or you had an amount on line 49 of your 2022 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 42-49 detailing excess contributions and additional tax for HSAs.

Part VIII Additional Tax on Excess Contributions to an ABLER Account. Complete this part if contributions to your ABLER account for 2023 were more than is allowable.

Table with 3 columns: Line number, Description, and Amount. Rows 50-51 detailing excess contributions and additional tax for ABLER accounts.

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

Table with 3 columns: Line number, Description, and Amount. Rows 52-55 detailing minimum required distribution and additional tax for qualified retirement plans.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and Date lines for the preparer.

Table for Preparer Information with columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.



**SCHEDULE EIC  
(Form 1040)**

**Earned Income Credit  
Qualifying Child Information**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service

**Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.  
Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**

Name(s) shown on return

CHRISTOPHER & CINDY ADAMS

Your social security number

XXX-XX-4412

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

**Before you begin:**

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	JASON	ADAMS	SHANNON	ADAMS		
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2023 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2023 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	XXX-XX-5252		XXX-XX-2563			
<b>3 Child's year of birth</b>	Year <u>2</u> <u>0</u> <u>0</u> <u>7</u> <i>If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>0</u> <u>4</u> <i>If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4a</b> Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2023?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON		DAUGHTER			
<b>6 Number of months child lived with you in the United States during 2023</b> • If the child lived with you for more than half of 2023 but less than 7 months, enter "7." • If the child was born or died in 2023 and your home was the child's home for more than half the time he or she was alive during 2023, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040) 2023

**Information To Claim Certain Credits After Disallowance**

*Earned Income Credit (EIC), Child Tax Credit (CTC), Refundable Child Tax Credit (RCTC), Additional Child Tax Credit (ACTC), Credit for Other Dependents (ODC), and American Opportunity Tax Credit (AOTC)*

**Attach to your tax return. Go to [www.irs.gov/Form8862](http://www.irs.gov/Form8862) for instructions and the latest information.**

Name(s) shown on return

CHRISTOPHER & CINDY ADAMS

Your social security number

XXX-XX-4412

You must complete Form 8862 and attach it to your tax return to claim the EIC, CTC/RCTC/ACTC/ODC, or AOTC if both of the following apply.

- Your EIC, CTC/RCTC/ACTC/ODC, or AOTC was previously reduced or disallowed for any reason other than a math or clerical error.
- You now want to claim the credit that was previously reduced or disallowed and you meet all the requirements for the credit.

**Part I All Filers**

1 Enter the tax year for which you are filing this form (for example, 2023) . . . . .

2 Check the box(es) that applies to the credit(s) you are claiming and complete the part(s) that matches the box(es) you marked.

**Child Tax Credit (nonrefundable or refundable)/**

**Additional Child Tax Credit/  
Credit for Other Dependents  
(Complete Part III)**

**American Opportunity Tax Credit  
(Complete Part IV)**

**Earned Income Credit  
(Complete Part II)**

**Part II Earned Income Credit**

3 If the **only** reason your EIC was reduced or disallowed was because you incorrectly reported your earned income or investment income, check "Yes." Otherwise, check "No." . . . . .  Yes  No

**Caution:** If you checked "Yes," **do not** complete the rest of Part II. Attach this form to your tax return to claim the EIC. If you checked "No," continue.

4 Could you (or your spouse if filing jointly) be claimed as a qualifying child of another taxpayer for the year entered on line 1? . . . . .  Yes  No

**Caution:** See the instructions before answering. If you (or your spouse if filing jointly) answer "Yes" to question 4, you cannot claim the EIC.

**If you are claiming the EIC with a qualifying child, continue to Section A. Otherwise, go to Section B.**

**Section A: Filers With a Qualifying Child or Children**

- Answer questions 5, 7, and 8 for each child for whom you are claiming the EIC.
- Enter the name(s) of the child(ren) you listed as Child 1, Child 2, and Child 3 on **Schedule EIC** for the year entered on line 1 above.

5a Child 1 JASON ADAMS . . . . . b Child 2 SHANNON ADAMS . . . . .

c Child 3 \_\_\_\_\_

6 Does your completed Schedule EIC for the year entered on line 1 show that you had a qualifying child for the EIC? . . . . .  Yes  No

**Caution:** If you checked "No," you do not need to complete Part II, Section A. Go to Part II, Section B.

7 Enter the number of days each child lived with you in the United States during the year entered on line 1.

Child 1    Child 2    Child 3

**Caution:** See the instructions before answering. If you enter less than 183 (184 if the year on line 1 is a leap year), you cannot claim the EIC for that child.

