PRACTICE LAB

(202) 202-2022

GLORIA M LANGFORD 234 MANOR HILL AVE APT 17 CEDAR RAPIDS IA 52404 (319) 555-5555

Preparer No.: 995 Client No. : XXX-XX-4633 Invoice Date: 01/09/2024

# INVOICE

Description		Amount
PREPARATION OF 2023 FEDERAL/STATE FORMS & WORKSHE	ETS:	
FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUST FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) FORM W-2 (WAGES AND TAX) FORM 1099-G (UNEMPLOYMENT COMPENSATION) FORM 1099-R (RETIREMENT DISTRIBUTIONS) FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTION) FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8812 (QUALIFYING CHILDREN & OTHER DEPENDENTS FORM 8889 (HEALTH SAVINGS ACCOUNT) STUDENT LOAN INTEREST WORKSHEET		
	Fotal Invoice	\$0.00
	Amount Paid	\$0.00
E	Balance Due	\$0.00

TAX YEAR: 2023 CLIENT : 352-00-4633 GLORIA M LANGFORD ADDRESS : 234 MANOR HILL AVE APT 17 : CEDAR RAPIDS IA 52404 Home : (319) 555-5555 Work : Cell : STATUS : HEAD OF HOUSEHOLD FED TYPE: Electronic Mail ST TYPE : Regular Tax E-MAIL : PROCESS DATE: 01/09/2024

BIRTH DATE : 09/08/1966 Age:57

PREPARER : 995

EFFECTIVE RATE: 8.90%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
MARTHA A MARTIN	05/04/1942	81	374-00-5339	PARENT	12

#### LISTING OF FORMS FOR THIS RETURN

FORM 1040	
SCHEDULE 1	(ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 2	(ADDITIONAL TAXES)
FORM W-2	
FORM 1099-G	(UNEMPLOYMENT COMPENSATION)
FORM 1099-R	(RETIREMENT DISTRIBUTIONS)
FORM 5329	(TAX ON EARLY RETIREMENT DISTRIBUTIONS)
CHILD TAX CREI	DIT WORKSHEET
FORM 8812	(ADDITIONAL CHILD TAX CREDIT)
FORM 8879	(E-FILE SIGNATURE AUTHORIZATION)
FORM 8889	(HEALTH SAVINGS ACCOUNT)
STUDENT LOAN I	INTEREST DEDUCTION WORKSHEET

### \* QUICK SUMMARY \*

SUMMARY	FEDERAL	
FILING STATUS	4	
TOTAL INCOME	42892	
TOTAL ADJUSTMENTS	4950	
ADJUSTED GROSS INCOME	37942	
DEDUCTIONS	20800	
EXEMPTIONS	0	
TAXABLE INCOME	17142	
TAX	1741	
CREDITS	500	
OTHER TAXES	285	
PAYMENTS	3400	
REFUND	1874	
AMOUNT DUE	0	

PREPARER : 995 DATE : 01/09/2024

* W-2	2 INCOME	FORMS	SUMMARY	*
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	T/S EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T DOMINION MEDICAL IN	34550	2700	2328	544	1300 IA
	TOTALS	34550	2700	2328	544	1300

\* FORM 1099-G INCOME FORMS SUMMARY \*

	[T/S]	PAYER		UNEMPLOYMENT	FED WITH	STATE WITH ST	
1.	Т	STATE UNEMPLOYMENT	COMMISSIO	4342	300	50	IA
		TOTALS		4342	300	50	

<u>\* 1099-R INCOME FORMS SUMMARY \*</u>

	[T/S]	PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	Т	FIDELITY CAPITAL INVES	4000	4000	400	0
			4000	1000	100	0
		TOTALS	4000	4000	400	0

	a Employe	e's social security number						
352-00-4633 OMB No. 1545				5-0008				
<b>b</b> Employer identification number (	EIN)			1 Wa	ges, tips, other compensation	2 Federal income ta		
67-2780202	710 1				34550		700	
c Employer's name, address, and		тпо		3 500	cial security wages	4 Social security ta		
DOMINION MEDICAL IN 187 COMMONWEALTH AV		NIS		5 Me	<u>37550</u> dicare wages and tips	6 Medicare tax with	328 held	
CEDAR RAPIDS IA 524					37550		544	
				7 Soc	cial security tips	8 Allocated tips	511	
d Control number				9		10 Dependent care I	penefits	
e Employee's first name and initial		name	Suff.	11 No	nqualified plans	12a		
GLORIA M	LANGF	ORD		13 Stat	utory Retirement Third-party	D	3000	
234 MANOR HILL AVE CEDAR RAPIDS IA 524	04			13 Stati emp	loyee plan sick pay			
CEDAR RAPIDS IN 524	101			14 Oth		12c	5764	
						<sup>c</sup> W	1400	
						12d		
						d C	235	
f Employee's address and ZIP cod				I				
15 State Employer's state ID numb	er	16 State wages, tips, etc.			18 Local wages, tips, etc.	<b>19</b> Local income tax	20 Locality name	
IA 672780202001		34550	130	00				
Form W-2 Wage and	d Tax Sta	atement	202	רכ	Department	of the Treasury-Internal	Revenue Service	
Form		e's social security number						
	u Employo		OMB No. 154	5-0008				
<b>b</b> Employer identification number (	EIN)			1 Wag	ges, tips, other compensation	2 Federal income ta	ax withheld	
c Employer's name, address, and	ZIP code			3 Social security wages 4 Social security tax withhe			x withheld	
							hald	
				5 Medicare wages and tips 6 Medicare tax withheld			Ineid	
				7 Social security tips 8 Allocated tips				
d Control number				9		10 Dependent care I	oenefits	
e Employee's first name and initial	Last	name	Suff.	11 No	nqualified plans	<b>12a</b>		
				10 Stat	utory Retirement Third-party	e		
				13 Stati emp	utory Retirement Third-party loyee plan sick pay	( <b>12b</b>		
				14 Oth	er	 12c		
						C o d		
						12d		
						o d e		
f Employee's address and ZIP cod		1	1		1	1		
15 State Employer's state ID numb	er	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	



