## Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Qualifying surviving Filing Status Single Married filing jointly Married filing separately (MFS) Check only spouse (QSS) 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 one box. person is a child but not your dependent: Your first name and middle initial Last name Your social security number BULLOCK XXX-XX-2272 BARBARA C 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. Apt. no. Presidential Election Campaign Check here if you, or your 1827 CHASE LANE spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code to go to this fund, Checking a MECHANICSVILLE VA 23111 box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse **Digital** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, X No exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) **Assets** Your spouse as a dependent Standard Deduction 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 be	efore January 2, 1958				
Dependents	(see instructions):		(2) Social security	(3) Relationship	(4) Check the box if qualifies for (see instructions)				
If more than four dependents, see instructions and check here	(1) First name Last name		number	to you	Child tax credit	Credit for other dependent			
	CH	ARLES B BULLOCK	XXX-XX-7537	SON					
	CH	ARLOTTE B BULLOCK	XXX-XX-7568	DAUGHTER	X				
	CL	ARA C COOPER	XXX-XX-7226	SISTER		X			
Income	la	Total amount from Form(s) W-2, box 1 (see	e instructions)			<b>a</b> 3921.			
	b	Household employee wages not reported	on Form(s) W-2		, 1	b			
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	C	Tip income not reported on line 1a (see ins	structions)		<u>  1</u>	С			
	d	Medicaid waiver payments not reported or	<u>  1</u>	d					
	е	Taxable dependent care benefits from For	m 2441, line 26		<u>. 1</u>	e			
	f	Employer-provided adoption benefits from	Form 8839, line 29 .		1	f			
If you did not get a Form W-2, see instructions.	g	Wages from Form 8919, line 6			1	g			
	h	Other earned income (see instructions) .			1	h			
	i	Nontaxable combat pay election (see instr	uctions)	<u>1i</u>					
	z	Add lines 1a through 1h			1	z 39211			
Attach Sch. B if required.	2a	Tax-exempt interest 2a	b T	axable interest	2	<b>b</b> 24			
	3a	Qualified dividends 3a	b C	ordinary dividends	3	b			
	4a	IRA distributions 4a	b T	axable amount .	4	<b>b</b> 5000			
Standard Deduction for— • Single or Married filing separately, \$12,950	5a	Pensions and annuities 5a	b T	axable amount .	5	b			
	6a	Social security benefits 6a	b T	axable amount .	6	b			
	¢	If you elect to use the lump-sum election r	method, check here (see	instructions) .	🗆 🖹				
	7	Capital gain or (loss). Attach Schedule D if	required. If not required	, check here .		7			
Married filing jointly or Qualifying surviving spouse, \$25,900	8	Other income from Schedule 1, line 10				3			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8.		9 4423					
	10	Adjustments to income from Schedule 1, i	1	0					
• Head of	11	Subtract line 10 from line 9. This is your ac	djusted gross income			1 44235			
household, \$19,400	12	Standard deduction or itemized deducti	ions (from Schedule A)			2 19400			
If you checked any box under Standard	13	Qualified business income deduction from	🗔	3					
	14	Add lines 12 and 13	4 19400						
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less	5 24833						
See Manucilons.			·						

BULLO Form 1040 (2022							XX	x-xx	-227		age 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	<b>4 2</b> □ 4972	3 🗍		. T	16			686
Credits	17	Amount from Schedule 2, line 3		,			. [	17			
	18	Add lines 16 and 17					. [	18		2	686
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812 , , ,			. [	19			686
	20	Amount from Schedule 3, line 8					. [	20			
	21	Add lines 19 and 20					. [	21		2	686
	22	Subtract line 21 from line 18. If zero or less,	enter -0				. [	22			(
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			. Г	23			50(
	24	Add lines 22 and 23. This is your total tax					. [	24			500
Payments	25	Federal income tax withheld from:									
-	а	Form(s) W-2			25a		1120				
	b	Form(s) 1099			25b		1000				
	c	Other forms (see instructions)			25c						
	d	Add lines 25a through 25c					,	25d		2	120
If you have a	26	2022 estimated tax payments and amount a	pplied from 20	021 return			. [	26			
qualitying child.	27	Earned income credit (EIC)			27		1090				-
attach Sch. ElC.	28	Additional child tax credit from Schedule 8812	2		28		1814				
	29	American opportunity credit from Form 8863	3, line 8		29						
	30	Reserved for future use ,			30						
	31	Amount from Schedule 3, line 15			31						
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	ndable	credits .	, [	32		2	904
	33	Add lines 25d, 26, and 32. These are your to	tal payments	·			. [	33		5	024
Refund	34	If line 33 is more than line 24, subtract line 2						34		4	524
Horana	35a	Amount of line 34 you want refunded to you	ي. If Form 8888	3 is attached, chec	k here			35a		4	524
Direct deposit? See instructions.	b	Routing number X X X X X X X X	XX	c Type: 🔲	Checkir	ig 🔲 Sav	ings 🛭				
	d	Account number X X X X X X X X	X X X X	$X \mid X \mid X \mid X \mid X$	$X \mid X$						
	36	Amount of line 34 you want applied to your	2023 estimate	edtax	36						
Amount You Owe	37	Subtract line 33 from line 24. This is the amore For details on how to pay, go to www.irs.go						37			
	38	Estimated tax penalty (see instructions) .			38						
Third Party Designee	ins	you want to allow another person to disc tructions	cuss this retu	rn with the IRS?	-	Yes. Comp	identific	_	No		T
			no.	d		number (					
Sign Here	bell	der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is ba			f which p	oreparer h	as any k	nowle	dge.
	You	ur signature	Date	Your occupation				RS sent y tion PIN,			
Joint return?			11/30/22	BILLING SPECIALIST			(see in			ΠŤ	T
See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				RS sent y y Protecti			

Email address

Date

11/30/22

PTIN

S28091897

Firm's EIN

Preparer's signature

Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005

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

QNA

555-0981

PRACTICE LAB

Phone no. (678)

Preparer's name

Firm's name

Paid

Preparer

**Use Only** 

Form 1040 (2022)

Self-employed

Check if:

Phone no. 202-202-2022