Department of the Treasury--Internal Revenue Service 1040 U.S. Individual Income Tax Return 20**23** OMB No. 1545-0074 IRS Use Only--Do not write or staple in this space For the year Jan. 1-Dec. 31, 2023, or other tax year beginning 2023, ending . 20 See separate instructions. Your social security number Your first name and middle initial Last name JOSEPH L **JERNIGAN** Spouse's social security number If joint return, spouse's first name and middle initial Last name TAYLOR M **JERNIGAN** Home address (number and street). If you have a P.O. box, see instructions. Presidential Election Campaign Apt. no. Check here if you, or your 112 Cedarhurst Ave spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code to go to this fund. Checking a 29407 SC box below will not change Charleston your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse Filing Status Single Married filing separately (MFS) Head of household (HOH) Check only Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) 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 At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, X No Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard You as a dependent Your spouse as a dependent Someone can claim: Spouse itemizes on a separate return or you were a dual-status alien Deduction Age/Blindness You: Were born before January 2, 1959 Are blind Was born before January 2, 1959 Spouse: Is blind Check the box if qualifies for (see inst.):

Id tax credit (3) Relationship Dependents (see instructions): (2) Social security number to you Child tax credit (1) First name Last name dependents If more than four dependents see instructions 46,392 Income Total amount from Form(s) W-2, box 1 (see instructions). . . 1a b Household employee wages not reported on Form(s) W-2 1b Attach Form(s) С Tip income not reported on line 1a (see instructions) 1c W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and Taxable dependent care benefits from Form 2441, line 26 е 1e 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f Wages from Form 8919, line 6 ... If you did not g 1g get a Form Other earned income (see instructions) 1h h W-2, see Nontaxable combat pay election (see instructions) instructions. 46,392 Add lines 1a through 1h. 1z z Attach 2a Tax-exempt interest **b** Taxable interest . 2b Sch. B if За 3b Qualified dividends. За required. 4a IRA distributions 4a **b** Taxable amount 4b 5a 5a **b** Taxable amount 5h Pensions and annuities Standard 6a Social security benefits 6a **b** Taxable amount 6b **Deduction for-**C If you elect to use the lump-sum election method, check here (see instructions), Single or Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here... 7 \$13.850 Married filing 8 Additional income from Schedule 1, line 10 8 jointly or 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 46,392 Qualifying surviving spouse, 10 Adjustments to income from Schedule 1, line 26 10 \$27,700 46,392 Subtract line 10 from line 9. This is your adjusted gross income. 11 11 • Head of household. 27,700 12 Standard deduction or itemized deductions (from Schedule A) . . . 12 \$20,800 Qualified business income deduction from Form 8995 or Form 8995-A 13 13

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

Form **1040** (2023)

27,700

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 If you checked any box under

Standard Ded.

see instructions

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income .

Tax and 16 Tax (see instructions). Check if any from Form(s): 1 814 2 4972 3 16 1,868 17 18 17 18 18 1,868 18 18 1,868 19 19 19 19 19 19 19 1	Form 1040 (2	023)	JOSEPH L & TAYI	LOR :	M JERNI <u>G</u> AN	ī [Page 2
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Designee's name Designee's name No. No. Number (PIN) Sign 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 Date Your occupation Warehouse Manage it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Sales Associate Phone no. Preparer's name Preparer's signature Date Prim's name Phone no. Prim's address Phone no. Personal identification no. Number (PIN) If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Firm's name Preparer's signature Phone no. Prim's address Phone no. Pirm's address		,	·				e Г	٦ _{٧-}	- Camania				_	
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Form **1040** (2023)