## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (Nour spouse. If you c		_				spou	fying surv se (QSS) name if th	Ü		
Your first name									Υ	Your social security number				
				E						091-73-6472				
				me					-	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	pt. no.	P	residen	itial Election	on Campaign		
316 1585	TH PI	L SE									ere if you,			
City, town, or post office. If you have a foreign address, also co				omplete spaces below. State Z								tly, want \$3 Checking a		
BELLEVUE				WA			980	08		0	w will not	0		
Foreign country name			Foreign province/state/county				Foreig	Foreign postal code yo			your tax or refund.  You Spous			
Digital		ny time during 2022, did you: (a) rec					-							
Assets		ange, gift, or otherwise dispose of a					asset)	(See ins	tructi	ons.)	Yes	⊠ No		
Standard Deduction	_	eone can claim:		•		a dependent								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind <b>Spo</b>	ouse:	☐ Was bor	rn befo	re Januai	y 2, 1	958	☐ Is bli	ind		
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4)	) Check the bo		if qualifi	es for (see	instructions):		
If more	<b>(1)</b> Fi	(1) First name Last name		number		to you		Child tax c		it (	Credit for other dependents			
than four											[			
dependents, see instruction	s —													
and check	,										[	<u> </u>		
here L									]		[			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	4	45 <b>,</b> 241.		
	b	<b>b</b> Household employee wages not reported on Form(s) W-2								1b				
Attach Form(s) W-2 here. Also	С									1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form W-2, see			ons)						1h		0.			
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>	i							
	<b>Z</b>	Add lines 1a through 1h	. ; .							1z	4	45 <b>,</b> 241.		
Attach Sch. B	2a	· —	2a			axable interest				2b				
if required.	3a	_	3a			rdinary divider				3b				
	4a		4a			axable amoun				4b				
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun			٠	5b				
Single or	6a	,	6a			axable amoun	t		·	6b				
Married filing separately,	С	If you elect to use the lump-sum e							Ц					
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not requ	uired,	check here			Ш	7				
Married filing jointly or	8	Other income from Schedule 1, line 10								8		-4 <b>,</b> 850.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	4	40 <b>,</b> 391.		
surviving spouse, \$25,900	10	•								10				
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11		40 <b>,</b> 391.		
\$19,400	12									12	1 1	12,950.		
If you checked any box under	13	Qualified business income deduct								13				
Standard Deduction,	14	Add lines 12 and 13								14		L2,950.		
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	2	27,441.		

		Pa	age	e <b>2</b>	
3,	0	8	6		
3,	0	8	6		
3, 3,	0	8	6		
			0		
3,	0	8	6		
5,	7	8	1	•	
5,	7	8	1		
5, 2, 2,	6	9	5		
2,	6	9	5		

Form 1040 (2022	2)										Pa	ige 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16		3,	086	6.	
Credits	17	Amount from Schedule 2, line 3						17					
	18	Add lines 16 and 17						18		3,	.086	6.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19					
	20	Amount from Schedule 3, lin	ne 8					20					
	21	Add lines 19 and 20						21					
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22		3,	.080	6.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23			(	0.	
	24									3,	.086	6.	
<b>Payments</b>	25	Federal income tax withheld	d from:										
•	а												
	b	Form(s) 1099											
	С	Other forms (see instruction	s)			25c							
	d	Add lines 25a through 25c						25d		5,	,782	1.	
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return			26	$oxed{oxed}$				
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27							
attach Sch. ElC.	28	Additional child tax credit fro	m Schedule 8812			28							
	29	American opportunity credit	from Form 8863	3, line 8		29							
	30	Reserved for future use .				30							
	31	Amount from Schedule 3, lin				31							
	32	Add lines 27, 28, 29, and 31						32	<u> </u>				
	33	Add lines 25d, 26, and 32. T						33	<u> </u>		, 781		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>						34	2,695.				
	35a							35a	$\vdash$	<u>2,</u>	, 695	<u>5.</u>	
Direct deposit? See instructions.	b												
See mshuchons.	d												
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			<u> </u>				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				37					
	38	Estimated tax penalty (see i	nstructions) .			38							
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See							
Designee	ins	instructions						below.	X	٧o			
		Designee's name		Phone Person no. number				ntification	$\Box$	$\overline{}$	$\overline{}$	_	
											de de c		
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 at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge											
Here	Yo	Your signature		Date Your occupation			lf t	If the IRS sent you an Identity					
				Juio	·			otection P	,		,		
Joint return?					SOFTWARE I	DEVELOPER	(se	e inst.)					
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat	ion			ne IRS sent your spouse an ntity Protection PIN, enter it her				
your records.							e inst.)	ection i	III, en	Terit	Tiere		
		Phone no. (970) 825-6185		Email address									
		Preparer's name Preparer's signat		110112100112201601111210011				Check if:					
Paid							82703 Self-employ			nolar	ed		
Preparer													
Use Only													
		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm's EIN 84-3171965					