PO BOX 1789       Participate and the second s				CTED (if checke	d)			
Street address (including apt. no.)       Street address, fincularity       State or province, country, and ZIP or foreign postal code       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State or province, country, and ZIP or foreign postal code, and telephone no.       State address, foreign postal code, and telephone no.       State address, cole or province, country, and ZIP or foreign postal code, and telephone no.       State address, cole or province, country, and ZIP or foreign postal code, and telephone no.       State address, cole or province, country, and ZIP or foreign postal code, and telephone no.       State address, cole or province, country, and ZIP or foreign postal code, and telephone no.       State address, cole or province, country, and ZIP or foreign postal code, and telephone no.       State address, cole or province, c				1 Gross distribution	n	OMB No. 1545-0		
PIDELITY CAPITAL INVESTMENT CORP       9       2000       20       22       ProfitSharing Plans, Insurance Contracts, etc.         PO BOX 179       4000       20       22       Form 1099-R       ProfitSharing Plans, Insurance Contracts, etc.         PAVER'S TIN       RECIPIENT'S TIN       3       Capital gain (included in 4       Federal income tax withhed         67-2295004       352-00-4633       \$       4000       appreciation in employer's securities         8       Street address (including apt. no.)       234       MAROR HILL AVE       5       Employee contributions' 6       8       400         10 Amount allocable to IRR 11       11 tay and doing in a fact and a fact and in appreciation in employer's securities in appreciation in employer's securities or province, country, and ZP or foreign postal code       5       Employee contributions' 6       8       10       10       10       11 tay and doing in target province, country, and ZP or foreign postal code in 4       15       State/Payer's state no.       16       Sta	country, ZIP or foreign postal of	code, and telephone	no.				P	
PO BOX 1789       HAS, Insurance Contracts, etc.         HOUSTON TX 77001       S       4000       Form 1099-R       Contracts, etc.         AUDITION TX 77001       S       4000       Form 1099-R       Contracts, etc.         AUDITION TX 77001       BECIPIENT'S TIN       RECIPIENT'S TIN       GathQuidon       4 Federal income tax witheid       Form 1099-R         AUDITION TX 77001       BECIPIENT'S TIN       BECIPIENT'S name       S       400         FECIPIENT'S name       Form 1090-R       B Fed undersed for the sound to the sou	FIDELITY CAPITAL I	NVESTMENT CO	RP			Profit-Sharing		
BOUSTON TX       You T       \$       4000       Form 1099-R         PAYER'S TIN       RECIPIENT'S TIN       S Capital gain (included in 4 festeral income tax withheld         67-2295004       352-00-4633       \$       400         RECIPIENT'S name       5       Employee contributions' 6 Net unrealized appropriate securities       This information is unance premiums         Street address (including apt. no.)       234 MANOR HILL AVE       7       Distribution group of total gain (included in 4 festeral income tax withheld to the HILL AVE       This information is the province, country, and 2P or foreign postal code       9       Yur provinge or total gain (including apt. no.)       10 festibutions group or total gain (including apt. no.)       12 TATCA NILL AVE       14 State tax withheld       15 State/Payer's state no.       16 State distributions         20       234 MANOR HILL AVE       13 Date of payment       17 Local tax withheld       15 State/Payer's state no.       16 State distribution         36 Account number (see instructions)       13 Date of payment       17 Local tax withheld       16 Non 164-0110       State/Payer's state no.       16 State/Payer'st				2a Taxable amoun	t		•	IRAs, Insurance
Image: state of province, country, and ZIP or foreign postal code, and telephone no.         State of province, country, and ZIP or foreign postal code, and telephone no.         State of the code, and telephone no.	HOUSTON TX 77001			\$ 1000		Form 1099-1	R	Contracts, etc.
PAYER'S TIN     RECIPIENT'S TIN     3 Capital gain (included in box 2a)     4 Federal Income tax withheld       67-2295004     352-00-4633     \$ 400       RECIPIENT'S name     6 Employee contributions contributions or imployer's securities     9 Net unrealized employee contributions contributions or imployer's securities     This information is being furnished       Street address (including apt. no.)     7 Distribution     8 FFF securities     9 Other contributions or imployer's securities     This information is being furnished       City or town, state or province, country, zhP or foreign postal code, within 5 years     11 1 styper of design payment     12 FA1CA img. 14 Street address, city or town, state or province, o     13 Date of payment     18 Name of locality S     19 Local distribution street address, city or town, state or province, o     13 Date of payment     14 Rote outrible S     19 Local distribution street address, city or town, state or province, country, ZiP or foreign postal code, and telephone no.     1 Gross distribution S     OMB No. 1545-011 S     Distributions From Pensise, Annulles, payment       PAYER'S TIN     RECIPIENT'S TIN     3 Capital gain (included in nor determined				-	t			
67-2295004     352-00-4633     box 2a)     withheld       RECIPENT'S name     5 Employee contributions Designation of the insurance premiums     6 Net urreatized employee's securities     This information is being furnished to the IRS.       Street address (including apt. no.)     234 MANOR HILL AVE     7 Distribution (Struent alcoable to IRR Within Sysams     9 Other securities     %       10 Amount allocable to IRR Cocurt number (see instructions)     11 tay ard debs, 0     12 FATCA filling 14 state tax withheld payment     15 State/Payer's state no.     16 State distribution (State distribution payment       7 MUB9-R     (see for your records)     13 Date of payment     14 State tax withheld (State distribution (State distribution)     16 Name of locality (State distribution (State distribution)     Distributions From Persons, Amulties (State distribution)       PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.     1 Gross distribution (State distribution)     Other meature (State distribution)     Distributions From Persons, Amulties (Street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.     1 Gross distribution (Street address, (including apt. no.)     3 Capital gain (included in employer's securities (Street address (including apt. no.)     3 Capital gain (included in employer's securities (Street address (including apt. no.)     12 Forto foreign postal code (Street address (including apt. no.)     12 Forto foreign postal code (Street address (including apt. no.)     12 Forto foreign postal code (Street address (inclu								
67-2295004       352-00-4633       \$       400         RECIPIENT'S name       5       Employee contributions/ Designated Roh insurance premiums       6       Net unrealized appreciation in insurance premiums       This information is being furnished to the IRS.         Street address (including apt. no.)       234       MANOR HILL AVE       5       Other       6         City or town, state or province, country, and ZIP or foreign postal code within 5 years       1       5       Other       6         City or town, state or province, country, and ZIP or foreign postal code       12       FATO 6 mile payment       14       State ax withheid       18       State/Payer's state no.       16       State distribution \$         City or town, state or province, country, ZIP or foreign postal code, and telephone no.       13       Date or payment       17       Local tax withheid \$       18       Num realized astribution       OMII No. 1545-0119 OMII No. 1545-0119       Distributions From Pensions, Annutites, S, Insurance Contracts, etc.         PAYER'S TIN       RECIPIENT'S TIN       1       Captal gain (included in Roti contracts, etc.       6       Net unrealized astribution for unreal Reverue Service         Street address (including apt. no.)       2       Captal gain (included in being furnished to the RST.       6       Net unrealized appreciation in employer's securities       7         Street addres	PAYER'S TIN	RECIPIENT'S TI	N	3 Capital gain (inclu	uded in	4 Federal incom	ne tax	+
S       S       400         RECIPIENT'S name       Semptoyee contributions/ Designated R0ti contributions or insurance premiums       6       Appreciation in employer's securities         Street address (including apt. no.)       234 MANOR HILL AVE       7       Distribution 96, Simme 1       8       Other       94         City or town, state or province, country, and ZIP or foreign postal code (s)       14       State tax withheid       15       State/Payer's state no.       16       State distribution frequimement s       19       Local law Uthheid       18       Name of locality s       19       Local distribution frequimement s       10       Name of locality s       19       Local distribution frequimement s       10       Local distribution frequimement s       10       Local distribution frequimement s       10       Local distribution s       10       Local distribution frequimement s       10       Distributions From Pensions, Annutites, frequimement s       10       Cole frequimement or frequimement s       10       Distribution frequinement s       10       Distribution frequinement s       10       10       Pensions, Annutites, frequimement frequimement s       10       10       10				box 2a)		withheld		
RECIPIENT'S name       6       Employee contributions/ Designated Role       6       Net unrealized appreciation in employer's securities         Street address (including apt. no.)       234       MANOR HILL AVE       7       Distributions or insurance premiums       8       Other SMPLE       8       Other SMPLE       8       Other SMPLE       8       Other SMPLE       96         C10 or town, state or province, country, and ZIP or foreign postal code (9)       9       You percentage of total       90       This information is being network of total statubuton       95       16       State/Payer's state no.       16       State/Payer's state no.       16       State/Payer's state no.       19       Local distribution statubuton       13       Date of payment       17       Local tax withheid statubuton       18       Name of locality statubuton       19       Local distribution statubuton       19       Local distribution statubuton       19       Local distribution statubuton       10       State/Payer's state no.       19       Local distribution statubuton       10       Statubuton       10       Net unrealized statubuton       10       Net unrealized statubuton       10       Net unrealized statubuton       10       10       10       10       10       10       10       10       10       10       10       10       10       10<	67-2295004	352-00-463	3					
GLORIA M LANGFORD       Designated Roth contributions on incomposer's securities       appreciation in employer's securities         Street address (including apt. no.)       234 MANOR HILL AVE       7 Distribution       8 Other code(s)       8 Other       5         City or town, state or province, country, and ZIP or foreign postal code       9a Your precentage of total       9b Total employee contributions       This information is being furnished to the IRS.         City or town, state or province, country, and ZIP or foreign postal code       12 FATCA filing       14 State tax withheid       15 State/Payer's state no.       16 State distribution         S       0       13 Date of payment       17 Local tax withheid       18 Name of locality       19 Local distribution         S       0       13 Date of payment       17 Local tax withheid       18 Name of locality       19 Local distribution         S       0       13 Date of payment       16 Gross distribution       0       10 Anount allocable to IRF       11 Strate distribution       1       10 Local distribution       10 Anount allocable to Response on thomas anount not determined       1       10 Stributions From         Form 1099-R       (eeep for your record)       www.rs.gov/Form1099R       Department of the Treasury - Internal Revenue Service Contracts, etc.       1         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in A Securities				\$				-
