<b>104</b> 0		partment of the Treasury-Interr			urn	202	2	OME	3 No. 1545	-0074	IRS Use Only	/ – Do :	not write	or staple in th	nis space.
Filing Status	S	ingle X Married filing j	ointly Marri	ied filii	ng sep	parately (MFS)	He	ad of	household	(HO	H) Qualify	ying sı	urviving	spouse (QS	SS)
Check only one box.	•	checked the MFS box, ente	r the name of yo	ur spo	ouse. I	If you checked the	HOH (	or QS	SS box, ente	er the	e child's name it	f the q	ualifyin	g person is	
Your first name			Ι	Last na	ame							You	r socia	I security n	umber
a			а	ı									490	-54-99	999
	oouse's	first name and middle initia		Last na	ame							+		ocial securi	
b			а	1									490.	-54-88	888
	(numbe	r and street). If you have a			ons.						Apt. no.			al Election (	
	,	, , , , , , , , , , , , , , , , , , , ,	,												
City, town, or p	ost office	e. If you have a foreign add	ess. also compl	ete sp	aces	below.	State	 е		ZIP	code			if you, or yo y, want \$3 to	•
3,,		, ,												ing a box be	-
Foreign country	name				Forei	gn province/state/o	ountv			Fore	eign postal code	Н.		your tax or r	
						5 7	,				3			You	Spouse
Digital	At an	y time during 2022, did you	: (a) receive (as	a rewa	ard. av	ward, or payment	or pro	perty	or services	:): or	(b) sell.				
Digital Assets		ange, gift, or otherwise disp				· ·								Yes	No
			You as a depend		<u> </u>	Your spouse as			, ,						
Standard Deduction		Spouse itemizes on a sep			ـــا ام ء ما		a acp	Crido							
Age/Blindness		u: X Were born before					pous	. <u>.</u> . Γ	7 Was b	orn h	efore January 2	1059	2	ls blir	nd.
			January 2, 1936	·	ш	(2) Social secu	• -		Relationsh		(4) Check the				
If more		ee instructions):  (1) First name  Last name				number		(0)	to you	ıιρ	Child tax cre	1	•	for other de	,
than four	<u>`</u>		name			400 F4 77	77	C 0.			X	"	Orcuit		pendents
dependents,		<u>A</u>		490-54-7777 Son 490-54-5555 Daughte								H			
see instructions		<u>A</u>									X X			H	
and check here	D Z	A				490-54-33	33	Dai	ignce	Ţ				H	
	1a	Total amount from Form(	a) W 2 boy 1 (a	oo ino	truotio	200							1a	400	000
Income		· ·	,			•						ı	1b	400	<u>,000.</u>
Attach Form(s) W-2 here. Also	b	Household employee wag													
attach Forms	C	Tip income not reported of	,		,								1c		
W-2G and	d	Medicaid waiver payment	•		` '	•	,						1d		
1099-R if tax	e	Taxable dependent care										٠. ا	1e		
was withheld.	f	Employer-provided adopt										٠.,	1f		
If you did not	g	Wages from Form 8919,								• •		٠.	1g		
get a Form W-2, see	h	Other earned income (se	•						· · · · ·	 I			1h		
instructions.	i	Nontaxable combat pay e	•	ruction	าร) .				<u>1i</u>					100	
A441-	z	Add lines 1a through 1h		 I .	i .		1						1z	400	<u>,000.</u>
Attach Sch. B if	2a	Tax-exempt interest		2a			┪.		ole interest				2b		
required.	<u>3a</u>	Qualified dividends		3a			┥		=				3b		
a	4a 1 _	IRA distributions		4a	+		┥						4b		
Standard Deduction for -	5a	Pensions and annuities		5a	_		┥						5b		
<ul> <li>Single or</li> </ul>	6a	Social security benefits		6a			_		ole amount			<u>::</u>	6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions).										닏ㅣ			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here.										ШΙ	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10										8			
Qualifying surviving	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>										9	400	<u>,000.</u>	
spouse,	10	Adjustments to income from Schedule 1, line 26 · · · · · · · · · · · · · · · · · ·										10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									11		<u>,000.</u>		
household,	12	Standard deduction or itemized deductions (from Schedule A)										12	40	<u>,000.</u>	
\$19,400	13	Qualified business incom	e deduction fron	n Forn	n 8995	5 or Form 8995-A							13		
<ul> <li>If you checked any box under</li> </ul>	14	Add lines 12 and 13								14	40	,000.			
Standard Deduction, see	15	Subtract line 14 from line	11. If zero or les	ss, ent	er -0	. This is your <b>taxa</b>	ble in	come				[	15	360	,000.
instructions															

