

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 BRIAN P		Last name CARR		Your social security number XXX-XX-XXXX			
If joint return, spouse's first name and middle initial RUEANGRONG		Last name CARR		Spouse's social security number XXX-XX-XXXX			
Home address (number and street). If you have a P.O. box, see instructions. 1201 BRADY DR			Apt. no.		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.		
City, town, or post office. If you have a foreign address, also complete spaces below. IRVING		State TX	ZIP code 75061				
Foreign country name		Foreign province/state/county		Foreign postal code			
					<input type="checkbox"/> You	<input type="checkbox"/> Spouse	
Filing Status Check only one box.		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS)				<input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Qualifying surviving spouse (QSS)	
						If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	
Digital Assets	At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien						
Age/Blindness	You: <input checked="" type="checkbox"/> Were born before January 2, 1950 Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1950 <input type="checkbox"/> Is blind						
Dependents (see instructions): If more than four dependents, see instruction and check here . . .	(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	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
	b	Household employee wages not reported on Form(s) W-2				1b	
	c	Tip income not reported on line 1a (see instructions)				1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
	e	Taxable dependent care benefits from Form 2441, line 26.				1e	0
	f	Employer-provided adoption benefits from Form 8839, line 29				1f	0
	g	Wages from Form 8919, line 6				1g	0
	h	Other earned income (see instructions)				1h	
	i	Nontaxable combat pay election (see instructions)				1i	
	z	Add lines 1a through 1h				1z	0
Attach Sch. B if required.	2a	Tax-exempt interest .. .				2b	479
	3a	Qualified dividends. . .				3b	1830
Standard Deduction for— <ul style="list-style-type: none">Single or Married filing separately, \$13,850Married filing jointly or Qualifying surviving spouse, \$27,700Head of household, \$20,800If you checked any box under Standard Deduction, see instructions	4a	IRA distributions. . .				4b	318662
	5a	Pensions and annuities . .				5b	
	6a	Social security benefits . .				6b	32936
	c	If you elect to use the lump-sum election method, check here (see instructions) . . .					<input type="checkbox"/>
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . .				7	-649
	8	Additional income from Schedule 1, line 10.				8	11573
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income.				9	364831
	10	Adjustments to income from Schedule 1, line 26				10	818
	11	Subtract line 10 from line 9. This is your adjusted gross income				11	364013
	12	Standard deduction or itemized deductions (from Schedule A)				12	29200
	13	Qualified business income deduction from Form 8995 or Form 8995-A.				13	0
	14	Add lines 12 and 13				14	29200
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income . . .				15	334813

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

Form 1040 (2023)

Tax and Credits	16 Tax (see instructions). Check if any from Form <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	67155
	17 Amount from Schedule 2, line 3	17	0
	18 Add lines 16 and 17	18	67155
	19 Child tax credit or credit for other dependents from Schedule 8812.	19	
	20 Amount from Schedule 3, line 8	20	0
	21 Add lines 19 and 20	21	0
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	67155
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	1635
	24 Add lines 22 and 23. This is your total tax	24	68790
Payments	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	0
<i>If you have a qualifying child, attach Sch. EIC.</i>	26 2023 estimated tax payments and amount applied from 2022 return	26	63500
	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	0
	30 Reserved for future use	30	
	31 Amount from Schedule 3, line 15	31	0
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
	33 Add lines 25d, 26, and 32. These are your total payments.	33	63500
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
<i>Direct deposit? See instructions.</i>	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	0
	b Routing number 1 1 3 1 9 3 5 3 2	c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	
	d Account number X X X X X X 6 6 3 8		
	36 Amount of line 34 you want applied to your 2024 estimated tax.	36	0
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions..	37	5290
	38 Estimated tax penalty (see instructions).	38	0

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions		
	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.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			RETIRED	
	Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			DEEP MUSCLE THERAPY	
	Phone no.	Email address	carrbp@gmail.com	

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