Αt

Least

4,100

4,150

4,200

4,250

4,300

4.350

But

Less Than

4,150

4,200

4,250

4,300

4.350

4.400

Single

413

418

423

428

433

438

Your tax is

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.

55555	a Employee's social security number 665-27-9354	OMB No. 1545	-0008					
b Employer identification number (EIN) 36-3436024				ages, tips, other compensation 8000.06	2 Federal income tax withheld 962.00			
c Employer's name, address, and ZIP code				3 Social security wages 4 Social security tax 18000.06 1116.00				
Coventry Village 216 W. 29th Street Sterling, IL 61081			edicare wages and tips	6 Medicare tax withheld 261.00				
V.		Ī	7 Sc	ocial security tips	8 Allocated tips			
d Control number		9	10 Dependent care ber					
e Employee's first name and initial Last name Suff.				C				
Lilly Porter 1801 Avenue F, Apt. 13 Sterling, IL 61081		_	13 Sta	atutory Retirement Third-party iployee plan sick pay her	12b 12c 2 12c 2 2 12d			
f Employee's address and ZIP coo					e			
15 State         Employer's state ID nun           IL         2019-5287	16 State wages, tips, etc. 18000.06	17 State income 900.12	me tax 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:

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

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, ending					See s	See separate instructions.				
Your first name and middle initial			name							curity number			
Lilly			Po	rter					665	27	9354		
If joint return, spouse's first name and middle initial			Last	name					Spous	ie's socia 	I security number		
							1 "	Presidential Election Campal Check here if you, or your					
		ice. If you have a foreign address, also co	omplete	snaces h	elow	18	tate	ZIP code			jointly, want \$3		
Sterling	post on	ios. Il you have a loroigh address, also s	ompioto	opucco D	5.5***	٦	IL	61081			nd. Checking a		
Foreign country	v name			Foreign province/state/county		intv	Foreign postal code		elow will ax or ref	not change und.			
	y			1 oraign province/state/obunty					You Spouse				
Filing Statu	s D	Single	, :				☐ Head of h	ousehold (HOH)	100				
Check only		Married filing jointly (even if only o	ne hac	i income)									
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (											
		you checked the MFS box, enter the			spouse. If y	ou c	hecked the HOF	i or QSS box, en	ter the c	hild's na	ame if the		
	qu	ualifying person is a child but not yo	ur dep	endent: _									
Digital		ny time during 2023, did you: (a) rec									<i>n</i> .		
Assets		nange, or otherwise dispose of a dig						t)? (See instruction	ons.)	<b>_</b> Y	es No		
Standard		neone can claim:	-						ed Me				
Deduction	<u> </u>	Spouse itemizes on a separate retu	rn.or.yo	ou were a	dual-stati	ıs alie	en .		<u>: '',                                  </u>				
Age/Blindnes	s You	:  Were born before January 2, 1	959	☐ Are b	olind S	pous	e: 🔲 Was bor	n before January	2, 1959		s blind		
Dependent	s (see	instructions):		(2)	Social secu	rity	(3) Relationsh	(4) Check the	box if qua	alifies for	(see instructions):		
If more	-					Child tax	credit	Credit f	or other dependents				
than four	-												
dependents, see instruction	. —												
and check _											<u> </u>		
here L	1						<u> </u>		<u> </u>				
Income	1a	Total amount from Form(s) W-2, b						mercher seiten seit	- I	7	,000.06		
Attach Form(s)	þ	Household employee wages not r					and the second of the second			b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								C			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								d e			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26								f	<del></del>		
was withheld. If you did not	f	Employer-provided adoption benefits from Form 8839, line 29								g			
get a Form	g h	Wages from Form 8919, line 6 . Other earned income (see instruct	ionel	• • •		• · · ·				h h			
W-2, see instructions.	i .	Nontaxable combat pay election (	•			. * • 							
maquenona.	2	Add lines 1a through 1h					- <del></del>	312 32	. 1	2			
Attach Sch. B	2a		2a	11 11 1	1	b	Taxable interest			b	89.24		
if required.	3a		3a				Ordinary divider	and the second second second	. 3	b			
	4a .		4a			b	Taxable amount		. 4	b			
tandard eduction for—	5a	Pensions and annuities	5a			b	Taxable amount	l	. 5	b			
Single or	6a	Social security benefits	6a				Taxable amount		. 6	b			
Married filing separately,	С	if you elect to use the lump-sum election method, check here (see instructions) $\Box$											
\$13,850	7.	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
Married filing jointly or	8	Additional income from Schedule					• • •		. [8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									.089.30		
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26									000 20		
household,	11	Subtract line 10 from line 9. This is your adjusted gross income								<del>-</del>	3,089.30		
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)								2 13 3	3,850.00		
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A									0		
Deduction, see instructions.	14.	the control of the co			O This	•				14 13,850.00 15 4,239.30			
mondodono.	15	Subtract line 14 from line 11. If zer	ro or le	ss. enter	-u Inis is	vour	taxable incom	e	. 1	5	<b>~,∠</b> ∪⊽.∪∪		

