

Note: The draft you are looking for begins on the next page.

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Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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Department of the Treasury

U.S. Self-Employment Tax Return
(Including the Additional Child Tax Credit for Bona Fide Residents of Puerto Rico)
U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, or Puerto Rico
For the year Jan 1–Dec. 31, 2023, or other tax year beginning

OMB No. 1545-0074

Interi	nal Revenue Se	ervice For the year Jan. 1-Dec. 31, 2023,	or other tax yea	r beginning	, 2023, and endir	າg	, 20	i.			
	Your first nar	ne and initial		Last name			Your so	cial se	curity number		
nt.	If a joint retu	rn, spouse's first name and initial		Last name			Spouse	's soci	al security number	er	
, pri											
Please type or print.	Home addres	ss (number, street, and apt. no., or rural r	oute)			7 / 1					
typ					F 1						
se	City, town or	post office, commonwealth or territory, a	and ZIP code								
Ple											
	Foreign cour	itry name		Foreig	n province/state/cou	inty		Fore	eign postal code		
									<u> </u>		
		uring 2023, did you: (a) receive					rvices); or	b) se	ll, exchange,	or	
		ose of a digital asset (or a finance	cial interest	in a digital asset	)? (See instruction	ons)		<u> </u>	Yes N	ИO	
		otal Tax and Credits									
1		tatus. Check the box for your fi									
	_	le Married filing jointly					U Qualify	'ing si	urviving spous	зe	
_	-	necked the MFS box, enter spous									
2	Qualify	ing children. Complete only if	you are a b	ona tide resident	t of Puerto Rico	and you are	claiming th	ie add	itional child ta	aх	
		See instructions. If more than fo							onship to you	ᆜ	
	(a	) First name Last na	arrie	(b) Child s	s social security	number	(c) Child s	eiatio	nsnip to you		
										_	
										_	
										_	
3	Colf or	ployment tax from Schedule	CE (Earm	1040) line 12	Attach applicat	ole cebedule	00 (000			_	
3		ions)		1040), IIIIe 12.	Attach applical	pie scrieduit		3			
4		old employment taxes (see inst		ttach Schedule F				4		_	
5		nal Medicare Tax. Attach Form 8	•	ttaori conodalo i	1 (1 01111 10 10)			5		_	
6				-	6						
<ul> <li>Total tax. Add lines 3 through 5. See instructions</li></ul>								_			
8		social security tax withheld (see									
9		nal child tax credit from Part II, I				9					
10		ed for future use				10					
11	a Credit	for qualified sick and family lea	ave wages	from Schedule(	s) H paid in						
		r leave taken before April 1, 202		`		1a					
	<b>b</b> Credit	for qualified sick and family lea	ave wages	from Schedule(	s) H paid in						
	2023 fo	r leave taken after March 31, 20	21, and be	fore October 1, 2	2021 <b>1</b>	1b					
12	Total p	ayments and credits (see instr	uctions) .				<u>L</u>	12			
13	If line 1	2 is more than line 6, subtract lir	ne 6 from lir	ne 12. This is the	amount you ove	erpaid	🗀	13			
14	<b>a</b> Amoun	t of line 13 you want <b>refunded t</b>	<b>o you</b> . If Fo	orm 8888 is attac				4a			
	_	number		С	Type: ☐ Ch	ecking 🗌 S	Savings				
		t number			1 .	1					
15		t of line 13 you want applied to				15					
16	Amoun	t you owe. If line 6 is more than						16			
Thi	rd Party	Do you want to allow another person	on to discuss	s this return with th	e IRS? See instruc	ctions. LY	es. Complete	the to	ollowing. $\square$ N	0	
De	signee	Designee's		Phone no			sonal identifica iber (PIN)	tion			
<u>~-</u>		name Under penalties of perjury, I declare that I	have examined		mpanving schedules a			of my ł	nowledge and bel	ief.	
Się		they are true, correct, and complete. Decl		arer (other than the tax	kpayer) is based on all	I information of w	which the prepa	rer has	any knowledge.		
Here		Your signature		Date	Daytime phone num	nber   If the IR   enter it		identity	Protection PIN,		
Joint return?		(see instr									
See instructions. Keep a copy		Spouse's signature. If a joint return, bot	n must sign.		Date	PIN, ent	ter it here	ouse a	n identity Protecti	ווע	
tor y	our records.	Drint/Tupo proporario neces	Duair -	ror'o olanot: :==	Т		tructions)		DTIN		
Pai	id	Print/Type preparer's name	Prepa	rer's signature		Date	Check self-emp	if I	PTIN		
Preparer Use Only		Eirm's name								_	
									Firm's EIN Phone no.		
		FIRM S ADDITESS					- LUCHE DO				

