

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

**JEFFREY SAMUEL WARREN**

Taxpayer address (optional)

**277 E PALMER ST**

**DETROIT, MI 48202**

1.  Your federal income tax return for 2022 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by MAPLE SOLUTIONS LLC.
2.  Your return was accepted on 04-18-2023 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 3895422023108t1eosix.
3.  Your return was accepted on \_\_\_\_\_. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

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The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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### Instructions for Electronic Return Originators

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**Line 2** - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3** - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4** - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5** - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  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:

Your first name and middle initial <b>JEFFREY SAMUEL</b>	Last name <b>WARREN</b>	Your social security number <b>370-94-0226</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>277 E PALMER ST</b>		<b>Presidential Election Campaign</b> 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
City, town, or post office. If you have a foreign address, also complete spaces below. <b>DETROIT</b>		
State <b>MI</b>	ZIP code <b>48202</b>	
Foreign country name	Foreign province/state/county	

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1958  Are blind **Spouse:**  Was born before January 2, 1958  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 if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b>	<b>97,378</b>
	<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>	
	<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>	
	<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>	
	<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>		
	<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b>	<b>97,378</b>

Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		<b>b</b> Taxable interest . . . . .	<b>2b</b>	<b>104</b>
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>8,398</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	<b>13,172</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>		<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>		<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>		<b>b</b> Taxable amount . . . . .	<b>6b</b>	
		<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>				

<b>Standard Deduction for-</b> • 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 Deduction, see instructions.	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	<b>21,523</b>
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	<b>101</b>
	<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b>	<b>132,278</b>
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b>	<b>132,278</b>
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	<b>12,950</b>
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	<b>683</b>
	<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	<b>13,633</b>
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b>	<b>118,645</b>	

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	<b>16</b>	<b>20,841</b>
	<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	
	<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	<b>20,841</b>
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812 . . . . .	<b>19</b>	
	<b>20</b>	Amount from Schedule 3, line 8 . . . . .	<b>20</b>	<b>9</b>
	<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	<b>9</b>
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<b>20,832</b>
	<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	<b>23</b>	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	<b>24</b>	<b>20,832</b>	

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	<b>14,421</b>
	<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	
	<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	
	<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	<b>14,421</b>
	<b>26</b>	2022 estimated tax payments and amount applied from 2021 return . . . . .	<b>26</b>	
	<b>27</b>	Earned income credit (EIC) . . . . .	<b>27</b>	
	<b>28</b>	Additional child tax credit from Schedule 8812 . . . . .	<b>28</b>	
	<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>	
	<b>30</b>	Reserved for future use . . . . .	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 15 . . . . .	<b>31</b>		
<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . .	<b>32</b>	<b>0</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	<b>14,421</b>	

If you have a qualifying child, attach Sch. EIC.

<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . .	<b>34</b>	<b>0</b>
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . . <input type="checkbox"/>	<b>35a</b>	<b>0</b>
	<b>b</b>	Routing number _____ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number _____		
<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b> . . . . .	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . .	<b>37</b>	<b>6,585</b>
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	<b>174</b>

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions . . . . .  **Yes**. Complete below.  **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.

Your signature <b>42773</b>	Date <b>03-31-2023</b>	Your occupation <b>COMPUTER PROGRAMMER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. <b>248-470-1100</b>	Email address <b>JSWARREN@GMAIL.COM</b>		

**Paid Preparer Use Only**

Preparer's signature <b>KIRANMAI VUPPALA</b>	Date <b>04-19-2023</b>	PTIN <b>P02164069</b>	Check if: <input type="checkbox"/> Self-employed
Preparer's name <b>KIRANMAI VUPPALA</b>	Phone no. <b>929-481-4456</b>		
Firm's name <b>MAPLE SOLUTIONS LLC</b>			
Firm's address <b>35111 BRITTANY PARK ST Harrison Township, MI 48045</b>	Firm's EIN <b>86-2712999</b>		

