

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

Your first name and middle initial CHRISTINA	Last name CERDA	Your social security number 353-58-6525
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 112 BUCKBEE STREET		Apt. no. 1	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ROCKFORD		State IL	
Foreign country name		ZIP code 61104	
Foreign province/state/county		Foreign postal code	

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

(see instructions):	(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
If more than four dependents, see instructions and check here <input type="checkbox"/>					<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
	f Employer-provided adoption benefits from Form 8839, line 29	1f
	g Wages from Form 8919, line 6	1g
	h Other earned income (see instructions)	1h
	i Nontaxable combat pay election (see instructions) 1i	
	z Add lines 1a through 1h	1z
Attach Schedule B if required.	2a Tax-exempt interest 2a	2b Taxable interest 2b
	3a Qualified dividends 3a	b Ordinary dividends 3b
	4a IRA distributions 4a	b Taxable amount 4b
	5a Pensions and annuities 5a	b Taxable amount 5b
	6a Social security benefits 6a	b Taxable amount 6b
	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 <input type="checkbox"/>	7	
	8	Additional income from Schedule 1, line 10	8	13401
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	13401
	10	Adjustments to income from Schedule 1, line 26	10	947
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	12454
Standard Deduction <small>See Standard Deduction Chart on the last page of this form.</small>	12	Standard deduction or itemized deductions (from Schedule A)	12	15700
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13	14	15700
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0
Tax and Credits	16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> _____	16	
	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	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1894
	24	Add lines 22 and 23. This is your total tax	24	1894
	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	
26		2023 estimated tax payments and amount applied from 2022 return ^{NO}	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 total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33		

Standard Deduction
 See Standard Deduction Chart on the last page of this form.

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See Instructions.	b	Routing number <u>X X X X X X X X X </u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>X X X X X X X X X X X X X X X </u>		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	
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	1894
	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 <i>Christine G...</i>	Date 02/29/24	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)

Phone no. (815) 540-9244 Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Firm's name KEN ROCK COMMUNITY CENTER		02/29/24	340051231	<input type="checkbox"/> Self-employed
Firm's address 625 ADAMS ST ROCKFORD IL 61107				Phone no. 815-398-8864
				Firm's EIN