GLORIA IN LARGEORD       employer's securities         Street address (including apt. no.)       234 MANOR HILL AVE       contibutions or insurance premiums       s         234 MANOR HILL AVE       7 Distribution       Street       3 Other code(s)       Street       s       This information is being furnished to the IRS.         CEDAR RAPIDS IA 52404       11 stylear of desig.       12 FATCA fills       14 State tax withheld       15 State/Payer's state no.       16 State distribution s/s \$         O       13 Date of payment       13 Date of payment       17 Local tax withheld       18 Name of locality       19 Local distribution s/s \$         Form 1099-R       (keep for your records)       www.irs.gov/Form1099R       Department of the Treasury - Internal Revenue Service Contracts, etc.       s         PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.       1 Gross distribution distribution distribution distribution distribution sor approximates       Distributions or miRAs, Insurance Contracts, etc.         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in 4 Federal income tax withheld in the RECIPIENT'S TIN       3 Capital gain (included in 4 Federal income tax withheld spread total approximation is being furnished to the first approx and tapproximation is being furnished to the RES.         Street address (including apt. no.)       5       Employee contributions or misurance premiums s       10 Amount alloc					utions/			
Street address (including apt. no.)       S       S         Street address (including apt. no.)       S       7 Distribution       B       Other       S       This information is being furnished to the IRS.         City or town, state or province, country, and ZIP or foreign postal code       9a Your percentage of total 9b Total employee contributions       9a Your percentage of total 9b Total employee contributions       This information is being furnished to the IRS.         S       0       Account number (see instructions)       11 State of the IRS.       S       S         Account number (see instructions)       13 Date of payment       17 Local tax withheid       18 Name of locality       19 Local distribution \$         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       Distributions From Pensions, Annuities, Reirement or total distribution \$         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       Distributions From Pensions, Annuities, Reirement or total distribution \$         PAYER'S name       S       S       S       S       Reirement or total distribution \$       S       Profit-Sharing Plans, IRAS, Insurance Contracts, etc.         PAYER'S TIN       RECIPIENT'S TIN       S Capital gain (included in 4 Federal incor	GLORIA M LANGFORD				200			
Street address (including apt. no.)       7 Distribution       7 Bitribution       8 Other       5         234 MANOR HILL AVE       7 Distribution       94       9 Our percentage of total       9b Total employee contributions       56         CIty or town, state or province, country, and ZIP or foreign postal code       9a Your percentage of total       9b Total employee contributions       56         10 Amount allocable to IRR       11 1st year of desig.       12 FATCA filing       14 State tax withheld       15 State/Payer's state no.       16 State distribution         10 Amount allocable to IRR       11 1st year of desig.       12 FATCA filing       14 State tax withheld       18 Name of locality       19 Local distribution         8       0       13 Date of payment       5       5       5         Form 1099-R       (keep for your records)       www.is.gov/Form 1099R       Department of the Treasury - Internal Revenue Service contruct, and telephone no.       0       Distribution From         20 Taxable amount       10 Gross distribution       0MB No. 1545-0119       Distributions From         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in 4       Federal income tax withheld end filtermined or otherwither approximate in the payment box 2a)       6 State description in contrubutions or singular contruct in the payment or otherwither approximate in the payment in tot determined or otherwither in the payment in				\$	115	\$		
234 MANOR HILL AVE       code(9)       SMPLE       This information is being furnished to the IRS.         City or town, state or province, country, and ZIP or foreign postal code       9a Your percentage of total stitution       9b Total employee contributions       being furnished to the IRS.         10 Amount allocable to IRB       11 Istyear of desig.       12 FATCA filing 14 State tax withheid       15 State/Payer's state no.       16 State distribution       \$         Account number (see instructions)       13 Date of payment       17 Local tax withheid       18 Name of locality       19 Local distribution         Form 1099-R       (keep for your records)       www.irs.gov/Form1089R       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. 1545-011       Distributions From Pensions, Annuities, Retriement or province, country, ZIP or foreign postal code, and telephone no.       1 Gross distribution       OMB No. 1545-011       Distributions From Pensions, Annuities, Retriement or not determined       Distributions From Pensions, Annuities, Retriement or not determined       S       Distributions From Pensions, Annuities, Retriement or not insurance premiums       S         PAYER'S TIN       RECIPIENT'S TIN       S Employee contributions'       6 Net urrealized appreciation in employer's securities       S       This information	Street address (including apt.	no.)		7 Distribution				-
City or town, state or province, country, and ZIP or foreign postal code (SEDAR RAFIDS IA 52404       9a Your percentage of total (distribution (stitubution (stitubution (stitubution (stitubution (stitubution (stitubution)))       9b Total employee contributions (stitubution (stitubution (stitubution))       16 State distribution (stitubution)         10 Arnound allocable to IRR (scound number (see instructions))       11 State of (stitubution)       14 State tax withheld (stitubution)       15 Name of locality (stitubution)       19 Local distribution (stitubution)         Form 1099-R (scound number (see instructions))       13 Date of (stitubution)       17 Local tax withheld (stitubution)       18 Name of locality (stitubution)       19 Local distribution (stitubution)         Form 1099-R (scountry, ZIP or foreign postal code, and telephone no.       1 Gross distribution (stitubution)       0MB No. 1545-011 (stitubution)       Distributions From Pensions, Annuities, Street address, city or town, state or province, contracts, etc.       0 MB No. 1545-011 (stitubution)       Distributions From Pensions, Annuities, Street address (including apt. no.)       Distributions (stitubution)       0 MB No. 1545-011 (stitubution)       Distributions (stitubution)         PAYER'S TIN       RECIPIENT'S TIN       8 Celler and stitubutions' (stitubution)       10 Net urrealized approciation in employer's securities       Total approciation in employer's securities       This information is being furnished to the IRS.         Street address (including apt. no.)       11 Styper of desig. Street address (including apt. no.)       12 FATCA	234 MANOR HILL AVE			code(s)				This information is
CEDAR RAPIDS IA 52404       distribution       %         10 Amount allocable to IRR within 5 years       11 styeer of desig. Roth contrib. 0       12 FATCA filing Roth contrib. 0       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 \$         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 2 @ 222       Distributions From Pensions, Annuties, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld       9 6 Net unrealized appreciation in employer's securities         Street address (including apt. no.)       5       Employee contributions contributions or unsubcree reminus       6 Net unrealized appreciation in employer's securities       7         10 Amount allocable to IRR within 5 years       11 1 styear of desig Roth contrib.       12 FATCA filing the equirament scientify appreciation in employer's state no.       16 State distribution the IRS.         10 Amount allocable to IRR Within 5 years       11 Local tax withheld       15 State				-		\$	%	~
10 Amount allocable to IRR within 5 years       11 1 styear of desig. Path contrib. 0       12 FATCA filing requirement \$       14 State tax withheld       15 State/Payer's state no. \$       16 State distribution \$         20       20       5       5       5         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.rs.gov/Form 1099R       Department of the Treasury - Internal Revenue Service \$         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 20 222       Distributions From Pensions, Annuites, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         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 fodth cotify or town, state or province, country, and ZIP or foreign postal code for unsurance premiums       6 Net unrealized appreciation in employer's securities \$       This information is being furnished to the IRS.         10 Amount allocable to IRR within 5 years       11 1 stype of desig. Roth contrib.       12 FATCA filing for unreament of s       14 State tax withheld       15 State/Payer's state no. \$       16 State distribution \$         10 Amount allo			eign postal code			<b>A</b>	contributions	the IRS.
within 5 years       Roth contrib.       requirement \$       \$       \$         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.gow/Form1099R       Department of the Treasury - Internal Revenue Service         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 2 Taxable amount       Distributions From Pensions, Annuities, Retirement or profit-Sharing Plans, IRAs, Insurance Contracts, etc.         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld       Form 1099-R         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld       5         Street address (including apt. no.)       \$       5 Employee contributions/ Simple       6 Net unrealized appreciation in employer's securities       7         10 Amount allocable to IRR within 5 years       11 tat year of design. Roth contrib.       12 FATCA filing 14 State tax withheld       15 State/Payer's state no. \$       16 State distribution the IRS. \$         10 Amount unmber (see instructions)       13 Date of payment       17 Local tax withheld       18 Name of locality       19 Local distribution \$	L	1	12 FATCA filing	14 State tax withhel		*	's state no.	<b>16</b> 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         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       Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         2       Taxable amount       Total       Total       Total       Instribution         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld       5         Street address (including apt. no.)       5       Employee contributions/ Code(s)       6 Net unrealized distribution in employer's securities insurance premiums       5       This information is being further for securities distribution in employer's state no.         10 Amount allocable to IRR within 5 years       11 1 st year of desig.       12 FATCA filing requirement \$       4 State ax withheld       18 Name of locality       19 Local distribution is securities being further for securities is an one securities is being further for securities is being furthished to the IRS.         10 Amount allocable to IRR within 5 years       11 1 st year of desig.       12 FATCA filing requirement \$       18 Name of locality       19 Local dis			requirement	\$				\$