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **03**

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

JEFFREY SAMUEL WARREN

Your social security number

370-94-0226

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .		<b>1</b>	<b>9</b>
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .		<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .		<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .		<b>5</b>	
<b>6</b>	Other nonrefundable credits:			
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>		
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>		
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>		
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>		
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 . . . . .	<b>6e</b>		
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>		
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>		
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>		
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>		
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>		
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>		
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>		
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>		
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .		<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		<b>8</b>	<b>9</b>

(continued on page 2)

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

Schedule 3 (Form 1040) 2022

EEA

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .		<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .		<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .		<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .		<b>12</b>	
<b>13</b>	Other payments or refundable credits:			
<b>a</b>	Form 2439 . . . . .	<b>13a</b>		
<b>b</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . .	<b>13b</b>		
<b>c</b>	Reserved for future use . . . . .	<b>13c</b>		
<b>d</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13d</b>		
<b>e</b>	Reserved for future use . . . . .	<b>13e</b>		
<b>f</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13f</b>		
<b>g</b>	Reserved for future use . . . . .	<b>13g</b>		
<b>h</b>	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 . . . . .	<b>13h</b>		
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>		
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .		<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .		<b>15</b>	<b>0</b>

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **08**

Name(s) shown on return

**JEFFREY SAMUEL WARREN**

Your social security number

**370-94-0226**

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:	
	<b>FIDELITY INVESTMENTS</b>	<b>94</b>
	<b>ROBINHOOD SECURITIES LLC</b>	<b>10</b>
	<b>INTEREST SUBTOTAL</b>	<b>104</b>
<b>2</b>	Add the amounts on line 1 . . . . .	<b>104</b>
<b>3</b>	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . .	<b>104</b>

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
<b>5</b>	List name of payer:	
	<b>AMERITRADE</b>	<b>2,064</b>
	<b>APEX CLEARING</b>	<b>3,653</b>
	<b>FIDELITY BROKERAGE SERVICES LLC</b>	<b>85</b>
	<b>ROBINHOOD SECURITIES LLC</b>	<b>7,370</b>
	<b>DIVIDEND SUBTOTAL</b>	<b>13,172</b>
<b>6</b>	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .	<b>13,172</b>

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
<b>7a</b>		
At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .		<b>X</b>
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .		
<b>b</b>		
If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: _____		
<b>8</b>		
During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .		<b>X</b>

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2022**

Attachment  
Sequence No. **12**

Name(s) shown on return **JEFFREY SAMUEL WARREN** Your social security number **370-94-0226**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	232,109	290,833	72,365	13,641
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .	463	806	295	(48)
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>6</b>	( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .			<b>7</b>	13,593

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	81,722	98,115	22,293	5,900
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	6,092	4,105		1,987
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	10	14		(4)
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions . . . . .			<b>13</b>	47
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>14</b>	( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on page 2 . . . . .			<b>15</b>	7,930

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule D (Form 1040) 2022



**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	21,523
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) ] . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( )
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

**JEFFREY SAMUEL WARREN**

Social security number or taxpayer identification number

**370-94-0226**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	<b>APEX CLEARING</b>	VARIOUS	12-31-2022	24,714	26,978	W	5,611	3,347
	<b>ROBINHOOD SECURITIES LLC</b>	VARIOUS	12-31-2022	203,480	259,573	W	66,417	10,324
	<b>AMERITRADE</b>	VARIOUS	12-31-2022	3,915	4,282	W	337	(30)
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) . . . . .				232,109	290,833		72,365	13,641

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.







Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side **Social security number or taxpayer identification number**  
**JEFFREY SAMUEL WARREN** **370-94-0226**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	VARIOUS		10	14			(4)
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) . . . .				10	14			(4)

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2022**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.

