E 1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		rn	202	22	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple in this space.		
Filing Status Check only one box.	lf you	ingle Married filing jointly	ame of yo	_	separately use. If you				ehold (HOH) S box, enter the	spou	ifying surviving ise (QSS) name if the qualifying		
Your first name	ame and middle initial			Last name DEB							Your social security number		
lf joint return, sp	If joint return, spouse's first name and middle initial				Last name						Spouse's social security number		
5001 WESTLAND BLVD								Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also con HALETHORPE				mplete spaces below. State MD					21227 to go to this fund box below will no		this fund. Checking a ow will not change		
	Foreign country name				Foreign province/state/county Foreign postal co					You Spouse			
Digital Assets	exch	y time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a	a digital a	sset (o	r a financia	lintere	est in a digital				Yes 🗹 No		
Standard Deduction	_	eone can claim: U You as a de pouse itemizes on a separate retur	•		•		a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind S	ouse:	Was bor	rn be	fore January 2	, 1958	Is blind		
Dependents				(2) S	Social securi	ty	(3) Relationsh	nip	. ,	· · ·	ies for (see instructions):		
If more	(1) Fi	1) First name Last name		number			to you		Child tax cr	edit	Credit for other dependents		
than four dependents,													
see instructions													
and check here											<u> </u>		
	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions)					. 1a			
Income	b	Household employee wages not re	•		,					1b			
Attach Form(s)	с									. 1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	vaiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
W-2G and	е	Taxable dependent care benefits f	rom Forn	n 2441,	line 26					. 1e			
1099-R if tax was withheld.	f								. 1f				
If you did not	g	Wages from Form 8919, line 6 .								. 1g			
get a Form	h	Other earned income (see instruction	ions) .				_. .	-		. 1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	ictions)			1 i						
	z	Add lines 1a through 1h								1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t		2b			
if required.	3a	Qualified dividends	3a			bΟ	rdinary divide	nds		. 3b			
	4a		4a			b Ta	axable amoun	t.		4b			
Standard	5a		5a				axable amoun			. 5b			
• Single or	6a	· _	6a				axable amoun	t.	<u>.</u>	6b			
Married filing	С	If you elect to use the lump-sum e				•	,	•					
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Other income from Schedule 1, line 10 8											
 Married filing jointly or 	8												
Qualifying	9	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9					
surviving spouse, \$25,900	10								10				
Head of household,	11												
\$19,400	12 Standard deduction or itemized deductions (from Schedule A) .							12950					
 If you checked any box under 	13 Qualified business income deduction from Form 8995 or Form 8995-A												
Standard	14	Add lines 12 and 13								. 14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter	-0 This is	your t	axable incom	ne		15			
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2022)													

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 📃 881	4 2 🗌 4972	3		16	
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, li	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	
	23	Other taxes, including self-e	employment tax,	from Schedule	2, line 21			23	
	24	Add lines 22 and 23. This is	your total tax					24	
Payments	25	Federal income tax withheld							
· · · , · · · · · · ·	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	·					25d	
	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
If you have a ^L qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. ElC.	28	Additional child tax credit fro				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, li				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. These are your total payments							
Refund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							
Direct deposit?	b	Routing number Checking Savings							
See instructions.	d	Account number					-		
	36	Amount of line 34 you want	applied to your	2023 estimate	dtax	36			
Amount	37	Subtract line 33 from line 24	4. This is the am	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 i	nstructions) .			38			
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	n with the IRS?	See			
Designee	ins	structions				. 🔄 Yes. C	omplete b	elow.	No
	De nai	signee's		Phone no.			onal identif ber (PIN)	ication	
<u></u>							. ,		
Sign		der penalties of perjury, I declare ief, they are true, correct, and con			1 7 0		,		, ,
Here		ur signature	Date				nt you an Identity		
				Duito	Your occupation	Pro			N, enter it here
Joint return?					-	ation If		nst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sig		Date	Spouse's occupat				it your spouse an
your records.						(see i		ection PIN, enter it here	
	Ph	one no.		Email address			,	,	
		eparer's name	Preparer's signat	1		Date	PTIN		Check if:
Paid				-					Self-employed
Preparer	Fin	m's name	1				Phon	e no.	
Use Only									
On the summer line are	Firm's address Firm's EIN								Earm 1040 (2022)

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

Form **1040** (2022)