Form 1040 (202	22) <b>a</b>	<u>and b a</u>						4	<u> 190-</u>	<u>54-999</u>	9 Page <b>2</b>
Tax and	16	Tax (see instruct	tions). Check if	any from Form(s):	<b>1</b> 8814	<b>2</b> 4972 3	з 🔲 🔃			. 16	75,663.
Credits	17	Amount from Sch	nedule 2, line 3							. 17	
	18	Add lines 16 and	17							. 18	75,663.
	19	Child tax credit of	or credit for oth	er dependents from	n Schedule 8812					. 19	6,000.
	20	Amount from Sch	edule 3. line 8							. 20	
	21		,								6,000.
	22			ero or less, enter -(							69,663.
	23			syment tax, from So							1,350.
	24			r total tax							71,013.
Payments	25	Federal income to						<u> </u>		. 24	71,0136
ayments	a						.   25a	1			
	a b	` ,									
		Y									
	C									054	
	d Joc		_								
If you have a	26			id amount applied fi			1	i		. 26	
qualifying child, attach Sch. EIC.										-	
	<b>⊿28</b>			schedule 8812							
	29		•	n Form 8863, line 8							
	30									_	
	31			5						-	0
	32			nese are your total							0.
	33			e are your total pay							0.
Refund	34			btract line 24 from		•	•			7 H	0.
	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here									
Direct deposit?	b					: Type: Ch	necking	Saving	gs		
See instructions.	d										
	36						. 36				
Amount	37			is is the amount yo							
You Owe				www.irs.gov/Payme			- 1			. 37	73,574.
Third Down	38			uctions)			. 38	Z	,561	•	
Third Party		•		to discuss this retu					_		□
Designee	See	e instructions						Yes	s. Comp	olete below.	∐ No
		signee's			Phone			Personal id		tion	
Sign	nar			have examined this re	no.			number (PI			aliaf than are true
•			•	parer (other than taxpa	, ,	•		,	,	mowledge and t	belief, they are true,
Here	Υn	ur signature			Date	Your occupation	n		l If	the IRS sent yo	u an Identity
Joint return?		ar signature			Date	Tour occupation			P	rotection PIN, e	
See instructions. Keep a copy for	Sn	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occur	nation		,	see inst.)	ur spouse an Identity
our records.	Οp				Date Spouse's occupation				P	rotection PIN, e	nter it here
	_								(8	see inst.)	
		one no. eparer's name		Preparer's signatu	Email address		Date	Ti	PTIN	<u> </u>	Ob a alla ifa
Paid	1 11	oparor 3 mante		Toparor a signatu	A1 C		Date		1 11 N		Check if:
Preparer									T <sub>n</sub> ,		Self-employed
Use Only		m's name							Phone		
	Fir	m's address	Firm's	irm's EIN							

## SCHEDULE 2

(Form 1040)

**Additional Taxes** 

OMB No. 1545-0074

achment quence No. 02

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s	s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number 490-54-9999		
<u>a a</u> :	nd b a			
Part	Tax			
1	Alternative minimum tax. Attach Form 6251	1		
2	Excess advance premium tax credit repayment. Attach Form 8962	2		
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.	
Part				
4	Self-employment tax. Attach Schedule SE	4		
5	Social security and Medicare tax on unreported tip income.			
	Attach Form 4137			
6	Uncollected social security and Medicare tax on wages.			
	Attach Form 8919			
7	Total additional social security and Medicare tax. Add lines 5 and 6	7		
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required			
	If not required, check here	8		
9	Household employment taxes. Attach Schedule H	9		
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10		
11	Additional Medicare Tax. Attach Form 8959	11	1,350.	
12	Net investment income tax. Attach Form 8960	12		
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life			
	insurance from Form W-2, box 12	13		
14	Interest on tax due on installment income from the sale of certain residential lots			
	and timeshares.	14		
15	Interest on the deferred tax on gain from certain installment sales with a sales price			
	over \$150,000	15		
16	Recapture of low-income housing credit. Attach Form 8611	16		
	•	$\overline{}$	continued on page 2)	

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

Schedule 2 (Form 1040) 2022

490-54-9999

**a and b a**Schedule 2 (Form 1040) 2022 Page 2

Part	Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
	71 / /	17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible			
	individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach			
-	Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a			
9	fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation	9		
••	plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred			
•	compensation plan described in section 457A · · · · · · · · · · · · · · · · · · ·	   17i		
	Section 72(m)(5) excess benefits tax	17j		
, k	Golden parachute payments	17k		
ì	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated			
		17m		
n	Look-back interest under section 167(g) or 460(b) from Form	17111		
	8697 or 8866	17n		
•	Tax on non-effectively connected income for any part of the	1711		
0	year you were a nonresident alien from Form 1040-NR	170		
n	Any interest from Form 8621, line 16f, relating to distributions	170		
р	from, and dispositions of, stock of a section 1291 fund	17p		
~	Any interest from Form 8621, line 24	17g	_	
q -	Any other taxes. List type and amount:	174		
Z	Any other taxes. List type and amount.	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
10 19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A		19	
20 21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes.</b> Enter			
<b>4</b> 1	and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	1 250
	and on Form 1040 or 1040-5K, line 23, or Form 1040-NK, line 23b	<del> </del>	· ·   ZT	1,350.