**JEFFREY SAMUEL WARREN**

**370-94-0226**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions . . . . .	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2	
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	3,650
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	3,650
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter . . . . .	6	3,650
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . . . . .	7	
8	Add lines 6 and 7 . . . . .	8	3,650
9	Employer contributions made to your HSAs for 2022 . . . . .	9	2,088
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	2,088
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	1,562
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 . . . . .	13	

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2022 from all HSAs (see instructions) . . . . .	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18	
19	Qualified HSA funding distribution . . . . .	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21	

**Qualified Business Income Deduction  
Simplified Computation**

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

**JEFFREY SAMUEL WARREN**

**370-94-0226**

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	2	0
3	Qualified business net (loss) carryforward from the prior year . . . . .	3	( )
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . . . .	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .	5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	6	3,413
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . . . .	7	( )
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .	8	3,413
9	REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .	9	683
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .	10	683
11	Taxable income before qualified business income deduction (see instructions) . . . . .	11	119,328
12	Net capital gain (see instructions) . . . . .	12	16,328
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	13	103,000
14	Income limitation. Multiply line 13 by 20% (0.20) . . . . .	14	20,600
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) . . . . .	15	683
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .	16	( 0 )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .	17	( 0 )

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EEA

Amount from Form 1040, line 11..... 132,278  
 Amount from Form 1040, line 12..... 12,950  
 Line 11 above is the difference between these amounts..... 119,328



**Federal Supporting Statements**

**2022 PG01**

Name(s) as shown on return

JEFFREY SAMUEL WARREN

Tax ID Number

370-94-0226

SCHEDULE 1 - LINE 8Z - OTHER INCOME

Statement #1

DESCRIPTION  
SUBSTITUTE PMT  
1099MISC

AMOUNT

1

100

**TOTAL**

**101**

1040

Dividend List

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

JEFFREY SAMUEL WARREN

370-94-0226

#	TSJ	Name of Payer	Res ST	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Tax Withheld	199A
1	T	AMERITRADE	MI	2,064	2,003			
2	T	APEX CLEARING	MI	3,653	2,775			59
3	T	FIDELITY BROKERAGE SERVICES LLC	MI	85	85			
4	T	ROBINHOOD SECURITIES LLC	MI	7,370	3,535	47		3,354
<b>Totals from all pages</b>				13,172	8,398	47		3,413

#	25% Rate	Sec 1202	Investment Expenses	Nominee Div	NonTax State	US Gov Div	Res ST Muni Int	Other ST Mun Int
1								
2								
3								
4								
<b>Totals</b>								



**Federal Income Tax Withheld**

(This page is not filed with the return. It is for your records only.)

**2022 PG01**

Name(s) as shown on return

**JEFFREY SAMUEL WARREN**

Tax ID Number

**370-94-0226**

Description	Amount
W2 - ALLY BANK	5,658
W2 - APEX SYSTEMS LLC	2,832
W2 - KYYBA INC	2,333
W2 - MINDTREE LIMITED	<u>3,598</u>
W-2 Subtotal	14,421
<hr/>	
Total Withholdings	<u>14,421</u>



# W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Social Security No.

JEFFREY SAMUEL WARREN

370-94-0226

		FEDERAL			STATE		CITY/LOCAL		
T/S	Employer Name	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE	Gross	W/H
T	ALLY BANK	42,135	5,658	MI	42,135	1,785	DT	42,135	1,008
T	APEX SYSTEMS LLC	15,548	2,832	MI	15,548	661	DT	15,548	373
T	KYYBA INC	16,500	2,333	MI	16,500	660	DT	16,500	396
T	MINDTREE LIMITED	23,195	3,598	MN	23,195	1,387			
<b>Totals</b>		<b>97,378</b>	<b>14,421</b>		<b>97,378</b>	<b>4,493</b>		<b>74,183</b>	<b>1,777</b>

**2022 Filing Instructions**  
**JEFFREY SAMUEL WARREN**

**Form filed:**

Form 1040 and supplemental forms and schedules

**Filing method:**

The return has been e-filed, do not mail.

**Due date:**

04-18-2023

**Balance due:**

\$6,585

**Transaction method:**

To pay by check or money order, write "2022 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to [IRS.gov/Payments](https://www.irs.gov/Payments). To pay by credit or debit card (for a fee), go to [1040paytax.com](https://www.1040paytax.com).

**Other information:**

To minimize penalties and interest, make your payment as soon as possible.