8 If the child was born or died during the year entered on line 1, enter the month and day the child was born and/or died as month (MM)/day (DD). Otherwise, skip this line.

Child 1 date of birth (MM/DD)	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>	Child 1 date of death (MM/DD)	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>
Child 2 date of birth (MM/DD)	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>	Child 2 date of death (MM/DD)	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>
Child 3 date of birth (MM/DD)	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>	Child 3 date of death (MM/DD)	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/>

Only one person may claim the child as a qualifying child for the EIC and certain other child-related benefits. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, go to Part II, Section B.

Section B: Filers Without a Qualifying Child or Children

- 9a Enter the number of days during the year entered on line 1 that your main home was in the United States . . . . .
- b If married filing jointly, enter the number of days during the year entered on line 1 that your spouse's main home was in the United States . . . . .

Caution: Members of the military stationed outside the United States during the year entered on line 1, see the instructions before answering. If you enter less than 183 (184 if the year on line 1 is a leap year) on either line 9a or 9b (if filing jointly), you cannot claim the EIC.

- 10a Enter your age at the end of the year on line 1 . . . . . \_\_\_\_\_
- b Enter your spouse's age at the end of the year on line 1 . . . . . \_\_\_\_\_

Caution: If your spouse died during the year entered on line 1 or you are preparing a return for someone who died during the year entered on line 1, see the instructions before answering. If neither you (nor your spouse if filing jointly) were at least age 25 but under age 65 at the end of the year entered on line 1, unless that year is 2021, you cannot claim the EIC. See the Instructions for Form 8862 for more information.

- 11a Can you be claimed as a dependent on another taxpayer's return? . . . . .  Yes  No
- b Can your spouse (if filing jointly) be claimed as a dependent on another taxpayer's return? . . . . .  Yes  No

Caution: If either you (or your spouse if filing jointly) answer "Yes" to question 11, you cannot claim the EIC.

Part III Child Tax Credit (nonrefundable or refundable)/Additional Child Tax Credit/Credit for Other Dependents

12 Enter the name(s) of each child for whom you are claiming the child tax credit/refundable child tax credit/additional child tax credit (CTC/RCTC/ACTC). If you are claiming the CTC/RCTC/ACTC for more than four qualifying children, attach a statement also answering questions 12 and 14-17 for those children.

- a Child 1 JASON ADAMS . . . . . b Child 2 \_\_\_\_\_
- c Child 3 \_\_\_\_\_ d Child 4 \_\_\_\_\_

13 Enter the name(s) of each person for whom you are claiming the credit for other dependents (ODC). If you are claiming the credit for more than four dependents, attach a statement answering questions 13, 16, and 17 for those dependents.

- a Other dependent 1 SHANNON ADAMS . . . . . b Other dependent 2 \_\_\_\_\_
- c Other dependent 3 \_\_\_\_\_ d Other dependent 4 \_\_\_\_\_

14 For each child listed in response to question 12, did the child live with you for more than half of the year or meet an exception described in the instructions?

- Child 1  Yes  No      Child 2  Yes  No      Child 3  Yes  No      Child 4  Yes  No

15 For each child listed in response to question 12, did the child meet the requirements to be a qualifying child for the CTC/RCTC/ACTC?

- Child 1  Yes  No      Child 2  Yes  No      Child 3  Yes  No      Child 4  Yes  No

16 For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person your dependent?

- Child 1  Yes  No      Child 2  Yes  No      Child 3  Yes  No      Child 4  Yes  No

- Other dependent 1  Yes  No      Other dependent 2  Yes  No
- Other dependent 3  Yes  No      Other dependent 4  Yes  No

17 For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person a citizen, national, or resident of the United States? See Pub. 519 for more information on when a person is a resident of the United States or is treated as a resident of the United States.

- Child 1  Yes  No      Child 2  Yes  No      Child 3  Yes  No      Child 4  Yes  No

- Other dependent 1  Yes  No      Other dependent 2  Yes  No
- Other dependent 3  Yes  No      Other dependent 4  Yes  No

Caution: If the answer is "No" for question 14, 15, 16, or 17, you cannot claim the CTC/RCTC/ACTC/ODC for that child or other dependent.