payment       \$       \$       \$         Form 1099-R       (keep for your records)       www.irs.gov/Form1099R       Department of the Treasury - Internal Revenue Service         CORRECTED (if checked)       OMB No. 1545-0119       Distributions From         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       Distributions From         2@ 0       20       20       22       Pensions, Annuities, Retirement or province, country, ZIP or foreign postal code, and telephone no.       1       Gross distribution       OMB No. 1545-0119       Distributions From Pensions, Annuities, Retirement or province, contracts, etc.         2a       Taxable amount       Capital gain (included in defermined       Form 1099-R       Total         PAYER'S TIN       RECIPIENT'S TIN       3       Capital gain (included in defermined issued issued in the contracts, etc.       S         PAYER'S name       \$       \$       S       \$       S       Total mount issued issued issued issued issued issued in the contracts, etc.       S         Street address (including apt. no.)       7       Distribution SEP/ SMPLE       \$       S       This information is being furnished to the the RS.       S         10       Amount allocable to IRR       11       Istyear of design.	\$	0		\$				\$
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       Distributions From Pensions, Annuities, Retirement for Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         2a       Taxable amount       Total       OM9-R       Total         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in the treated Roth contributions or insurance premiums       6       Net unrealized appreciation in employer's securities         Street address (including apt. no.)       5       Employee contributions or distribution or distribution or distribution or distribution or distribution or distributions or insurance premiums       8       Other securities         10       Amount allocable to IRR       11 1st year of desig.       12 FATCA filing requirement \$       9a Your percentage of total stribution %       9b Total employee contributions for the IRS.         \$       10       Amount allocable to IRR       11 1st year of desig.       12 FATCA filing requirement \$       15 State/Payer's state no.       16 State distribution \$         \$       10       Amount allocable to IRR       11 1st year of desig.       13 Date of payment       14 State tax withheld       18 Name of locality       19 Local dist	Account number (see instruction	s)		17 Local tax withhel	ld	18 Name of loc	ality	<b>19</b> Local distribution
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 20 222       Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         2b       Taxable amount       20 222       Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         2b       Taxable amount       Total distribution       Total distribution       Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld         PAYER'S name       5       Employee contributions/ Designated Roth contributions or insurance premiums       6 Net unrealized appreciation in employer's securities         Street address (including apt. no.)       7       Distribution Street address (including apt. no.)       10         City or town, state or province, country, and ZIP or foreign postal code within 5 years       12 FATCA filing Roth contrib.       12 FATCA filing requirement \$       14 State tax withheld       15 State/Payer's state no.       16 State distribution \$         10 Amount allocable to IRR within 5 years       11 Local tax withheld       18 Name of locality       19 Local distribution \$			payment	\$				\$
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 20 222       Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         2b       Taxable amount       20 222       Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         2b       Taxable amount       Total distribution       Total distribution       Profit-Sharing Plans, IRAs, Insurance Contracts, etc.         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld         PAYER'S name       5       Employee contributions/ Designated Roth contributions or insurance premiums       6 Net unrealized appreciation in employer's securities         Street address (including apt. no.)       7       Distribution Street address (including apt. no.)       10         City or town, state or province, country, and ZIP or foreign postal code within 5 years       12 FATCA filing Roth contrib.       12 FATCA filing requirement \$       14 State tax withheld       15 State/Payer's state no.       16 State distribution \$         10 Amount allocable to IRR within 5 years       11 Local tax withheld       18 Name of locality       19 Local distribution \$				\$				\$
\$       Form 1099-R         2b       Taxable amount not determined       Total distribution         PAYER'S TIN       RECIPIENT'S TIN       3       Capital gain (included in box 2a)       4       Federal income tax withheld         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         Street address (including apt. no.)       \$       8       Other       5         City or town, state or province, country, and ZIP or foreign postal code within 5 years       11       1st year of desig. Roth contrib.       12       FATCA filling requirement \$       14       State tax withheld \$       15       State/Payer's state no. \$       16       State distribution \$         10       Amount allocable to IRR within 5 years       11       1st year of desig. Roth contrib.       12       FATCA filling requirement \$       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 di			or province,	1 Gross distribution \$	n N		P	ensions, Annuities, Retirement or ofit-Sharing Plans,
2b       Taxable amount not determined       Total distribution         PAYER'S TIN       RECIPIENT'S TIN       3       Capital gain (included in box 2a)       4       Federal income tax withheld         RECIPIENT'S name       \$       \$       \$       6       Net unrealized appreciation in employer's securities         Street address (including apt. no.)       5       Employee contributions/ insurance premiums       8       Other         7       Distribution code(s)       18       8       Other       This information is being furnished to the IRS.         10       Amount allocable to IRR within 5 years       11       1st year of desig. Roth contrib.       12       FATCA filing requirement s       14       State tax withheld       15       State/Payer's state no.       16       State distribution s         4       Sate of payment       13       Date of payment       17       Local tax withheld       18       Name of locality       19       Local distribution s				¢		<b>1000_</b>		
PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld         PAYER'S TIN       RECIPIENT'S TIN       3 Capital gain (included in box 2a)       4 Federal income tax withheld         RECIPIENT'S name       \$       \$       \$       \$         RECIPIENT'S name       5 Employee contributions/ Designated Roth contributions or insurance premiums       6 Net unrealized appreciation in employer's securities       *         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 \$       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 \$				Φ 2b Taxable amount	ł	L		
box 2a)       withheld         s       \$         RECIPIENT'S name       \$         Street address (including apt. no.)       \$         Street address (including apt. no.)       \$         To Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       12 FATCA filing requirement \$         Account number (see instructions)       13 Date of payment       17 Local tax withheld       18 Name of locality       19 Local distribution \$								
RECIPIENT'S name       5 Employee contributions/ Designated Roth contributions or insurance premiums       6 Net unrealized appreciation in employer's securities         Street address (including apt. no.)       7 Distribution (code(s))       8 Other       7 This information is being furnished to         City or town, state or province, country, and ZIP or foreign postal code (within 5 years)       9a Your percentage of total distribution       9b Total employee contributions/ S       7 Distribution (s)       14 State tax withheld       15 State/Payer's state no.       16 State distribution (s)         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       12 FATCA filling requirement       14 State tax withheld (s)       15 State/Payer's state no.       16 State distribution (s)         Account number (see instructions)       13 Date of payment       17 Local tax withheld (s)       18 Name of locality       19 Local distribution (s)	PAYER'S TIN	RECIPIENT'S TI	N		uded in		ie tax	
RECIPIENT'S name       5 Employee contributions/ Designated Roth contributions or insurance premiums       6 Net unrealized appreciation in employer's securities         Street address (including apt. no.)       7 Distribution (code(s))       8 Other       7 This information is being furnished to         City or town, state or province, country, and ZIP or foreign postal code (within 5 years)       9a Your percentage of total distribution       9b Total employee contributions/ S       7 Distribution (s)       14 State tax withheld       15 State/Payer's state no.       16 State distribution (s)         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       12 FATCA filling requirement       14 State tax withheld (s)       15 State/Payer's state no.       16 State distribution (s)         Account number (see instructions)       13 Date of payment       17 Local tax withheld (s)       18 Name of locality       19 Local distribution (s)				\$		\$		
Street address (including apt. no.)       7 Distribution code(s)       IRA/ SEP/SIMPLE       8 Other       This information is being furnished to being furnished to the IRS.         City or town, state or province, country, and ZIP or foreign postal code       9a Your percentage of total distribution % \$       9b Total employee contributions       This information is being furnished to the IRS.         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       12 FATCA filing requirement       14 State tax withheld       15 State/Payer's state no.       16 State distribution \$         \$       13 Date of payment       17 Local tax withheld       18 Name of locality       19 Local distribution \$	RECIPIENT'S name			Designated Roth contributions or		6 Net unrealize appreciation employer's se	in	+
City or town, state or province, country, and ZIP or foreign postal code       Simple       %       %         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       12 FATCA filing requirement       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	Street address (including apt. I	ו.סר)						-
City or town, state or province, country, and ZIP or foreign postal code       9a Your percentage of total distribution       9b Total employee contributions       the IRS.         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       12 FATCA filing requirement       14 State tax withheld       15 State/Payer's state no.       16 State distribution         \$       13 Date of payment       17 Local tax withheld       18 Name of locality       19 Local distribution				code(s)		•		
10     Amount allocable to IRR within 5 years     11     1st year of desig. Roth contrib.     12     FATCA filing requirement     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	City or town, state or province, c	ountry, and ZIP or for	eign postal code			9b Total employee		- · ·
within 5 years       Roth contrib.       requirement       \$       \$         \$       Image: structure in the			•				's state no.	16 State distribution
Account number (see instructions)13 Date of payment17 Local tax withheld18 Name of locality19 Local distribution\$\$	-	Roth contrib.	requirement	\$		 		\$
payment \$				\$				
\$	Account number (see instruction	s)		17 Local tax withhel	d	18 Name of loc	ality	<b>19</b> Local distribution <b>\$</b>
				\$				\$