**Mail-to address:**

Internal Revenue Service  
P.O. Box 802501  
Cincinnati, OH 45280-2501

**Account Transaction Summary**

**2022**

Name(s) as shown on return

JEFFREY SAMUEL WARREN

Your ID Number

XXX-XX-0226

Account #1  
**Financial Institution** COMERICA  
**Routing Transit Number** 072000096  
**Account Number** 4353119490  
**Account Type** checking

State Main Form(s)  
MN Deposit 1,387  
**Net Deposit** 1,387

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

**This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.**

I have reviewed the above information and certify that this information is correct and authorize MAPLE SOLUTIONS LLC to use this account.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (If Married Filing Jointly)

\_\_\_\_\_  
Date



2022 MI1040 Filing Instructions  
JEFFREY SAMUEL WARREN

**Form filed:**

MI1040 and supplemental forms and schedules

**Filing method:**

Your return has been e-filed, do not mail your return

**Due date:**

04-18-2023

**Payment:**

\$2,792.00

**Transaction method:**

If the balance due is less than \$1, no payment is required, but you must still file your return. Enclose your payment but do not staple it to the return.

# 2022 MICHIGAN Individual Income Tax Return MI-1040

Amended Return   
(Include Schedule AMD)

Return is due April 18, 2023. Type or print in blue or black ink.

1. Filer's First Name <b>JEFFREY SAMUEL</b>	M.I.	Last Name <b>WARREN</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>370 — 94 — 0226</b>	
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —	
Home Address (Number, Street, or P.O. Box) <b>277 E PALMER ST</b>			4. School District Code (5 digits - see page 60) <b>82010</b>	
City or Town <b>DETROIT</b>		State <b>MI</b>	ZIP Code <b>48202</b>	
5. <b>STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. <b>2022 FILING STATUS.</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			8. <b>2022 RESIDENCY STATUS.</b> Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR.	

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions) . . . . . 9a.	<b>1</b>	x	\$5,000	9a.	<b>5,000</b>	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled . . . . . 9b.		x	\$2,900	9b.		00
c. Number of qualified disabled veterans . . . . . 9c.		x	\$400	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions) . . . . . 9d.		x	\$5,000	9d.		00
e. Claimed as dependent, see line 9 NOTE above . . . . . 9e.		<input type="checkbox"/>		9e.		00
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15 . . . . . 9f.				9f.	<b>5,000</b>	00
10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions) . . . . . 10.					<b>132,278</b>	00
11. Additions from Schedule 1, line 9. <b>Include Schedule 1.</b> . . . . . 11.						00
12. <b>Total.</b> Add lines 10 and 11 . . . . . 12.					<b>132,278</b>	00
13. Subtractions from Schedule 1, line 30. <b>Include Schedule 1</b> . . . . . 13.						00
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" . . . . . 14.					<b>132,278</b>	00
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19 . . . . . 15.					<b>5,000</b>	00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" . . . . . 16.					<b>127,278</b>	00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425) . . . . . 17.					<b>5,409</b>	00

**NON-REFUNDABLE CREDITS**

	AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) . . . . . 18a.	00	18b.	00
19. Michigan Historic Preservation Tax Credit (see instructions) . . . . . 19a.	00	19b.	00
20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" . . . . . 20.			<b>5,409</b>

Filer's Full Social Security Number

370	94	0226
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21. Enter amount of Income Tax from line 20 . . . . .	21.	5,409	00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642.</b> . . . . .	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions) . . . . .	23.	0	00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23 . . . . .	24.	5,409	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> . . . . .	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> . . . . .	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b . . . . .	27a.	<b>FEDERAL</b>	00
27b.		<b>MICHIGAN</b>	00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> . . . . .	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions) . . . . .	29.		00
30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> . . . . .	30.	3,106	00
31. Estimated tax, extension payments and 2021 credit forward . . . . .	31.		00
32. <b>2022 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2022 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions).</b>			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c . . . . .	33.	3,106	00

**REFUND OR TAX DUE**

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. Include interest <input type="text" value="48"/> <input type="text" value="00"/> and penalty <input type="text" value="441"/> <input type="text" value="00"/> . . . . . <b>YOU OWE</b>	34.	2,792	00
35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 . . . . .	35.		00
36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2023 estimated tax for your 2023 tax return. . . . .	36.		00
37. Subtract line 36 from line 35 . . . . . <b>REFUND</b>	37.		00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