Only one person can claim the child as a qualifying child for the CTC/RCTC/ACTC/ODC. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, you cannot claim the CTC/RCTC/ACTC or the ODC based on having a qualifying child. If you are a noncustodial parent who is entitled to treat the child as a qualifying child, you do not need to complete Part V.

**Part IV American Opportunity Tax Credit**

- Answer the following questions for each student for whom you are claiming the AOTC. If you have more than three students, attach a statement also answering questions 18 and 19 for those students.
- Enter the name(s) of the student(s) as listed on Form 8863.

**18a Student 1** SHANNON ADAMS \_\_\_\_\_ **b Student 2** \_\_\_\_\_

**c Student 3** \_\_\_\_\_

**19a** Did the student meet the requirements to be an eligible student for purposes of the AOTC for the year entered on line 1? See Pub. 970 for more information.

**Student 1**  Yes  No      **Student 2**  Yes  No      **Student 3**  Yes  No

**b** Has the Hope Scholarship Credit or AOTC been claimed for the student for any 4 tax years before the year entered on line 1?

**Student 1**  Yes  No      **Student 2**  Yes  No      **Student 3**  Yes  No

**Caution:** If you answered "No" to question 19a or "Yes" to question 19b, you cannot claim the credit for that student.

**Part V Qualifying Child of More Than One Person**

- Answer the following questions for each child who meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly). If you have more than four qualifying children, attach a statement also answering questions 20–22 for those children.

**20a Child 1** \_\_\_\_\_ **b Child 2** \_\_\_\_\_

**c Child 3** \_\_\_\_\_ **d Child 4** \_\_\_\_\_

**21** Enter the address where you and the child lived together during the year entered on line 1. If you lived with the child at more than one address during the year, attach a list of the addresses where you lived.

**Child 1** Number and street \_\_\_\_\_  
City or town, state, and ZIP code \_\_\_\_\_

**Child 2** If same as shown for Child 1, check this box  Otherwise, enter below.

Number and street \_\_\_\_\_  
City or town, state, and ZIP code \_\_\_\_\_

**Child 3** If same as shown for Child 1, check this box  Otherwise, enter below.

Number and street \_\_\_\_\_  
City or town, state, and ZIP code \_\_\_\_\_

**Child 4** If same as shown for Child 1, check this box  Otherwise, enter below.

Number and street \_\_\_\_\_  
City or town, state, and ZIP code \_\_\_\_\_

**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

CHRISTOPHER & CINDY ADAMS

XXX-XX-4412

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	43222
<b>2a</b>	Enter income from Puerto Rico that you excluded . . . . .	<b>2a</b>		
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	<b>2b</b>		
<b>c</b>	Enter the amount from line 15 of your Form 4563 . . . . .	<b>2c</b>		
<b>d</b>	Add lines 2a through 2c . . . . .		<b>2d</b>	
<b>3</b>	Add lines 1 and 2d . . . . .		<b>3</b>	43222
<b>4</b>	Number of qualifying children under age 17 with the required social security number . . . . .	<b>4</b>	1	
<b>5</b>	Multiply line 4 by \$2,000 . . . . .		<b>5</b>	2000
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	<b>6</b>	1	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500 . . . . .		<b>7</b>	500
<b>8</b>	Add lines 5 and 7 . . . . .		<b>8</b>	2500
<b>9</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly—\$400,000 } . . . . .</li> <li>• All other filing statuses—\$200,000 } . . . . .</li> </ul>		<b>9</b>	400000
<b>10</b>	Subtract line 9 from line 3. <ul style="list-style-type: none"> <li>• If zero or less, enter -0-.</li> <li>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } . . . . .</li> </ul>		<b>10</b>	
<b>11</b>	Multiply line 10 by 5% (0.05) . . . . .		<b>11</b>	
<b>12</b>	Is the amount on line 8 more than the amount on line 11? . . . . .		<b>12</b>	2500
	<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
<b>13</b>	Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .		<b>13</b>	53
<b>14</b>	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .		<b>14</b>	53

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040) 2023

QNA

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>		
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16a</b>	2447
<b>b</b>	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,600. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		<b>16b</b>	1600
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.			
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b . . . . .		<b>17</b>	1600
<b>18a</b>	Earned income (see instructions) . . . . .		<b>18a</b>	38250
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>18b</b>		
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .		<b>19</b>	35750
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 16b, is the amount \$4,800 or more? <input checked="" type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		<b>20</b>	5363