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

Department of the Treasury - Internal Revenue Service

#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaver's name

Тахрау	/er's name	Social sec	urity numb	per
GL	ORIA M LANGFORD	352-00	-4633	
Spouse	e's name	Spouse's	social secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you	are au	thorizing.)
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	37942
2	Total tax		2	1526
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3400
4	Amount you want refunded to you		4	1874
5	Amount you owe		5	
Dor	Toxpover Declaration and Signature Authorization (Resource you get and	kaan a a	any of y	(augusture)

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

Under penalties of periury. 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

X lauthorize PRACTICE LAB to enter or generate my PIN

1	4	6	3	3	as mv
	er fiv i't er	asiny			

Enter five digits, but don't enter all zeros

as my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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 of	one box only	
I authorize		to enter or generate my PIN
	ERO firm name	

signature on the income tax return (original or amended) I am now authorizing.

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 s	ignature ► D	ate 🕨	•					 				
	Practitioner PIN Method Returns Only—continue below											
Part III	Certification and Authentication – Practitioner PIN Method Only											
ERO's EFI	<b>N/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	3	6	9			8 nter a		7	6	5	

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	►
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Date 🕨	01/09/2024
3. I. S. M. S. M.	

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

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	20	23	OMB No. 1545	-0074	IRS Use On	ly—Do not w	rite or staple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, e	ending			, 20	See se	parate instructions.		
Your first name	and m	iddle initial	Last n	ame						Your so	cial security number		
GLORIA M			LAN	GFORD						352-00-4633			
	oouse's	s first name and middle initial	Last n							Spouse's social security num			
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Election Campaigr		
234 MANO	R HI	LL AVE							17		here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a		
CEDAR RA	PIDS	3				IZ	A	524	04		ow will not change		
Foreign country	name			Foreign p	rovince/stat	te/coun	nty	Foreig	gn postal code		k or refund.		
											You Spouse		
Filing Status	; [	] Single					X Head of h	ouseh	old (HOH)				
Check only		] Married filing jointly (even if only of	ne had	income)									
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)			
		ou checked the MFS box, enter the			pouse. If y	ou ch	ecked the HOH	l or Q	SS box, en	ter the ch	ild's name if the		
	qu	alifying person is a child but not you	ır depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	s a reward	d. award.	or pav	ment for prope	ertv or	services): c	r (b) sell.			
Assets		ange, or otherwise dispose of a dig									🗌 Yes 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	pendei	nt 🗌	Your spo	use as	a dependent			-			
Deduction		Spouse itemizes on a separate retur	n or yo										
Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind S	pouse	e: 🗌 Was bo	rn befo	ore January	2, 1959	Is blind		
Dependents	-			<u> </u>	Social secu	-	(3) Relationsh	14			ifies for (see instructions):		
•	•	irst name Last name		(2)	number	ity	to you		Child tax		Credit for other dependents		
lf more than four	MA	RTHA A MARTIN		374-	00-533	9	PARENT				X		
dependents,													
see instructions and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	ı 34550		
Attach Form(s)	b	Household employee wages not re	eported	d on Form	n(s) W-2 .					. 1b	)		
W-2 here. Also	с	Tip income not reported on line 1a	(see ir	nstructior	ıs)					. 1c	;		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (se	e instru	uctions)			. 1d	1		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e	•		
was withheld.	f	Employer-provided adoption bene								. 1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .	· ·							. 1g	1		
W-2, see	h	Other earned income (see instruct	ions)				· · · · ·	· ·		. 1h	1		
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)	)	• •	<b>_ 1</b> i						
	<u>z</u>	Add lines 1a through 1h	···		· · ·	• •				. 1z			
Attach Sch. B if required.	2a	· · ·	2a				Taxable interes			. 2b			
	<u>3a</u>		3a				Ordinary divide			. 3b			
Standard	4a		4a				Faxable amoun			. 4b			
Deduction for –	5a		5a				Faxable amoun		• • •	. 5b			
<ul> <li>Single or Married filing</li> </ul>	6a	Social security benefits	6a	methad	obcolate		Faxable amoun	ι		. 6b			
separately, \$13,850	c _	, ,		,			,	• •					
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sche		•		•	-			. 8	4342		
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. 8			
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche						• •		. 9			
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is						• •		. 11			
household, \$20,800	12	Standard deduction or itemized								. 12			
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct		•		,	95-A			. 13			
Standard Deduction,	14	Add lines 12 and 13								. 14			
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is	s your	taxable incom	ne .		. 15			
	-		20	.,		,		•					

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

Form **1040** (2023)

