

COPY

1040 U.S. Individual Income Tax Return 2023

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning 2023, ending 2020 See separate instructions.

Your first name and middle initial REGINA T Last name SEARS Your social security number 592-30-3601

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. 100 RIVERBENF DRIVE Apt. no. F8 City, town, or post office, if you have a foreign address, also complete spaces below. WEST COLUMBIA State SC ZIP code 29169 Foreign country name Foreign province/state/country Foreign postal code 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. [] You [] Spouse

Filing Status [X] Single [] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Head of household (HOH) Check only one box. [] 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.) [] Yes [X] 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

Table with 5 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.

Main income table with rows 1a through 15. Includes sub-rows 2a-6b for interest, dividends, and pensions. Total income (line 9) is 55,571. Taxable income (line 15) is 41,721.

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; If you checked any box under Standard Deduction, see instructions.

Form 1040 (2023)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): <input type="checkbox"/> 8814 <input type="checkbox"/> 4972 <input type="checkbox"/> _____	16	4,787
17	Amount from Schedule 2, line 3	17	4,724
18	Add lines 16 and 17	18	9,511
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	9,511
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your total tax	24	9,511

Payments

25	Federal income tax withheld from:	25a	251	25d	251
a	Form(s) W-2	25b	0		
b	Form(s) 1099	25c	0		
c	Other forms (see instructions)				
d	Add lines 25a through 25c				
26	2023 estimated tax payments and amount applied from 2022 return	27		26	0
27	Earned income credit (EIC)	28			
28	Additional child tax credit from Schedule 8812	29			
29	American opportunity credit from Form 8863, line 8	30			
30	Reserved for future use	31	0		
31	Amount from Schedule 3, line 15				
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	251

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	
b	Routing number <u>XXXXXXXXXX</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Direct deposit? See instructions.

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	9,260
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>Regina Sears</i>	Date	Your occupation MACHINE OPERATOR	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.)

Joint return? See instructions. Keep a copy for your records.

Phone no. 954-768-3724 Email address SEARS.REGINA@YAHOO.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

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

REGINA T SEARS

Your social security number
592-30-3601

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0
2	Excess advance premium tax credit repayment. Attach Form 8962	2	4,724
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	4,724

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	0
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	0
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	0
9	Household employment taxes. Attach Schedule H	9	0
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	0
11	Additional Medicare Tax. Attach Form 8959	11	0
12	Net investment income tax. Attach Form 8960	12	0
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	0
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

KIA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

Employee Reference Copy
W-2 Wage and Tax Statement 2023

Copy C for employee's records
OMB No. 1545-0045

1 Control number Dept. Corp. Employer use only
0000685082 TFV RFH1 \$ 360237

2 Employer's name, address, and ZIP code
FOOD LION LLC
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147-9007

3 Employee's name, address, and ZIP code
REGINA T SEARS
111 WASHINGTON CT
SWANSEA, SC 29160

4 Employer's FED ID number a Employee's SSA number
56-2173154 XXX-XX-3601

1 Wages, tips, other comp. 2 Federal income tax withheld
3772.11 2.95

3 Social security wages 4 Social security tax withheld
3772.11 233.87

5 Medicare wages and tips 6 Medicare tax withheld
3772.11 54.70

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12

12b

12c

12d

13 Stat emp Ret plan 3rd party elec pay

15 State Employer's state ID no. 16 State wages, tips, etc.
SC 25578064 9 3772.11

17 State income tax 18 Local wages, tips, etc.
71.43

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

Social Security Number: XXX-XX-3601

REGINA T SEARS
111 WASHINGTON CT
SWANSEA, SC 29160



2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2023
 Copy C for employee's records. OMB No. 1545-0048

d Control number	Dept.	Corp.	Employer use only
0000044583	V0B	YARB	C S 44928

c Employer's name, address, and ZIP code
CARGILL MEAT SOLUTIONS CORPORATION
15407 MCGINTY RD W MS88P
WAYZATA, MN 55391

e/f Employee's name, address, and ZIP code
REGINA T SEARS
100 RIVERBEND DRIVE
APT NO F8
WEST COLUMBIA, SC 29169

b Employer's FED ID number	a Employee's SSA number
75-1449430	XXX-XX-3601

1 Wages, tips, other comp.	2 Federal income tax withheld
51798.50	247.69

3 Social security wages	4 Social security tax withheld
53941.44	3344.37

5 Medicare wages and tips	6 Medicare tax withheld
53941.44	782.15

7 Social security tips	8 Allocated tips

10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	D 2142.94

14 Other	12b
	12c
	12d
	13 9(a) emp. Ret. plan 3rd party sick pay
	X

15 State	Employer's state ID no.	16 State wages, tips, etc.
SC	10905080 B	51798.50

17 State income tax	18 Local wages, tips, etc.
1250.44	

19 Local income tax	20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-3601

REGINA T SEARS
100 RIVERBEND DRIVE
APT NO F8
WEST COLUMBIA, SC 29169