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . .		<b>21</b>	
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .		<b>22</b>	
<b>23</b>	Add lines 21 and 22 . . . . .		<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }		<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .		<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.		<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	<b>27</b>	1600
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**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040 or 1040-SR.  
Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

Your social security number

CHRISTOPHER & CINDY ADAMS

XXX-XX-4412



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	2500
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>2</b>	180000
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .	<b>3</b>	43222
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	136778
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>5</b>	20000
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	1.000
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . . . .	<b>7</b>	2500
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	1000

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	1500
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	
<b>13</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>13</b>	
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .	<b>16</b>	
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . . . • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	.
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . . . .	<b>18</b>	
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	1500

For Paperwork Reduction Act Notice, see your tax return instructions.

QNA

Name(s) shown on return

CHRISTOPHER & CINDY ADAMS

Your social security number

XXX-XX-4412



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return)</p> <p>SHANNON ADAMS</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)</p> <p>XXX-XX-2563</p>
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<b>22</b> Educational institution information (see instructions)	
<p><b>a.</b> Name of first educational institution</p> <p>TRINITY COMMUNITY COLLEGE</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>34 TRINITY CIR CEDAR RAPIDS IA 52402</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>8 5 - 6 8 9 1 3 1 3</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>_____ - _____</p>

**23** Has the American opportunity credit been claimed for this student for any 4 prior tax years?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2023? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	4000
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	2000
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	500
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	2500

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	
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**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](http://www.irs.gov/Form8880) for the latest information.

**2023**  
Attachment  
Sequence No. **54**

Name(s) shown on return

CHRISTOPHER & CINDY ADAMS

Your social security number

XXX-XX-4412



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
<b>1</b>		
<b>2</b>	1500	
<b>3</b>	1500	
<b>4</b>	2000	2000
<b>5</b>		
<b>6</b>		

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- Enter the applicable decimal amount from the table below.

**7**

**8**

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9—				
---	\$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
\$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, **stop**; you can't take this credit.

- Multiply line 7 by line 9 . . . . .
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . .

**9** x 0 .

**10**

**11**

**12**

\* 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.

**Credit Limit Worksheet A**

1. Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR. 1      1553

2. Add the following amounts (if applicable) from:

Schedule 3, line 1 . . . . .	+	
Schedule 3, line 2 . . . . .	+	
Schedule 3, line 3 . . . . .	+	1500
Schedule 3, line 4 . . . . .	+	
Schedule 3, line 6d . . . . .	+	
Schedule 3, line 6e . . . . .	+	
Schedule 3, line 6f . . . . .	+	
Schedule 3, line 6l . . . . .	+	
Form 5695, line 30 . . . . .	+	

Enter the total. 2      1500

3. Subtract line 2 from line 1. 3      53

Complete the Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
  - a. Mortgage interest credit, Form 8396.
  - b. Adoption credit, Form 8839.
  - c. Residential clean energy credit, Form 5695, Part I.
  - d. District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet B. 4     

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13. 5      53

**Credit Limit Worksheet**

**Complete this worksheet to figure the amount to enter on line 19.**

- |   |               |
|---|---------------|
| 1. Enter the amount from Form 8863,<br>line 18 . . . . .  | 1. _____      |
| 2. Enter the amount from Form 8863,<br>line 9 . . . . .   | 2. _____ 1500 |
| 3. Add lines 1 and 2 . . . . .  | 3. _____ 1500 |
| 4. Enter the amount from:<br>Form 1040 or 1040-SR, line 18<br>. . . . .                                   | 4. _____ 1553 |
| 5. Enter the total of your credits from:<br>Schedule 3 (Form 1040), lines 1, 2, 6d<br>and 6l<br>. . . . . | 5. _____      |
| 6. Subtract line 5 from line 4 . . . . .  | 6. _____ 1553 |
| 7. Enter the smaller of line 3 or line 6 here<br>and on Form 8863, line 19 . . . . .                      | 7. _____ 1500 |

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 8880 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form8880.

Reminder

Contributions by a designated beneficiary to an Achieving a Better Life Experience (ABLE) account. A retirement savings contribution credit may be claimed for the amount of contributions you, as the designated beneficiary of an ABLE account, make before January 1, 2026, to the ABLE account. See Pub. 907, Tax Highlights for Persons With Disabilities, for more information.

General Instructions

Purpose of Form

Use Form 8880 to figure the amount, if any, of your retirement savings contributions credit (also known as the saver's credit). The maximum amount of the credit is \$1,000 (\$2,000 if married filing jointly).