<b>Deceased Taxpayer.</b> If Filer and/or Spouse died after December 31, 2021, enter dates below. <b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2022 (MM-DD-YYYY)		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer <input type="text" value="-"/> <input type="text" value="-"/>	Spouse <input type="text" value="-"/> <input type="text" value="-"/>	Preparer's PTIN, FEIN or SSN P02164069	
<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer's Name (print or type) KIRANMAI VUPPALA	
Filer's Signature	Date	Preparer's Signature	
Spouse's Signature	Date	Preparer's Business Name, Address and Telephone Number MAPLE SOLUTIONS LLC 35111 BRITTANY PARK ST HARRISON TOWNSHIP MI 48045 929-481-4456	
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.			

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
 Pay amount on line 34 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2022 MN1 Filing Instructions  
JEFFREY SAMUEL WARREN

**Form filed:**

MN1 and supplemental forms and schedules

**Filing method:**

Your return has been e-filed, do not mail your return

**Due date:**

04-18-2023

**Refund:**

\$1,387.00

**Transaction method:**

The refund will be directly deposited into your checking account at Comerica ending in 9490.

**Other instructions:**

Do not attach your Forms W-2 or 1099.





11 Alternative minimum tax (enclose Schedule M1MT) . . . . . 11 ■ \_\_\_\_\_

12 Add lines 10 and 11 . . . . . 12 \_\_\_\_\_

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 32 on  
line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) . . . . . 13 \_\_\_\_\_

13a ■ \_\_\_\_\_ 13b ■ 132278

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)  
 (a) Schedule M1HOME  (b) Schedule M1529  (c) Schedule M1LS . . . . . 14 ■ \_\_\_\_\_

15 Tax before credits. Add lines 13 and 14 . . . . . 15 \_\_\_\_\_

16 Amount from line 19 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C) . . . . . 16 ■ \_\_\_\_\_

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) . . . . . 17 \_\_\_\_\_

18 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe . . . . . 18 ■ \_\_\_\_\_

19 Add lines 17 and 18 . . . . . 19 \_\_\_\_\_

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF . . . . . 20 ■ 1387

21 Minnesota estimated tax and extension payments made for 2022 . . . . . 21 ■ \_\_\_\_\_

22 Amount from line 12 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF) . . . . . 22 ■ \_\_\_\_\_

23 Total payments. Add lines 20 through 22 . . . . . 23 1387

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).  
For direct deposit, complete line 25 . . . . . 24 ■ 1387

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
 Checking  Savings 072000096 4353119490  
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) . . . . . 26 ■ \_\_\_\_\_

27 Penalty amount from Schedule M15 (see instructions). Also subtract  
this amount from line 24 or add it to line 26 (enclose Schedule M15) . . . . . 27 ■ \_\_\_\_\_

**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you . . . . . 28 ■ \_\_\_\_\_

29 Amount from line 24 you want applied to your 2023 estimated tax . . . . . 29 ■ \_\_\_\_\_

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature  
2484701100  
Daytime Phone

Spouse's Signature (If Filing Jointly)  
JSWARREN@GMAIL.COM  
Email Address

Date (MM/DD/YYYY)

Paid Preparer's Signature  
9294814456  
Preparer's Daytime Phone

04-19-2023  
Date (MM/DD/YYYY)

P02164069  
PTIN or VITA/TCE # (required)

INFO@MAPLETAXCONSULTING.COM  
Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this tax return  
with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2022 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010

2022 MI5119 FILING INSTRUCTIONS  
JEFFREY SAMUEL WARREN

**FORM FILED:**

MI5119 AND SUPPLEMENTAL FORMS AND SCHEDULES

**FILING METHOD:**

YOUR RETURN HAS BEEN E-FILED, DO NOT MAIL YOUR RETURN

**DUE DATE:**

04-18-2023

**REFUND:**

\$894.00

**TRANSACTION METHOD:**

YOUR REFUND WILL BE MAILED.