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Part	Bona Fide Residents of Puerto Rico Claiming Additional Child T	ax Credit - See instru	uctio	ns.
1	Do you have one or more qualifying children under age 17 with the required soci	al security number?		
	■ No. Stop. You can't claim the credit.			
	Yes. Go to line 2.			
2	Number of qualifying children under age 17 with the required social security num			
	x \$1,600. Enter the result		2	
3	Enter your modified adjusted gross income	3		
4	Enter the amount shown below for your filing status	4		
	Married filing jointly – \$400,000			
	All other filing statuses – \$200,000			
5	Is the amount on line 3 more than the amount on line 4?			
	No. Leave line 5 blank. Enter the amount from line 2 on line 11, and go to			
	line 12.			
	☐ Yes. Subtract line 4 from line 3. If the result isn't a multiple of \$1,000,			
	increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.)	5		_
6	Multiply the amount on line 5 by 5% (0.05). Enter the result	5	6	
7	Number of qualifying children from line 2 x \$2,000. Enter the result	7		
8	Number of other dependents, including children who are not under age 17:			
	x \$500. Enter the result. See instructions	8		
9	Add lines 7 and 8	9		
10	Is the amount on line 9 more than the amount on line 6?			
	■ No. Stop. You can't claim the credit.			
	☐ <b>Yes.</b> Subtract line 6 from line 9. Enter the result	3.6	10	
11	Enter the <b>smaller</b> of line 2 or line 10		11	
12a	Enter one-half of self-employment tax from Part I, line 3	12a		
b	Enter one-half of the Additional Medicare Tax you paid on self-employment			
	income (Form 8959, line 13)	12b		
С	Add lines 12a and 12b	12c		
13a	Enter the amount, if any, of withheld social security, Medicare, and Additional			
	Medicare taxes from Puerto Rico Form(s) 499R-2/W-2PR (attach copy of form(s)). If married filing jointly, include your spouse's amounts with yours.	13a		
b	Enter the amount, if any, of employee social security and Medicare tax on tips	104		
b	not reported to employer from Form 4137 and shown on the dotted line next			
	to Part I, line 6	13b		
С	Enter the amount, if any, of uncollected employee social security and			
	Medicare tax on wages from Form 8919 shown on the dotted line next to			
	Part I, line 6	13c		
d	Enter the amount, if any, of uncollected employee social security tax and			
	Medicare tax on tips and group-term life insurance (see instructions for Part I,			
	line 6) shown on the dotted line next to Part I, line 6	13d		
е	Enter the amount, if any, of Additional Medicare Tax on Medicare wages (Form	400		
f	8959, line 7)	13e		
14	Add lines 13a through 13e	14		
15	Enter the amount, if any, of Additional Medicare Tax withheld (Form 8959, line	17		
.5	22)	15		
16	Subtract line 15 from line 14. Enter the result	16		
17	Enter the amount, if any, from Part I, line 8	17		
18	Is the amount on line 16 more than the amount on line 17?			
	■ No. Stop. You can't claim the credit.			
	☐ <b>Yes.</b> Subtract line 17 from line 16. Enter the result		18	
19	Additional child tax credit. Enter the smaller of line 11 or line 18 here and on Part	I, line 9	19	