QNA

LANGF Form 1040 (2023		)					3	52-0	00-4633 <sub>Page</sub> <b>2</b>
Tax and	<u>,</u> 16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3		16	1741
Credits	17	Amount from Schedule 2, lin						17	<u>_</u>
	18	Add lines 16 and 17						18	1741
	19	Child tax credit or credit for						19	500
	20	Amount from Schedule 3, lin	•					20	
	21	Add lines 19 and 20						21	500
	22	Subtract line 21 from line 18						22	1241
	23	Other taxes, including self-e						23	285
	24	Add lines 22 and 23. This is						24	1526
Payments	25	Federal income tax withheld							
i ayinonto	а	Form(s) W-2				25a	2700		
	b	Form(s) 1099				25b	700	5	
	c	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c	,					25d	3400
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit				29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T			•			33	3400
Refund	34	If line 33 is more than line 24						34	1874
neiuna	35a	Amount of line 34 you want				•		35a	1874
Direct deposit?	b	Routing number X X X				Checking		oou	
See instructions.	ď	Account number X X X		<u> </u>			ouvingo		
	36	Amount of line 34 you want a				<u>i i i</u>			
Amount	37	Subtract line 33 from line 24	,						
You Owe	31	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	0	5		38			
Third Party	Do	you want to allow another				See			
Designee	ins	structions				. Yes. (	Complete I	below.	No
	De nai	signee's me		Phone no.			sonal identi nber (PIN)	fication	
Sign		der penalties of perjury, I declare th	nat I have examine		accompanying sche		( )	he best	of my knowledge and
Here	bel	lief, they are true, correct, and com						n prepar	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation		If the		nt you an Identity
								ection F inst.)	IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, <b>i</b>	acth must sign	01/09/24 Date	SOFTWARE SPECIA Spouse's occupati			,	nt your spouse an
Keep a copy for	зþ	ouse's signature. It a joint return, i	our must sign.	Date		on			ection PIN, enter it here
your records.							(see	inst.)	
	Ph	one no. (319) 555-555	5	Email address					
Daid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid						01/09/24	S1234567	78	Self-employed
Preparer	Firi	m's name PRACTICE L	AB				Phor	ne no. 🦿	202-202-2022
Use Only	Fire	m's address 15 PRACTICE LA		TON DC 20005				's EIN	
Go to www.irs.go	ov/Form	n1040 for instructions and the late							Form <b>1040</b> (2023)

QNA

SCHEDULE	1
(Form 1040)	

# **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

<b>_</b> .	Attach to Form 1040, 1040-SR, or 1040-NR.						
	Go to www.irs.gov/Form1040 for instructions and the lates						
Name(	s) shown on Form 1040, 1040-SR, or 1040-NR		Your soc	ial s	security number		
GL	DRIA LANGFORD		352-0	0-4	:633		
Par	t I Additional Income		•				
1	Taxable refunds, credits, or offsets of state and local income taxes			1			
<b>2</b> a	Alimony received		[	2a			
b	Date of original divorce or separation agreement (see instructions):						
3	Business income or (loss). Attach Schedule C			3			
4	Other gains or (losses). Attach Form 4797			4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5			
6	Farm income or (loss). Attach Schedule F		[	6			
7	Unemployment compensation		[	7	4342		
8	Other income:						
а	Net operating loss	8a (	)				
b	Gambling	8b					
С	Cancellation of debt	8c					
d	Foreign earned income exclusion from Form 2555	8d (	)				
е	Income from Form 8853	8e					
f	Income from Form 8889	8f					
g	Alaska Permanent Fund dividends	8g					
h	Jury duty pay	8h					
i	Prizes and awards	8i					
j	Activity not engaged in for profit income	8j					
k	Stock options	8k					
I.	Income from the rental of personal property if you engaged in the rental						
	for profit but were not in the business of renting such property	81					
m	Olympic and Paralympic medals and USOC prize money (see						
	instructions)	8m					
n	Section 951(a) inclusion (see instructions)	8n					
0	Section 951A(a) inclusion (see instructions)	80					
р	Section 461(I) excess business loss adjustment	8p					
q	Taxable distributions from an ABLE account (see instructions)	8q					
r	Scholarship and fellowship grants not reported on Form W-2	8r					
S	Nontaxable amount of Medicaid waiver payments included on Form						
	1040, line 1a or 1d	<b>8s</b> (	)				
t	Pension or annuity from a nonqualifed deferred compensation plan or						
	a nongovernmental section 457 plan	8t					

 u
 Wages earned while incarcerated
 8u

 z
 Other income. List type and amount:
 8z

 9
 Total other income. Add lines 8a through 8z
 9

 10
 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8
 9

For Paperwork Reduction Act Notice, see your tax return instructions.  $\ensuremath{\mathbb{Q}\text{NA}}$ 

Schedule 1 (Form 1040) 2023

GLORIA	LANGFORD
Schedule 1 (Forr	m 1040) 2023

Dac	0	2
Pac	le.	~

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-	basis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	3000
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	·		
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	1950
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а		24a		
b	Deductible expenses related to income reported on line 8I from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c	_	
		24d	_	
е	Repayment of supplemental unemployment benefits under the Trade			
		24e	_	
f		24f		
g		24g	_	
h	Attorney fees and court costs for actions involving certain unlawful			
		24h	_	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
		24i	_	
j	0	24j	_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	_	
z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	4950
QNA			Schedule 1 (	Form 1040) 2023

SCHEE	DULE 2
(Form 1	040)

Department of the Treasury

Internal Revenue Service

## **Additional Taxes**

OMB No. 1545-0074

Sequence No. 02

3

20

Attachment

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number GLORIA LANGFORD 352-00-4633 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . 1 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 2 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 3 Part II **Other Taxes** 

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 4137 <b>5</b>		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	285
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontin	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Page	2
i ugo	_

Par	t II Other Taxes (continued)		 		
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
	see instructions	17b	_		
	Additional tax on HSA distributions. Attach Form 8889	17c	_		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	_		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e	_		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
Т	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		 18		
19	Reserved for future use		 19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		285
QNA				ule 2 (Form 10	

SCHE	DULE	A
(Form	1040)	

# **Itemized Deductions**

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

3

Department of the Treasury Internal Revenue Service

Go to 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.

Attachment Sequence No. 07

							Your social security number		
GLORIA L	ANG				35	-20	00-4633		
Medical		Caution: Do not include expenses reimbursed or paid by others.							
and		Medical and dental expenses (see instructions)	1						
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2							
Expenses		Multiply line 2 by 7.5% (0.075)	3		_				
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	•		_	4			
Taxes You Paid		State and local taxes.							
Falu	ć	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	5a	135	0				
	ł	State and local real estate taxes (see instructions)	5b						
		State and local personal property taxes	5c						
		Add lines 5a through 5c	5d	135	0				
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing			-				
		separately)	5e	135	0				
	6	Other taxes. List type and amount:							
			6						
	7	Add lines 5e and 6				7	1350		
Interest	8	Home mortgage interest and points. If you didn't use all of your home							
You Paid		mortgage loan(s) to buy, build, or improve your home, see							
Caution: Your mortgage interest		instructions and check this box							
deduction may be	â	Home mortgage interest and points reported to you on Form 1098.							
limited. See instructions.	-	See instructions if limited	8a						
	k	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	8b						
	c	Points not reported to you on Form 1098. See instructions for special							
		rules	8c						
	C	Reserved for future use	8d						
	e	e Add lines 8a through 8c	8e						
		Investment interest. Attach Form 4952 if required. See instructions	9						
		Add lines 8e and 9	•			10			
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see							
Charity			11		_				
Caution: If you made a gift and	12	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	12						
got a benefit for it, see instructions.	12	see instructions. You <b>must</b> attach Form 8283 if over \$500 Carryover from prior year	12		_				
		Add lines 11 through 13				14			
Casualty and					Ь				
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1							
		instructions			- 1	15			
Other	16	Other-from list in instructions. List type and amount:							
Itemized									
Deductions						16			
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e							
Itemized		Form 1040 or 1040-SR, line 12				17	1350		
Deductions	18	If you elect to itemize deductions even though they are less than your s			ו,				
		check this box	•						

