<b>£1040</b>	U.S	S. Individual In	come T	ax Return	2022	2	OMB No. 1545	-0074	IRS Use O	nly-Do not w	vrite or staple	in this space.
Filing Status	Single Married filing jointly			Married filing separately (MFS)		MFS)	Head of househ		hold (HOH)	∏ Qua	alifying sun	viving
Check only	_	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child							spc	ouse (QSS)		
one box.		u checked the MFS box, on is a child but not your		me of your spou	ise. If you che	cked t	he HOH or Q	SS box	, enter the	child's na	me if the q	ualifying
Your first name a	•		иерепиетт.	Last name						Vour se	ocial securi	ty number
Tour mot name a	na ma	ale ilitiai		Last name						Tour se	ociai securi	ty number
If joint return, spouse's first name and middle initial Last nam				Last name	name					Spouse's social security number		
Home address (r	number	and street). If you have a P	.O. box, see in	nstructions.				A	pt. no.			on Campaign
City town or not	t office	If you have a foreign addre		aloto angona halou		Ta		715			here if you, o if filing jointl	
City, town, or post office. If you have a foreign address, also complete spaces to				biete spaces belov	v.	State			ZIP code		this fund. C	hecking a
Foreign country r	·						box below will not change your tax or refund.					
. orong., occ.,y .	rolegii postal co				ii postai cou	You Spouse						
Digital	At an	y time during 2022, did y	ou: (a) recei	ve (as a reward,	award, or pa	yment	for property of	r servi	ces); or (b)	sell,		
Assets		ange, gift, or otherwise d	` '	•		•			,. , ,		Yes	☐ No
Standard	Som	eone can claim:	You as a de	pendent	Your spouse	as a c	dependent					
Deduction		Spouse itemizes on a se	parate returi	n or you were a	dual-status ali	ien						
Age/Blindness	You:	Were born before	January 2, 1	958	olind <b>Sp</b> e	ouse:	☐ Was bo	rn befo	re January	2, 1958	∏ Is b	lind
Dependents		instructions):			(2) Social s		(3) Relation	nship	(4) Che	ck if qualif	ies for (see i	nstructions):
If more	•	irst name	num		,   ' '				•	1	ner dependents	
than four												
dependents,												
see instructions and check												
here										<u> </u>	<u> </u>	
Income	1a	Total amount from Forn	. ,	`		• • •				. 1a		
	b	Household employee wages not reported on Form(s) W-2							. 1k			
Attach Form(s) W-2 here. Also	C	Tip income not reported	,	,						. 10		
attach Forms	d	Medicaid waiver payme	•	` ,	•	ructior	1S) • • •			. 10		
W-2G and 1099-R if tax	e f	Taxable dependent care benefits from Form 2441, line 26							. 1f			
was withheld.	g	Wages from Form 8919	•							. 10		
If you did not get a Form W-2, see	h	Other earned income (s		ons)						. 11		
	i	Nontaxable combat pay		,			1i					
instructions.	z	Add lines 1a through 1h								. 1z	<u>.</u>	
Attach Sch. B if required.	2a	Tax-exempt interest		2a		<b>b</b> Tax	xable interest			. 2k	)	
	<u>3a</u>	Qualified dividends •	-	3a			dinary divider				)	
	4a	IRA distributions • •	-	4a			xable amount				_	
Standard Deduction for-	5a	Pensions and annuities	-	5a			xable amount				_	
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard	6a	Social security benefits 6a b Taxable amount							- 6t	•		
	с 7	c If you elect to use the lump-sum election method, check here (see instructions)								$H \mid 7$		
	8									. 8	_	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								. 9	_	
	10	Adjustments to income from Schedule 1, line 26								-		
	11	•								. 11		
	12	—								. 12	2	
	13	Qualified business inco	me deductio	n from Form 899	95 or Form 89	95-A				. 13	3	
	14	Add lines 12 and 13								. 14	1	
Deduction,	15	Subtract line 14 from line	e 11. If zero	or less, enter -0-	. This is your	taxabl	e income			.   15	5	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if any from F	orm(s): <b>1</b> 881	4 2 49	972 <b>3</b>			16	
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for other depender	nts from Schedule	8812 •				19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-						22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21							
	24	Add lines 22 and 23. This is your <b>total tax</b>	24						
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2							
	b	Form(s) 1099			25b			•	
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	
If you have a	26	2022 estimated tax payments and amount	applied from 2021	return .				26	
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	312		28				
	29	American opportunity credit from Form 886	3, 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 you	r total other paym	ents and re	fundable cr	edits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments					33	
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33. Thi	s is the amou	ınt you <b>over</b>	oaid · ·		34	
	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here						35a	
Direct deposit?	b	Routing number C Type: Checking Savings							
See instructions.	d	Account number							
-	36	Amount of line 34 you want applied to your	2023 estimated t	ax	36				
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe.						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions					37		
	38	Estimated tax penalty (see instructions)			38				
Third Party		you want to allow another person to discuss							
Designee		instructions · · · · · · · · · · · · · · · · · · ·							∐ No
		Designee's Phone Personal identifi name no. number (PIN)					cation		
Cian		der penalties of perjury, I declare that I have exam		accompanying	schedules an		, ,	best of	my knowledge and
Sign Here		lief, they are true, correct, and complete. Declaration							-
пеге	Yo	ur signature	Date	tion				nt you an Identity	
Joint return?							Prote (see		IN, enter it here
See instructions.		N.A.				`		nt your spouse an	
Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	cupation				ection PIN, enter it here	
your records.							(see	inst.)	
	Ph	one no.	Email address						
- · ·	Pre	eparer's signature			Date	PTIN		-	Check if:
Paid									Self-employed
Preparer	Pre	Preparer's name Phone no.							
Use Only	Fir	m's name							
	Fir	m's address							

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

Form **1040** (2022)

Firm's EIN