# 2022 City of Detroit Nonresident Income Tax Return

Issued under authority of Public Act 284 of 1964, as amended.

Check here if you are amending. List reason on page 3.

**Return is due April 18, 2023.**

Type or print in blue or black ink.

1. Filer's First Name <b>JEFFREY SAMUEL</b>		M.I.	Last Name <b>WARREN</b>		2. Filer's Full Social Security No. (Example: 123-45-6789)  <b>370 — 94 — 0226</b>	
If a Joint Return, Spouse's First Name		M.I.	Last Name		3. Spouse's Full Social Security No. (Example: 123-45-6789)  — —	
Home Address (Number, Street, or P.O. Box) <b>277 E PALMER ST</b>					4. City return for the city of: <b>DETROIT</b>	
City or Town <b>DETROIT</b>			State <b>MI</b>	ZIP Code <b>48202</b>	City Code <b>170</b>	
5. <b>2022 FILING STATUS.</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*  *If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					8. <b>EXEMPTIONS. 8a-8c apply to you and your spouse only.</b>	
6. <b>2022 DEPENDENT STATUS</b> <input type="checkbox"/> Check the box if you or your spouse can be claimed as a dependent on another person's tax return.					Personal Exemption . . . . . a. <b>1</b>	
7a. Filer's date of birth (MM-DD-YYYY) <b>05 — 12 — 1974</b>		7b. Spouse's date of birth (MM-DD-YYYY) — —			65 and over . . . . . b. <b>0</b>	
					Deaf, Disabled or Blind . . . . . c. <b>0</b>	
					Number of dependent children . . . . . d. <b>0</b>	
					Number of other dependents . . . . . e. <b>0</b>	
					<b>TOTAL EXEMPTIONS.</b> Add lines 8a through 8e . . . . . f. <b>1</b>	

## PART 1: INCOME

9. Wages, salaries, tips, etc. (see instructions) . . . . .	9.	74,183	00
10. Business or farm income or (loss) from line 47. Include a copy of U.S. <i>Schedule C</i> or <i>Schedule F</i> . . . . .	10.		00
11. Gain or (loss) from the sale of tangible property in the City of Detroit . . . . .	11.		00
12. Rental real estate and royalties. Include a copy of U.S. <i>Schedule E</i> . . . . .	12.		00
13. Partnerships and trusts . . . . .	13.		00
14. <b>Total.</b> Add lines 9 through 13 . . . . .	14.	74,183	00
15. Subtractions from line 34 . . . . .	15.		00
16. <b>Income subject to tax.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0". . . . .	16.	74,183	00
17. <b>Exemption allowance.</b> Multiply line 8f by \$600 . . . . .	17.	600	00
18. <b>Taxable income.</b> Subtract line 17 from line 16. If line 17 is greater than line 16, enter "0". . . . .	18.	73,583	00
19. <b>Tax.</b> Multiply line 18 by 1.2% (0.012) . . . . .	19.	883	00



370 — 94 — 0226

**PART 2: CREDITS AND PAYMENTS**

20. Tax withheld from City Schedule W, line 5 . . . . .	20.	1,777	00
21. City estimated tax, extension payments and 2021 credit forward . . . . .	21.		00
22. Tax paid for you by a partnership from City Schedule W, line 6 . . . . .	22.		00
23. <b>Total Credits and Payments.</b> Add lines 20 through 22. . . . .	23.	1,777	00

**PART 3: REFUND OR TAX DUE**

24a. <b>Tax Due.</b> If line 19 is greater than line 23, subtract line 23 from line 19 . . . . .	24a.		00
24b. Interest if applicable (see instructions) . . . . .	24b.		00
24c. Penalty if applicable (see instructions) . . . . .	24c.		00
24d. Underpaid estimate penalty and interest (see instructions) . . . . .	24d.		00
24e. <b>Balance Due.</b> Add lines 24a through 24d . . . . . <b>YOU OWE</b>	24e.		00
25. <b>Overpayment.</b> If line 23 is greater than line 19, subtract line 19 from line 23 . . . . .	25.	894	00
26. <b>Credit Forward.</b> Amount of line 25 to be credited to your 2023 estimated tax for your 2023 tax return . . . . .	26.		00
27. <b>Refund.</b> Subtract line 26 from line 25 . . . . . <b>REFUND</b>	27.	894	00