Form **532** Department of the Treasury

# **Additional Taxes on Qualified Plans** (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

01	MB No. 1545-0074
	2023
	ttachment equence No. 29

Internal	Revenue Service		Go to www.irs.gov/Form5329 for ins	tructions and the late	st information.	Sec	quence No. <b>29</b>	
Name o	f individual subject	to additio	onal tax. If married filing jointly, see instructions.			Your socia	al security numb	ber
GL	ORIA M LANG	GFORD				352-0	0-4633	
			Home address (number and street), or P.O. box	if mail is not delivered to ye	our home		Apt. no.	
		<u>.</u>						
	Your Address		City, town or post office, state, and ZIP code. If	you have a foreign address	, also complete the spaces			
	Are Filing Thi by Itself and N		below. See instructions.			If this is a	n amended	
	Your Tax Retu					return, ch	eck here	
			Foreign country name	Foreign province/state/o	county	Foreign po	stal code	
			nal 10% tax on the full amount of the 8 8, without filing Form 5329. See instru		you may be able to r	eport this	tax directly	on
Part	Additio	nal Ta	x on Early Distributions. Complete	e this part if you too	k a taxable distributio	on (other	than a qualifi	ied
			ution) before you reached age 591/2					
			ntract (unless you are reporting this ta		· · /	,	•	
		•	te this part to indicate that you qualify	for an exception to	the additional tax on	early dis	tributions or	for
			A distributions. See instructions.					
1	Early distribut	ions inc	cludible in income (see instructions). Fo	r Roth IRA distributio	ns, see instructions.	1	400	0
2			cluded on line 1 that are not subject to t					
			e exception number from the instruction			2	115	4
3			dditional tax. Subtract line 2 from line 1			3	284	6
4			10% (0.10) of line 3. Include this amou			4	28	5
		• •	of the amount on line 3 was a distribut		RA, you may have to			
			amount on line 4 instead of 10%. See in					
Part			x on Certain Distributions From E					
			an amount in income, on Schedule 1				avings accou	unt
		-	fied tuition program (QTP), or on Sched					
5			d in income from a Coverdell ESA, a QT			5		
6			d on line 5 that are not subject to the ac	•	,	6		
7	•		dditional tax. Subtract line 6 from line 5			7		
8 Dout			10% (0.10) of line 7. Include this amou			8	<u> </u>	
Part			x on Excess Contributions to Tra				e more to yo	our
			for 2023 than is allowable or you had a					
9			tributions from line 16 of your 2022 Form		is. Il zero, go to line 15	9		
10			A contributions for 2023 are less th		10			
11			n, see instructions. Otherwise, enter -0- distributions included in income (see ins		10 11	-		
12			prior year excess contributions (see ins		12	-		
13				-		13		
14			ntributions. Subtract line 13 from line 9.			14		
15	•		for 2023 (see instructions)			15		
16			itions. Add lines 14 and 15			16		
17			6% (0.06) of the smaller of line 16 or the			-		
			23 contributions made in 2024). Include th			17		
Part			x on Excess Contributions to Ro				re to vour R	oth
			nan is allowable or you had an amount o				,	
18			tributions from line 24 of your 2022 Form			18		
19	•		tributions for 2023 are less than your n					
			ructions. Otherwise, enter -0		19			
20	2023 distribut	ions fro	m your Roth IRAs (see instructions)		20			
21	Add lines 19 a		· · · · · · · · · · · · · ·			21		
22	Prior year exc	ess cor	ntributions. Subtract line 21 from line 18	3. If zero or less, ente	r-0	22		
23	Excess contril	outions	for 2023 (see instructions)			23		
24	Total excess o	contribu	tions. Add lines 22 and 23			24		
25			6% (0.06) of the smaller of line 24 or th					-
	2023 (including	g 2023 d	contributions made in 2024). Include this	amount on Schedule	2 (Form 1040), line 8	25		

GLORIA M LANGFORD Form 5329 (2023)

Form 5	329 (202	3)						Page <b>2</b>
Part				tributions to Coverdell ESAs. C nan is allowable or you had an amoun				
26				f your 2022 Form 5329. See instruction			26	
27				SAs for 2023 were less than the				
				uctions. Otherwise, enter -0	27			
28	2023	distributions	from your Coverdell ESA	As (see instructions)	28			
29	Add I	ines 27 and 2	28				29	
30	Prior	year excess	contributions. Subtract li	ne 29 from line 26. If zero or less, ente	er-0		30	
31	Exce	ss contributio	ons for 2023 (see instruct	ions)			31	
32			-	id 31			32	
33	Addit	<b>ional tax.</b> En	ter 6% (0.06) of the <b>smalle</b>	er of line 32 or the value of your Coverd in 2024). Include this amount on Schedu	ell ESAs on	December	33	
Part				ibutions to Archer MSAs. Comple	-			olover contributed
				nan is allowable or you had an amount	•	• •		•
34				of your 2022 Form 5329. See instruction		-	34	
35				or 2023 are less than the maximum			•	
00			-	herwise, enter -0	35			
36				from Form 8853, line 8	36			
37		ines 35 and 3					37	
38				ne 37 from line 34. If zero or less, ente			38	
39		-		ions)			39	
40				nd 39 · · · · · · · · · · · · ·			40	
41				smaller of line 40 or the value of y				
41				butions made in 2024). Include this a				
							41	
Part				tributions to Health Savings Ac				this part if you
r ar c				nployer contributed more to your HS				
			ne 49 of your 2022 Form				lowas	io or you had an
42				of your 2022 Form 5329. If zero, go to	o line 47		42	
43				2023 are less than the maximum				
40				herwise, enter -0	43			
44				rm 8889, line 16	44			
45		ines 43 and	-				45	
46				ne 45 from line 42. If zero or less, ente			46	
47				ions)			47	
48			•	id 47			48	
							40	
49				aller of line 48 or the value of your Ha 2024). Include this amount on Schedule			49	
Part		·		ibutions to an ABLE Account. C			-	ons to your ARLE
rart			2023 were more than is a		ompiete tri	is part il con	mouti	UIS IO YOU ABLE
50				ions)			50	
51				maller of line 50 or the value of yo			50	
51			. ,	n Schedule 2 (Form 1040), line 8			51	
Part				mulation in Qualified Retirement				Complete this part
T art				quired distribution from your qualified	•	•	<b>H3</b> J. (	
52				e instructions)			52	
53		•	•	(see instructions)			53	
53 54			rom line 52. If zero or less	. ,			54	
				,			54	
55				o calculate the additional tax. If you q ne qualified plan, check this box.	•			
			orm 1040), line 8 or Form				55	
				clare that I have examined this form, including account				st of my knowledge and
		nly if You		plete. Declaration of preparer (other than taxpayer) i				
		his Form I Not With						
	Tax Re		Your signature			Date		
			, i i i i i i i i i i i i i i i i i i i	Preparer's signature	Date			PTIN
Paid		Print/Type pre	parer s name	I TOPATOL O OIGHALUIC	Duie	Check self-em	_	
Prep	barer	Eimer 1				· · · · ·	pioyeu	
Use	Only	Firm's name				Firm's EIN		
Firm's addre			3			Phone no.		

SCHEDULE 8812 (Form 1040)

## **Credits for Qualifying Children** and Other Dependents

OMB No. 1545-0074

2 3

Attach to	Form	1040.	1040-SR.	or	1040-NR.
Attuon to		1040,	1040 011,	~	1040 1411

Department of the Treasury Internal Revenue Service - (-) - l- -

Go to www.irs.gov/Schedule8812 for instructions and the lat	est information.
do to mininoigon/oonodalocone lon mod dottono ana alo lat	oot mitormation

Attachment Sequence No. 47 V-...