This credit can be claimed in addition to any IRA deduction claimed on Schedule 1 (Form 1040), line 20.

Who Can Take This Credit

You may be able to take this credit if you, or your spouse if filing jointly, made (a) contributions (other than rollover contributions) to a traditional or Roth IRA; (b) elective deferrals to a 401(k), 403(b), governmental 457(b), SEP, SIMPLE, or to the federal Thrift Savings Plan (TSP); (c) voluntary employee contributions to a qualified retirement plan, as defined in section 4974(c) (including the federal TSP); (d) contributions to a 501(c)(18)(D) plan; or (e) contributions, as a designated beneficiary of an ABLE account, to the ABLE account, as defined in section 529A.

However, you can't take the 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.



You'll need to refigure the amount on Form 1040 or 1040-SR, line 11, if you're filing Form 2555 or Form 4563 or you're excluding income from Puerto Rico. See Pub. 590-A at www.irs.gov/Pub590A for details.

You were a student if during any part of 5 calendar months of 2023 you:

- Were enrolled as a full-time student at a school; or
• Took a full-time, on-farm training course given by a school or a state, county, or local government agency.

A school includes technical, trade, and mechanical schools. It doesn't include on-the-job training courses, correspondence schools, or schools offering courses only through the Internet.

Specific Instructions

Column (b)

Complete column (b) only if you're filing a joint return.

Line 2

Include on line 2 any of the following amounts.

- Elective deferrals (including designated Roth contributions under section 402A, if applicable) to a 401(k), 403(b), governmental 457(b), SEP, SIMPLE, or to the federal TSP.
• Voluntary employee contributions to a qualified retirement plan, as defined in section 4974(c) (including the federal TSP).
• Contributions to a 501(c)(18)(D) plan.

These amounts may be shown in box 12 of your Form(s) W-2 for 2023.

Note: Contributions designated under section 414(h)(2) are treated as employer contributions and, as such, they aren't voluntary contributions made by the employee. They don't qualify for the credit and shouldn't be included on line 2.

Line 4

Enter the total amount of distributions you, and your spouse if filing jointly, received after 2020 and before the due date of your 2023 return (including extensions) from any of the following types of plans.

- Traditional or Roth IRAs, or ABLE accounts.
• 401(k), 403(b), governmental 457(b), 501(c)(18)(D), SEP, SIMPLE, or the federal TSP.
• Qualified retirement plans, as defined in section 4974(c).

Don't include any of the following.

- Distributions not taxable as the result of a rollover or a trustee-to-trustee transfer.
• Distributions that are taxable as the result of an in-plan rollover to your designated Roth account.
• Distributions from your eligible retirement plan (other than a Roth IRA) rolled over or converted to your Roth IRA.
• Loans from a qualified employer plan treated as a distribution.
• Distributions of excess contributions or deferrals (and income allocable to such contributions or deferrals).
• Distributions of contributions made to an IRA during a tax year and returned (with any income allocable to such contributions) on or before the due date (including extensions) for that tax year.
• Distributions of dividends paid on stock held by an employee stock ownership plan under section 404(k).
• Distributions from a military retirement plan (other than the federal TSP).
• Distributions from an inherited IRA by a nonspousal beneficiary.

If you're filing a joint return, include both spouses' amounts in both columns.

Exception. Don't include your spouse's distributions with yours when entering an amount on line 4 if you and your spouse didn't file a joint return for the year the distribution was received.

Example. You received a distribution of \$5,000 from a qualified retirement plan in 2023. Your spouse received a distribution of \$2,000 from a Roth IRA in 2021. You and your spouse file a joint return in 2023, but didn't file a joint return in 2021. You would include \$5,000 in column (a) and \$7,000 in column (b).

Line 7

Add the amounts from line 6, columns (a) and (b), and enter the total.

Line 11

Before you complete the following worksheet, figure the amount of any credit for the elderly or the disabled you're claiming on Schedule 3 (Form 1040), line 6d. See Schedule R (Form 1040) to figure the credit.

Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 11.

