

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA



Form 1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return	2023	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 first name and middle initial Sample Deacon Housing		Last name Deacon Compensation = \$24,000		Your social security number																																								
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number																																								
Documentation supports \$6,000 as the lowest of the four limits.				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																																								
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.																																									
City, town, or post office. If you have a foreign address, also complete spaces below.		State	ZIP code																																									
Foreign country name		Foreign province/state/county		Foreign postal code																																								
Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien																																											
Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1959 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1959 <input type="checkbox"/> Is blind																																											
Dependents	(see instructions):																																											
If more than four dependents, see instructions and check here <input type="checkbox"/>	(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 <input type="checkbox"/> Credit for other dependents <input type="checkbox"/>																																							
Income	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1a</td> <td style="width: 60%;">Total amount from Form(s) W-2, box 1 (see instructions)</td> <td style="width: 10%;">1a</td> <td style="width: 20%; text-align: right;">18,000</td> </tr> <tr> <td>b</td> <td>Household employee wages not reported on Form(s) W-2</td> <td>1b</td> <td></td> </tr> <tr> <td>c</td> <td>Tip income not reported on line 1a (see instructions)</td> <td>1c</td> <td></td> </tr> <tr> <td>d</td> <td>Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</td> <td>1d</td> <td></td> </tr> <tr> <td>e</td> <td>Taxable dependent care benefits from Form 2441, line 26</td> <td>1e</td> <td></td> </tr> <tr> <td>f</td> <td>Employer-provided adoption benefits from Form 8839, line 29</td> <td>1f</td> <td></td> </tr> <tr> <td>g</td> <td>Wages from Form 8919, line 6</td> <td>1g</td> <td></td> </tr> <tr> <td>h</td> <td>Other earned income (see instructions)</td> <td>1h</td> <td style="text-align: right;">TBD</td> </tr> <tr> <td>i</td> <td>Nontaxable combat pay election (see instructions)</td> <td>1i</td> <td></td> </tr> <tr> <td>z</td> <td>Add lines 1a through 1h</td> <td>1z</td> <td></td> </tr> </table>				1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	18,000	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	TBD	i	Nontaxable combat pay election (see instructions)	1i		z	Add lines 1a through 1h	1z	
1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	18,000																																									
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	TBD																																									
i	Nontaxable combat pay election (see instructions)	1i																																										
z	Add lines 1a through 1h	1z																																										
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.	2a	Tax-exempt interest	2a		b	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"/>																																										
	8	Additional income from Schedule 1, line 10																																										
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income																																										
	10	Adjustments to income from Schedule 1, line 26																																										
	11	Subtract line 10 from line 9. This is your adjusted gross income																																										
	12	Standard deduction or itemized deductions (from Schedule A)																																										
	13	Qualified business income deduction from Form 8995 or Form 8995-A																																										
	14	Add lines 12 and 13																																										
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income																																										

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA



Form 1040 (2023)		Page 2
Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> 17 Amount from Schedule 2, line 3 18 Add lines 16 and 17 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax	16 TBD 17 18 19 20 21 22 23 3,391 24 TBD
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 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	
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number 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 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 <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> 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.	
Joint return? See instructions. Keep a copy for your records.	Your signature Date 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. Email address	
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	

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA



**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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. 01

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

Your social security number

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions): _____		
3 Business income or (loss). Attach Schedule C	3	24,000.
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation	7	
8 Other income:		
a Net operating loss	8a ()	
b Gambling	8b	
c Cancellation of debt	8c	
d Foreign earned income exclusion from Form 2555	8d ()	
e Income from Form 8853	8e	
f Income from Form 8889	8f	
g Alaska Permanent Fund dividends	8g	
h Jury duty pay	8h	
i Prizes and awards	8i	
j Activity not engaged in for profit income	8j	
k Stock options	8k	
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n Section 951(a) inclusion (see instructions)	8n	
o Section 951A(a) inclusion (see instructions)	8o	
p Section 461(l) excess business loss adjustment	8p	
q Taxable distributions from an ABLÉ account (see instructions)	8q	
r Scholarship and fellowship grants not reported on Form W-2	8r	
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()	
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u Wages earned while incarcerated	8u	
z Other income. List type and amount: _____	8z	
9 Total other income. Add lines 8a through 8z	9	
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	24,000.

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

Schedule 1 (Form 1040) 2023

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA



Schedule 1 (Form 1040) 2023

Page **2**

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	1,696.
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	1,696.

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



**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
 Deacon Deacon

Your social security number

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	3,391.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
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	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
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)

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA



Part II Other Taxes *(continued)*

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount:	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount: _____	17z		
18 Total additional taxes. Add lines 17a through 17z		18	
19 Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	3,391.

THE ROMAN CATHOLIC ARCHDIOCESE OF ATLANTA



**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
Deacon Deacon

Social security number of person
with self-employment income

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A			
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b ()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2		24,000.
3 Combine lines 1a, 1b, and 2	3		24,000.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a		22,164.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c		22,164.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a		
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b		0.
6 Add lines 4c and 5b	6		22,164.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7		160,200
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	0.	
b Unreported tips subject to social security tax from Form 4137, line 10	8b		
c Wages subject to social security tax from Form 8919, line 10	8c		
d Add lines 8a, 8b, and 8c	8d		0.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9		160,200.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10		2,748.
11 Multiply line 6 by 2.9% (0.029)	11		643.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12		3,391.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13		1,696.

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

Schedule SE (Form 1040) 2023