Form **1040-SS**

Department of the Treasury
Internal Revenue Service

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 _____ , 2023, and ending _____ , 20 _____

OMB No. 1545-0074

2023

Your first name and initial	Last name	**Your social security number**
If a joint return, spouse's first name and initial	Last name	**Spouse's social security number**
Home address (number, street, and apt. no., or rural route)		
City, town or post office, commonwealth or territory, and ZIP code		
Foreign country name	Foreign province/state/county	Foreign postal code

Please type or print.

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**

Part I Total Tax and Credits

1 **Filing status.** Check the box for your filing status. See instructions.
☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household ☐ Qualifying surviving spouse
If you checked the MFS box, enter spouse's social security no. above and full name here: _____

2 **Qualifying children.** Complete **only** if you are a bona fide resident of Puerto Rico and you are claiming the additional child tax credit. See instructions. If more than four qualifying children, see instructions and check here . . . . ☐

(a) First name Last name	(b) Child's social security number	(c) Child's relationship to you

3	Self-employment tax from Schedule SE (Form 1040), line 12. Attach applicable schedules (see instructions)	**3**	
4	Household employment taxes (see instructions). Attach Schedule H (Form 1040)	**4**	
5	Additional Medicare Tax. Attach Form 8959	**5**	
6	**Total tax.** Add lines 3 through 5. See instructions	**6**	

7	2023 estimated tax payments (see instructions)	**7**	
8	Excess social security tax withheld (see instructions)	**8**	
9	Additional child tax credit from Part II, line 19	**9**	
10	Reserved for future use	**10**	
11a	Credit for qualified sick and family leave wages from Schedule(s) H paid in 2023 for leave taken before April 1, 2021	**11a**	
b	Credit for qualified sick and family leave wages from Schedule(s) H paid in 2023 for leave taken after March 31, 2021, and before October 1, 2021 . .	**11b**	

12	**Total payments and credits** (see instructions)	**12**	
13	If line 12 is more than line 6, subtract line 6 from line 12. This is the amount you **overpaid** . . .	**13**	
14a	Amount of line 13 you want **refunded to you**. If Form 8888 is attached, check here . . . . . ☐	**14a**	
b	Routing number _____ **c** Type: ☐ Checking ☐ Savings		
d	Account number _____		
15	Amount of line 13 you want **applied to 2024 estimated tax**	**15**	
16	**Amount you owe.** If line 6 is more than line 12, subtract line 12 from line 6. See instructions . . .	**16**	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete the following. ☐ **No**		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

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

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 the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Daytime phone number	If the IRS sent you an Identity Protection PIN, enter it here (see instructions)
Spouse's signature. If a joint return, **both** must sign.		Date	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instructions)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.   *www.irs.gov/Form1040SS*   Cat. No. 17184B   Form **1040-SS** (2023)

Part II	Bona Fide Residents of Puerto Rico Claiming Additional Child Tax Credit—See instructions.		

1 Do you have one or more qualifying children under age 17 with the required social 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 number:

_____ 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 . . . . | **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.

☐ **Yes.** Subtract line 6 from line 9. Enter the result . . . . | **10**

11 Enter the **smaller** 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**

c 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 not reported to employer from Form 4137 and shown on the dotted line next to Part I, line 6 . . . . | **13b**

c 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**

e Enter the amount, if any, of Additional Medicare Tax on Medicare wages (Form 8959, line 7) . . . . | **13e**

f Add lines 13a through 13e . . . . | **13f**

14 Add lines 12c and 13f. Enter the result . . . . | **14**

15 Enter the amount, if any, of Additional Medicare Tax withheld (Form 8959, line 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.

☐ **Yes.** 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**

Form **1040-SS** (2023)