**PART 4: SUBTRACTIONS FROM INCOME (All entries must be positive numbers.)**

28. Employee business expenses (see instructions) . . . . .	28.		00
29. Individual Retirement Account (IRA) contribution (see instructions) . . . . .	29.		00
30. Alimony paid. <b>Do not</b> include child support (see instructions) . . . . .	30.		00
31. Work-related moving expenses for active duty military (see instructions) . . . . .	31.		00
32. Net profits received from a financial institution or an insurance company . . . . .	32.		00
33. Capital gains (before July 1, 1962) . . . . .	33.		00
34. <b>Total Subtractions.</b> Add lines 28 through 33. Enter here and on line 15. . . . .	34.		00

**PART 5: BUSINESS INCOME APPORTIONMENT**

Name of Business Entity		Federal Employer Identification No. (FEIN)			
	<b>A. Located Everywhere</b>	<b>B. Located in Detroit</b>		<b>C. Percentage (B divided by A)</b>	
35. Average net book value of real and tangible personal property . . . . .	00		00		
36. Gross annual rent paid for real property multiplied by 8 . . . . .	00		00		
37. CITY SHARE OF PROPERTY: Add lines 35 and 36. Divide column B by column A and enter as a percentage in column C . . . . .	00		00		%
38. Total wages, salaries, commissions and other compensation of all employees . . . . .	00		00		%
39. Gross receipts from sales made or services rendered . . . . .	00		00		%

City of Detroit Nonresident Income Tax Return

Filer's Full Social Security Number

370	—	94	—	0226
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40. TOTAL: Add lines 37, 38 and 39, column C . . . . .		%
41. Divide line 40 by 3 if column A has an amount greater than zero on each of lines 37, 38, and 39. If column A is zero for any of lines 37, 38 or 39, then divide line 40 by the number of factors that include an amount greater than zero in column A . . . . .		%
42. Net profit or (loss) from U.S. <i>Schedule C</i> or <i>Schedule F</i> . . . . . 42.		00
43. Multiply line 41 by line 42 . . . . . 43.		00
44. Applicable portion of net operating loss carryover . . . . . 44.		00
45. Applicable part of self-employment retirement deduction . . . . . 45.		00
46. Add lines 44 and 45 . . . . . 46.		00
47. Subtract line 46 from line 43. Enter here and on line 10 . . . . . 47.		00

**PART 6: AMENDED RETURN**

48. Reason for amending:

**PART 7: CERTIFICATION**

<b>Deceased Taxpayer.</b> If Filer and/or Spouse died after December 31, 2021, enter dates below. <b>ENTER DATE OF DEATH ONLY.</b> Example: 04-15-2022 (MM-DD-YYYY)		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
Filer	— —	Spouse	— —
		Preparer's PTIN, FEIN or SSN	
		P02164069	
<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer's Name (print or type)	
Filer's Signature		KIRANMAI VUPPALA	
Date		Preparer's Business Name, Address and Telephone Number	
04-19-2023		MAPLE SOLUTIONS LLC	
Spouse's Signature		35111 BRITTANY PARK ST	
Date		HARRISON TOWNSHIP, MI 48045	
		929-481-4456	
<input type="checkbox"/> By checking this box, I authorize the Michigan Department of Treasury to discuss my return with my preparer.			

**Refund or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 24e.** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan - Detroit." Print the last four digits of your **Social Security number** and "**2022 Detroit Income Tax**" on the front of your check. If paying on behalf of another taxpayer, **write the filer's name and the last four digits of the filer's Social Security number** on the check. Do not staple your check to the return. Keep a copy of your return and supporting schedules for six years. To check your refund status, have a copy of your Form 5119 available when you visit [www.michigan.gov/citytax](http://www.michigan.gov/citytax).