

**Amended U.S. Individual Income Tax Return**

(Rev. February 2024)

Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.

**This return is for calendar year** (enter year) **2023** **or fiscal year** (enter month and year ended)

Your first name and middle initial Steven R	Last name Imbody	Your social security number 272-40-7941
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If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
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Home address (number and street). If you have a P.O. box, see instructions. 16190 Bayside Pointe E	Apt. no. 1502	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, didn't previously want \$3 to go to this fund, but now do. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
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City, town, or post office. If you have a foreign address, also complete spaces below. Fort Myers	State FL	ZIP code 339086962
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Foreign country name	Foreign province/state/county	Foreign postal code
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**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part II on page 2 to explain any changes.	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
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**Income and Deductions**

1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	<b>1</b>	101,771.	8,779.	110,550.
2 Itemized deductions or standard deduction	<b>2</b>	15,700.	0.	15,700.
3 Subtract line 2 from line 1	<b>3</b>	86,071.	8,779.	94,850.
4a Reserved for future use	<b>4a</b>			
b Qualified business income deduction	<b>4b</b>	0.	0.	
5 Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C	<b>5</b>	86,071.	8,779.	94,850.

**Tax Liability**

6 Tax. Enter method(s) used to figure tax (see instructions): Table	<b>6</b>	14,244.	1,936.	16,180.
7 Nonrefundable credits. If a general business credit carryback is included, check here <input type="checkbox"/>	<b>7</b>	0.	0.	
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	<b>8</b>	14,244.	1,936.	16,180.
9 Reserved for future use	<b>9</b>			
10 Other taxes	<b>10</b>	0.	0.	0.
11 Total tax. Add lines 8 and 10	<b>11</b>	14,244.	1,936.	16,180.

**Payments**

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	<b>12</b>	15,070.	0.	15,070.
13 Estimated tax payments, including amount applied from prior year's return	<b>13</b>	0.	0.	
14 Earned income credit (EIC)	<b>14</b>	0.	0.	
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	<b>15</b>	0.	0.	
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	<b>16</b>		0.	
17 Total payments. Add lines 12 through 15, column C, and line 16	<b>17</b>		15,070.	

**Refund or Amount You Owe**

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	<b>18</b>		826.	
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	<b>19</b>		14,244.	
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	<b>20</b>		1,936.	
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	<b>21</b>			
22 Amount of line 21 you want refunded to you	<b>22</b>		0.	
23 Amount of line 21 you want applied to your (enter year):	<b>23</b>	estimated tax		

Complete and sign this form on page 2.

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 Steven R	Last name Imbody	Your social security number 272 40 7941
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. 16190 Bayside Pointe E		Apt. no. 1502	<b>Presidential Election Campaign</b> 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. Fort Myers		State FL	
Foreign country name		ZIP code 339086962	

**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

(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"/>

<b>Income</b> 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.	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>	
<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b>	

Attach Schedule B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b> 103,680.	<b>b</b> Taxable amount . . . . .	<b>5b</b> 97,560.
	<b>6a</b> Social security benefits . . . . .	<b>6a</b> 4,954.	<b>b</b> Taxable amount . . . . .	<b>6b</b> 4,211.
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>			

	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>7</b>	8,779.
	<b>8</b>	Additional income from Schedule 1, line 10	<b>8</b>	
	<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	110,550.
	<b>10</b>	Adjustments to income from Schedule 1, line 26	<b>10</b>	
	<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	110,550.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	15,700.
	<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	
	<b>14</b>	Add lines 12 and 13	<b>14</b>	15,700.
	<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	94,850.
<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814    2 <input type="checkbox"/> Form(s) 4972    3 <input type="checkbox"/> _____	<b>16</b>	16,180.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	16,180.
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	16,180.
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	0.
	<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	16,180.
<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	
	<b>b</b>	Form(s) 1099	<b>25b</b>	15,070.
	<b>c</b>	Other forms (see instructions)	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c	<b>25d</b>	15,070.
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return	<b>26</b>	
	<b>27</b>	Earned income credit (EIC)	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b>	Reserved for future use	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>		
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	15,070.

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

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

**Part I Dependents**

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

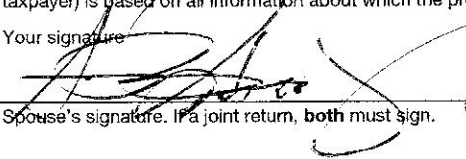
		A. Original number of dependents reported or as previously adjusted	B. Net change—amount of increase or (decrease)	C. Correct number
24	Reserved for future use . . . . .	24		
25	Your dependent children who lived with you . . . . .	25	0	0
26	Reserved for future use . . . . .	26		
27	Other dependents . . . . .	27	0	0
28	Reserved for future use . . . . .	28		
29	Reserved for future use . . . . .	29		
30	List <b>ALL</b> dependents (children and others) claimed on this amended return.			

**Dependents** (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) 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"/>

**Part II Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.  
I added a new 1099-C to my return.

<b>Sign Here</b>	<b>Remember to keep a copy of this form for your records.</b>				
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.				
	Your signature 	Date 2/20/24	Your occupation Retired	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. (239) 896-7969	Email address				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address	Firm's EIN			