Tax and	16	Tax (see instructions). Check if any t	from Form	(s): 1 🔲 88	14 <b>2</b> 🗌 4972	з 🗆		. 16		423.0	0	
Credits	17	Amount from Schedule 2, line 3						. 17				
	18	Add lines 16 and 17										
	19											
	20	Amount from Schedule 3, line 8										
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18. If zero	o or less, e	enter -0-				22	1			
	23	Other taxes, including self-employr	ment tax, f	from Schedu	le 2, line 21		•	23				
	24	Add lines 22 and 23. This is your to	otal tax					24		423.0	00	
Payments	25	Federal income tax withheld from:										
•	а	Form(s) W-2				25a 9	62.00					
	b	Form(s) 1099				25b						
	C	Other forms (see instructions)				25c						
	d	Add lines 25a through 25c						. 25d	[-]	962.	.00	
you have a	26	2023 estimated tax payments and			" '			. 26			***************************************	
ualifying child,	27	Earned income credit (EIC)				27						
ttach Sch. EIC.	28	Additional child tax credit from Sche				28						
	29	American opportunity credit from Form 8863, line 8										
	30	Reserved for future use				30						
	31											
	32	Amount from Schedule 3, line 15										
	33	Add lines 25d, 26, and 32. These at								962.	00	
Refund	34	If line 33 is more than line 24, subtr							-	539.		
neiuna	35a	Amount of line 34 you want refund		Control of the Contro			u.u .	☐ 35a	+	539.		
Direct deposit?	b					and the second second	T., 17	201000				
See instructions.	ď	Routing number Savings C Type: Checking Savings										
	36	Amount of line 34 you want applied to your 2024 estimated tax										
\				<del></del>		30			Ž	•		
Amount You Owe	37	Subtract line 33 from line 24. This is For details on how to pay, go to ww					٠.,	. 37	1			
I OU OWE	38	Estimated tax penalty (see instruction			The second secon	1 1		. 37		State Co.	Acres V	
mi - 1 bs						38		REGISE				
Third Party		you want to allow another person			m with the IHS?		e Comr	olete below.	ПМ	io	. :	
Designee		signee's	• . • •.	Phone	and the second section of the second			identification				
	nan			no.	, .		number (	PIN)	П	TT	T	
Sign		ler penalties of perjury, I declare that I have										
Here	beli	ef, they are true, correct, and complete. De	eclaration of	f preparer (other	r than taxpayer) is ba	sed on all infor	mation of	which prepa	rer has a	ny knowi	edge.	
1010	You	ır signature	[	Date	Your occupation			If the IRS se	-	-	y	
								Protection I (see inst.)	IN, ente	r it here		
loint return? See instructions.		On according to the state of th		D-1-	0	on If the						
Geep a copy for	Spouse's signature. If a joint return, both must sign.		st sign.	Date	Spouse's occupation			If the IRS se Identity Pro				
our records.			İ					(see inst.)	П		T	
	Pho	ne no.		Email address				•	<u> </u>	<del></del>		
<b>.</b>		Preparer's name Preparer's sign			Date	PT	IN	Check if:				
Paid	'	1	-						□s	eif-empic	yed	
Preparer	Firm	n's name					-	Phone no.	1	· · · · · ·		
Jse Only		n's address						Firm's EIN				