20

Name(s	) shown on return	Your socia	l security number
GL	ORIA LANGFORD	352-00	-4633
Par	rt I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	37942
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	
3	Add lines 1 and 2d	. 3	37942
4	Number of qualifying children under age 17 with the required social security number 4		
5	Multiply line 4 by \$2,000	. 5	
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	500
8	Add lines 5 and 7	. 8	500
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \$	. 9	200000
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• 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.	. 10	
11	Multiply line 10 by 5% (0.05)		
12	Is the amount on line 8 more than the amount on line 11?	. 12	500
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	X Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A		1741
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	500
	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 addition	al child t	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. QNA

Schedule 8812 (Form 1040) 2023

Schedul	e 8812 (Form 1040) 2023		Page <b>2</b>
Part	I-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<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.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       .		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	<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		
	smaller of line 17 or line 20 on line 27.		
	<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.		
Dout	Otherwise, go to line 21.		Duarta Diaa
Part		IS OT I	
21	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		
		-	
22	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 . 22		
23	Add lines 21 and 22	-	
23 24	1040 and	-	
24	<b>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.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
QNA	Sc	hedule 8	812 (Form 1040) 2023

GLORIA LANGFORD

352-00-4633

Form 8889 De

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

Form	0005	<b>e</b> ( , ,		(	
Departm	nent of the Treasury	Attach to Form 1040, 1040-SR, or 1040-NR.			20 <b>23</b> achment
	Go to www.irs.gov/Form8889 for instructions and the latest information.				quence No. 52
Name(s	) shown on Form 10		Social security nur		HSA beneficiary. s, see instructions.
GL	ORIA M LANO				-4633
		Complete Form 8853, Archer MSAs and Long-Term Care Insurance (			
-		•		•	
Part		ntributions and Deduction. See the instructions before completing the you and your spouse each have separate HSAs, complete a separate			
1	Check the box See instruction	x to indicate your coverage under a high-deductible health plan (HDHP) d		Self	-only 🗌 Family
2	unextended d	ions you made for 2023 (or those made on your behalf), including those mue date of your tax return that were for 2023. <b>Do not</b> include employer contrough a cafeteria plan, or rollovers. See instructions	ntributions,	2	3000
3	were, or were	nder age 55 at the end of 2023 and, on the first day of <b>every</b> month during considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 pe). <b>All others</b> , see the instructions for the amount to enter	(\$7,750 for	3	4850
4	lines 1 and 2.	unt you and your employer contributed to your Archer MSAs for 2023 from If you or your spouse had family coverage under an HDHP at any time during nount contributed to your spouse's Archer MSAs	2023, also	4	
5	Subtract line 4	from line 3. If zero or less, enter -0	[	5	4850
6		ount from line 5. But if you and your spouse each have separate HSAs and er an HDHP at any time during 2023, see the instructions for the amount to er		6	4850
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions .				
8	Add lines 6 an		[	8	4850
9		ributions made to your HSAs for 2023	1400		
10		funding distributions		4.4	1400
11 12		d 10		11 12	<u> </u>
13		<b>n.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	3430
10		$\approx 2$ is more than line 13, you may have to pay an additional tax. See instruction		10	
Part	II HSA Dis	stributions. If you are filing jointly and both you and your spouse each ate Part II for each spouse.		ate H	SAs, complete
14a		ons you received in 2023 from all HSAs (see instructions)		14a	1576
b		ncluded on line 14a that you rolled over to another HSA. Also include a			
		(and the earnings on those excess contributions) included on line 14a			
	,	the due date of your return. See instructions		14b	
C		4b from line 14a	-	14c	1576
15	Qualified medi	cal expenses paid using HSA distributions (see instructions)		15	1576

16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		1
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	1
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20%		
	Tax (see instructions), check here		1
h	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that		1

Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct	ons
	1040), Part II, line 17c	17b
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that	

Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs complete a separate Part III for each spouse.	
18	l ast-month rule 18	

	1040), Part II, line 17d	21	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
19	Qualified HSA funding distribution	19	
18		18	

Form <b>8880</b>
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Department of the Treasury

Internal Revenue Service

Name(s) shown on return

# **Credit for Qualified Retirement Savings Contributions**

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. <b>54</b>

(b) Your spouse

Your social security number 352 - 00 - 4633

(a) You

3000

3000

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### GLORIA LANGFORD



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).

- 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).3Add lines 1 and 2...
- 4 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 . . .
- 5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . . . . . . . .
- 6 In each column, enter the **smaller** of line 5 or \$2,000 . . . .
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\*
- 9 Enter the applicable decimal amount from the table below.

If line	8 is—	And your filing stat		And your filing status is—		
Over-	But not over—	Married filing jointly <b>Enter on</b>	Head of household <b>line 9</b> —	Single, Married filing separately, or Qualifying surviving spouse		
	\$21,750	0.5	0.5	0.5		
\$21,750	\$23,750	0.5	0.5	0.2		
\$23,750	\$32,625	0.5	0.5	0.1	9	х0.
\$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; y	ou can't take this o	credit.		
tiply line 7	by line 9				. 10	
itation bas	ed on tax liabilit	ty. Enter the amount	from the Credit Lim	it Worksheet in the instructio	ns <b>11</b>	
-		-		maller of line 10 or line 11 l		
I on Sched	ule 3 (Form 104	0), line 4			· 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.

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

Form **8880** (2023)

QNA

10 11 12

1.	Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR.	1		174
2.	Add the following amounts (if applicable) from:	_		
	Schedule 3, line 1 +		_	
	Schedule 3, line 2		_	
	Schedule 3, line 3		_	
	Schedule 3, line 4		_	
	Schedule 3, line 6d		_	
	Schedule 3, line 6e		_	
	Schedule 3, line 6f		_	
	Schedule 3, line 61		_	
	Form 5695, line 30		_	
			7	
	Enter the total. 2			
3.	Subtract line 2 from line 1. Complete the Credit Limit Worksheet B <b>only</b> if you meet all of the following.	3		17
	<ol> <li>You are claiming one or more of the following credits.         <ol> <li>a. Mortgage interest credit, Form 8396.</li> <li>b. Adoption credit, Form 8839.</li> <li>c. Residential clean energy credit, Form 5695, Part I.</li> <li>d. District of Columbia first-time homebuyer credit, Form 8859.</li> </ol> </li> <li>You are not filing Form 2555.</li> </ol>			
	<ul> <li>a. Mortgage interest credit, Form 8396.</li> <li>b. Adoption credit, Form 8839.</li> <li>c. Residential clean energy credit, Form 5695, Part I.</li> <li>d. District of Columbia first-time homebuyer credit, Form 8859.</li> <li>2. You are not filing Form 2555.</li> </ul>			
	<ul><li>a. Mortgage interest credit, Form 8396.</li><li>b. Adoption credit, Form 8839.</li><li>c. Residential clean energy credit, Form 5695, Part I.</li><li>d. District of Columbia first-time homebuyer credit, Form 8859.</li></ul>			
4.	<ul> <li>a. Mortgage interest credit, Form 8396.</li> <li>b. Adoption credit, Form 8839.</li> <li>c. Residential clean energy credit, Form 5695, Part I.</li> <li>d. District of Columbia first-time homebuyer credit, Form 8859.</li> <li>2. You are not filing Form 2555.</li> </ul>	4		

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.

 $\bullet$  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.
 1.741

3.

1741

- 2. Enter the total of your credits from Schedule 3, lines 1 through 3, 6d, and 6l . . . . . . .
- **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 .

Befe	<ul> <li>A pre you begin: √ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).</li> <li>✓ Be sure you have read the Exception in the instructions for this line to see if you can use this worksheet instead of Pub. 970 to figure your deduction.</li> </ul>
1.	Enter the total interest you paid in 2023 on qualified student loans (see the instructions for line 21). <b>Don't</b> enter more than \$2,500
2.	Enter the amount from Form 1040 or 1040-SR, line 9 <b>2.</b> <u>42892</u>
3. 4.	Enter the total of the amounts from Schedule 1, lines 11 through 20, and 23 and         25       3.         Subtract line 3 from line 2       4.
5.	<ul> <li>Enter the amount shown below for your filing status.</li> <li>Single, head of household, or qualifying surviving spouse—\$75,000</li> <li>Married filing jointly—\$155,000</li> </ul>
6.	Is the amount on line 4 more than the amount on line 5?          Image: Step lines 6 and 7, enter -0- on line 8, and go to line 9.         Image: Subtract line 5 from line 4
7.	Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000
8.	Multiply line 1 by line 7
9.	Student loan interest deduction. Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 21.         Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)         P.         1950