

Lilly Porter is studying for her bachelor's degree in nursing. She also works part-time as a certified nurse's aid (CNA) at Coventry Village, an assisted living facility near the college. Shown below is her W2 form from Coventry Village for 2023. Use the W2 form and the following directions to complete her federal 1040 income tax return.

1. Enter her name, address and social security number on the appropriate lines.
2. Her filing status is single.
3. On line 1a and 1z, enter her wages from Coventry Village.
4. On line 2b, enter her taxable interest of \$89.24.
5. Add lines 1z and 2b and enter it on line 9. This is her total income.
6. Enter 0 on line 10 and subtract line 10 from line 9 and enter it on line 11.
7. On line 12, enter \$13,850. This is her standard deduction.
8. Enter 0 on line 13. Add lines 12 and 13 and enter your answer on line 14.
9. Subtract line 14 from line 11. Enter your answer on line 15. This is her taxable income.
10. Enter her tax from the table on the right and enter it on line 16 and 24.
11. Enter her federal income tax withheld from box 2 of her W2 form on lines 25a, 25d and line 33.
12. Subtract line 24 from line 33 and enter your answer on lines 34 and 35a. This is her refund.

At Least	But Less Than	Single Your tax is
4,100	4,150	413
4,150	4,200	418
4,200	4,250	423
4,250	4,300	428
4,300	4,350	433
4,350	4,400	438

22222		a Employee's social security number 665-27-9354		OMB No. 1545-0008				
b Employer identification number (EIN) 36-3436024			1 Wages, tips, other compensation 18000.06		2 Federal income tax withheld 962.00			
c Employer's name, address, and ZIP code  Coventry Village 216 W. 29th Street Sterling, IL 61081			3 Social security wages 18000.06		4 Social security tax withheld 1116.00			
			5 Medicare wages and tips 18000.06		6 Medicare tax withheld 261.00			
			7 Social security tips		8 Allocated tips			
d Control number 1			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
Lilly Porter 1801 Avenue F, Apt. 13 Sterling, IL 61081						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
						14 Other		12c
								12d
f Employee's address and ZIP code								
15 State IL	Employer's state ID number 2019-5287	16 State wages, tips, etc. 18000.06	17 State income tax 900.12	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2023

Department of the Treasury—Internal Revenue Service

Name:

Period:

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

Your first name and middle initial Lilly Last name Porter Your social security number 665 27 9354

Home address (number and street). If you have a P.O. box, see instructions. 1801 Avenue F Apt. no. Apt. 13 Presidential Election Campaign

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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [ ] Yes [ ] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with rows 1a through 15 and columns for taxable amounts. Total income 18,089.30, Adjusted gross income 18,089.30, Standard deduction 13,850.00, Taxable income 4,239.30

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	423.00
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	423.00

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	962.00
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	962.00
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32		
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	962.00	

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	539.00
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	539.00
	b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number <input type="text"/>		
36	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	36		

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.	37	
	38	Estimated tax penalty (see instructions)	38	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes. Complete below.**  **No**

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Firm's address	Firm's EIN			