		S. Individual Incon				- '	-	No. 1545					or staple in this space.	
Filing Status		Single X Married filing jointly		-	parately (MFS)			nousehold					spouse (QSS)	
Check only one box.		checked the MFS box, enter the	name of your s	pouse.	If you checked the	HOH	or QS	S box, ent	ter the	e child's name	if the q	ualifyin	g person is	
	a child but not your dependent: and middle initial Last name Your social security nu										al security number			
_										490-54-9999				
a If joint return, spouse's first name and middle initial				name								Spouse's social security number		
												490-54-8888		
	D Home address (number and street). If you have a P.O. box, see i				instructions. Apt. no.							Presidential Election Campaign		
	(
City, town, or p	ost offic	e. If you have a foreign address,	also complete	plete spaces below. State				ZIP			Check here if you, or your spouse if filing jointly, want \$3 to go to this			
												fund. Checking a box below will		
Foreign country name				Fore	ign province/state/c	ounty		Foreign postal code		not change your tax or refund.				
									You Spouse					
Digital	At ar	y time during 2022, did you: (a) r	eceive (as a re	ward, a	award, or payment f	or pro	perty	or service	s); or	(b) sell,				
Assets	exch	ange, gift, or otherwise dispose o	of a digital asse	et (or a t	financial interest in	a digit	al ass	set)? (See	instr	uctions.)			Yes No	
Standard	Someone can claim: You as a dependent Your spouse as a dependent													
Deduction		Spouse itemizes on a separate return or you were a dual-status alien												
Age/Blindness	Ye	ou: 🗴 Were born before Janu	ary 2, 1958		Are blind S	pous	ie: [Wasb	orn b	efore January	2, 1958	3	Is blind	
Dependents	see in	structions):			(2) Social secu	rity	(3)	Relations	hip	(4) Check the	box if	qualifie	s for (see instructions):	
If more	(1) F	First name Last nam	e		number		to you		Child tax cre		edit	Credi	t for other dependents	
than four dependents,		A			490-54-77	77	Son							
see instructions		A					5 Daughte:							
and check	D	A			490-54-33	33 Daug		ighte	er					
here														
Income	1a	Total amount from Form(s) W			,						H	1a	200,000.	
Attach Form(s)	b	Household employee wages n	•								H	1b		
W-2 here. Also attach Forms	c	Tip income not reported on line 1a (see instructions)								1c				
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions).								1d				
1099-R if tax	e									H	1e			
was withheld.	f										•••	1f		
If you did not	g	Wages from Form 8919, line 6							· ·	1g 1h				
get a Form W-2, see	 h Other earned income (see instructions). i Nontaxable combat pay election (see instructions). i 1i 								· ·	In				
instructions.	z	Add lines 1a through 1h		10115) .			• •	· · []	•		-	1z	200,000.	
Attach	 	Tax-exempt interest	1	2a		і	 Taxah	le interes	t			2b	200,000.	
Sch. B if required.	24 3a	Qualified dividends		Ba		-						2.0 3b		
	4a	IRA distributions		la la		-					H	4b		
Standard	5a	Pensions and annuities		ia i		-					ŀ	5b		
 Deduction for - Single or Married filing 	6a	Social security benefits		ia l		-					H	6b		
	с	If you elect to use the lump-sum election method, check here (see instructions).												
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here.								ΠI	7			
 Married filing 	8	Other income from Schedule 1, line 10.								8				
jointly or Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	200,000.			
	10	Adjustments to income from Schedule 1, line 26								[10	-		
\$25,900	11	Subtract line 10 from line 9. This is your adjusted gross income									[11	200,000.	
 Head of household, 	12								[12	40,000.			
\$19,400	13	Qualified business income dec	duction from Fo	orm 899	95 or Form 8995-A						[13		
 If you checked any box under 	14	Add lines 12 and 13							[14	40,000.			
Standard	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	160,000.			

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

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Form 1040 (2022)

Form 1040 (2022) a		and b a 490-5								99 Page 2
Tax and	16	Tax (see instructions). Check if	any from Form(s):	1 8814	2 4972 3	· 🗌			16	26,434.
Credits	17	Amount from Schedule 2, line 3						[17	
	18	Add lines 16 and 17						[18	26,434.
	19	Child tax credit or credit for other dependents from Schedule 8812								6,000.
	20	Amount from Schedule 3, line 8								
	21	Add lines 19 and 20								6,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0							22	20,434.
	23	Other taxes, including self-emplo	oyment tax, from So	chedule 2, line 21				[23	
	24	Add lines 22 and 23. This is you	total tax					[24	20,434.
Payments	25	Federal income tax withheld from								-
-	а	Form(s) W-2								
	b	Form(s) 1099								
	с	Other forms (see instructions)								
	d	Add lines 25a through 25c								
Karan harra a	26	2022 estimated tax payments and amount applied from 2021 return								
If you have a qualifying child,		Earned income credit (EIC).			N	0 27				
attach Sch. EIC.	28	Additional child tax credit from S								
	29	American opportunity credit from								
	30	Reserved for future use								
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								0.
	33	Add lines 25d, 26, and 32. These	-					ſ	32 33	0.
Refund	34	If line 33 is more than line 24, su							34	0.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here.							35a	0.
D : 1 1 110	b	Routing number XXXXXX c Type: Checking Savings								
Direct deposit? See instructions.	d	Account number XXXXXX								
	36	Amount of line 34 you want appl		stimated tax		36				
Amount	37	Subtract line 33 from line 24. Th	-							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions.							37	21,171.
	38	Estimated tax penalty (see instru				1 1		737.		
Third Party	Do	you want to allow another person								
Designee	See	e instructions					Yes.	Complet	e below.	No No
-	De	signee's	Phone Per				ersonal ider	otification		
	nar	-		no.			umber (PIN)		I	
Sign		der penalties of perjury, I declare that I			•			•	vledge and	belief, they are true,
Here		rrect, and complete. Declaration of prep		• •			any knowledge			
Joint return?	Yc	our signature		Date	Your occupation	1			IRS sent yo ection PIN, e	ou an Identity enter it here
See instructions.							inst.)			
Keep a copy for your records.	Sp	oouse's signature. If a joint return,	Date Spouse's occupation				If the Prote	IRS sent yo ection PIN, e	our spouse an Identity enter it here	
								inst.)		
		ione no.	Email address							
Paid	Pr	eparer's name Preparer's signature Date PTIN					ΓIN	Γ	Check if:	
Preparer	_									Self-employed
Use Only	Fi	Firm's name Phone no							D.	
	Fir	Firm's address Firm's Ell								

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

Form 1040 (2022)

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