- 1. Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . . . 1. 1553
2. Enter the total of your credits from Schedule 3, lines 1 through 3, 6d, and 6l . . . . . 2. 1500
3. Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, stop; you can't take the credit—don't file this form . . . . . 3. 53

Worksheet **A**—2023 EIC—Line 27

Keep for Your Records 


**Before you begin:** ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

**Part 1**

**All Filers Using Worksheet A**

1. Enter your earned income from Step 5. 1      38250

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN as defined earlier. Enter the credit here. 2      4465

If line 2 is zero,  You can't take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

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3. Enter the amount from Form 1040 or 1040-SR, line 11. 3      43222

4. Are the amounts on lines 3 and 1 the same?

**Yes.** Skip line 5; enter the amount from line 2 on line 6.

**No.** Go to line 5.

**Part 2**

**Filers Who Answered “No” on Line 4**

5. If you have:

- No qualifying children who have a valid SSN, is the amount on line 3 less than \$9,800 (\$16,370 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$21,560 (\$28,120 if married filing jointly)?

**Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.


**No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here. Look at the amounts on lines 5 and 2. Then, enter the **smaller** amount on line 6. 5      3423

**Part 3**


**Your Earned Income Credit**

6. **This is your earned income credit.** 6      3423

**Reminder—**

✓ If you have a qualifying child, complete and attach Schedule EIC. 

Enter this amount on Form 1040 or 1040-SR, line 27. ⋮



*If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2023.*

**Worksheet B—2023 EIC—Line 27**



**Use this worksheet if you answered “Yes” to Step 5, question 2.**

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse’s amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

<p><b>Part 1</b></p> <p><b>Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE</b></p>	1a. Enter the amount from Schedule SE, Part I, line 3.		1a	
	b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.	+	1b	
	c. Combine lines 1a and 1b.	=	1c	
	d. Enter the amount from Schedule SE, Part I, line 13.	-	1d	
	e. Subtract line 1d from line 1c.	=	1e	

<p><b>Part 2</b></p> <p><b>Self-Employed NOT Required To File Schedule SE</b></p> <p>For example, your net earnings from self-employment were less than \$400.</p>	2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.			
	a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.		2a	
	b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	+	2b	
	c. Combine lines 2a and 2b.	=	2c	

\*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

<p><b>Part 3</b></p> <p><b>Statutory Employees Filing Schedule C</b></p>	3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.		3	
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<p><b>Part 4</b></p> <p><b>All Filers Using Worksheet B</b></p> <p><b>Note.</b> If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.</p>	4a. Enter your earned income from Step 5.		4a	38250
	b. Combine lines 1e, 2c, 3, and 4a. <b>This is your total earned income.</b>		4b	38250
	5. If you have:	If line 4b is zero or less,  You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.		
	● 3 or more qualifying children who have valid SSNs, is line 4b less than \$56,838 (\$63,398 if married filing jointly)? ● 2 qualifying children who have valid SSNs, is line 4b less than \$52,918 (\$59,478 if married filing jointly)? ● 1 qualifying child who has a valid SSN, is line 4b less than \$46,560 (\$53,120 if married filing jointly)? ● No qualifying children who have valid SSNs, is line 4b less than \$17,640 (\$24,210 if married filing jointly)? <input checked="" type="checkbox"/> <b>Yes.</b> If you want the IRS to figure your credit, see <i>Credit figured by the IRS</i> , earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.  <input type="checkbox"/> <b>No.</b> You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.			

Worksheet **B** —2023 EIC—Line 27—Continued

Keep for Your Records



**Part 5**

**All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b. 

<b>6</b>	38250
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7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here. 

<b>7</b>	4465
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If line 7 is zero, You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

8. Enter the amount from Form 1040 or 1040-SR, line 11. 

<b>8</b>	43222
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9. Are the amounts on lines 8 and 6 the same?  
 **Yes.** Skip line 10; enter the amount from line 7 on line 11.  
 **No.** Go to line 10.

**Part 6**

**Filers Who Answered "No" on Line 9**

10. If you have:  
● No qualifying children who have a valid SSN, is the amount on line 8 less than \$9,800 (\$16,370 if married filing jointly)?  
● 1 or more qualifying children who have a valid SSN, is the amount on line 8 less than \$21,560 (\$28,120 if married filing jointly)?  
 **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.

**No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here. Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11.

<b>10</b>	3423
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**Part 7**

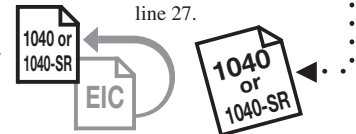
**Your Earned Income Credit**

11. **This is your earned income credit.**

<b>11</b>	3423
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**Reminder—**

✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on Form 1040 or 1040-SR, line 27.



*If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2023.*