1040	U.	S. Individual Income Ta	x Re	turn 602		OMB No. 1545	-0074	IRS Use Only	Do not w	vrite or staple	in this specie.		
	tatus 🔀 Single 🗌 Married filing jointly 📗 Married filing separately (MF5) 🔲 Head of household (HOH) 📋 Qualifying												
Check only one box.	If vo	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											
3110 2010		on is a child but not your dependen		your apoulou, it you o		3 373 77377 37					, , ,		
Your first name	and mi	iddle initial	t name						Your social security number				
JOHN W HA			HAM	AMMONDS						XXX-XX-2334			
If joint return, spouse's first name and middle initial Las				ast name						Spouse's social security number			
Home address (numbe	er and street). If you have a P.O. box, see	instruc	tions.	Del Silvanella		T	Apt. no.	Preside	ntial Electi	on Campaig		
4500 GREY	FIE	LD PLACE								here if you			
City, town, or po	City, town, or post office. If you have a foreign address, also complete				spaces below. State			code	spouse if filing jointly, want \$3 to go to this fund. Checking a				
CHESTER	CHESTER			VA			23	831	box below will not change				
Foreign country	Foreign country name			Foreign province/state/county			Foreign postal code		plant print				
	-						e de saint en			You	Spour		
Digital		ny time during 2022, did you: (a) rec			7					Yes	X No		
Assets		ange, gift, or otherwise dispose of			-	-	asse	t)7 (See Instru	ictions.)	Tes	KI NO		
Standard Deduction		eone can claim: You as a de				dependent							
		Spouse itemizes on a separate retu		ou were a dual-status	allen								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	-	fore January 2	and the second section in the section is	☐ Is b			
Dependents				(2) Social security	/	(3) Relationshi	ip	(4) Check the be	1				
If more	(1) First name Last name			number to you			_	Child tax or	redit Credit for other depen		her dependen		
than four dependents.													
see instructions													
and check here													
	1a	Total amount from Form(s) W-2, b	1 /-	an in the settlement					. 1a		3852		
Income	b	Household employee wages not r							1b	_	3032		
Attach Form(s)	c	Tip income not reported on line 1a (see instructions)						1c	_				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d	_				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e	_				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. If	-			
If you did not	g								. 1g				
get a Form	h	Other earned income (see instructions)							. 1h				
W-2, see instructions.	í												
maducaona.	z	Add lines 1a through 1h		,					. 1z		3852		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest			2b				
if required.	3a	Qualified dividends	3a		b Or	dinary dividen	nds .		3b				
	4a	IRA distributions	4a		b Ta	xable amount			4b				
Standard	5a	Pensions and annuities	5a			xable amount			. 5b	-			
Single or	6a	Social security benefits	6a			xable amount			6b				
Married filing separately,	С												
\$12,950	7								7	-			
Married filing jointly or	6 A LUE - 4 - Ch Ob 4h 5h Ch 7 and 0 This is well stated in								. 8		3852		
Qualifying surviving spouse,	9				come				9	-	3852		
\$25,900	10	Adjustments to income from Sche	edule 1	, 11110 20					. 10				

12 Standard deduction or itemized deductions (from Schedule A)

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

13 Qualified business income deduction from Form 8995 or Form 8995-A

 Head of household, \$19,400

 If you checked any box under Standard Deduction, see instructions.

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38521

12950

12950

25571

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15

HAMMO Form 1040 (2022)							,		XX-2.	1	Page :			
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1 🔲 881	4 2 4972	3 🗌 _			16			286			
Credits	17							17		-	a facility and the			
	18	Add lines 16 and 17						18		-	286			
	19	Child tax credit or credit for other depen	dents from Sched	lule 8812				19		-	On and Spinsons of the			
	20	Amount from Schedule 3, line 8						20						
	21	Add lines 19 and 20						21						
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0					22			286			
	23	Other taxes, including self-employment tax, from Schedule 2, line 21						23						
	24	Add lines 22 and 23. This is your total to						24			286			
Payments	25	Federal income tax withheld from:												
	а	Form(s) W-2												
	b	Form(s) 1099			25b									
	c	Other forms (see instructions)			25c									
	d	Add lines 25a through 25c						25d			394			
	26	2022 estimated tax payments and amou	int applied from 2	021 return				26						
f you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27									
	28	Additional child tax credit from Schedule 8			28									
	29	American opportunity credit from Form 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				redits		32						
	33	Add lines 25d, 26, and 32. These are you						33			394			
	34							34			108			
Refund	35a	i into do la more triali into 24, dubitade into 24 nom into do. Tria la dia direction y de deseguir						35a			108			
Direct deposit?	b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						OOU						
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X												
	36	Amount of line 34 you want applied to y			36									
Amount					00									
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions						37						
	38							01						
TI L. I D. A.					1									
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions												
		Designee's Phone Personal identific							at-					
		me	no.				ber (PIN)							
Sign		nder penalties of perjury, I declare that I have exa												
Here	be	lief, they are true, correct, and complete. Declara	ation of preparer (other	er than taxpayer) is ba	ised on all i	nformati	1							
nere	Yo						nt you an		У					
			11/28/22					inst.)	IN, enter	There	T			
Joint return? See instructions. Keep a copy for	C.	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation				If th	e IRS se	nt your sr	ouse a	D				
	91							IRS sent your spouse an ity Protection PIN, enter it her						
your records.		(see in						inst.)						
	Ph	Phone no. (804) 751-0288 Email address jw.hammonds@gmail.com												
D-14	Assertation of the Parket of t	Preparer's name Preparer's signature Date PTIN							Check If:					
Paid					11/28	/22	5280918	97	Sel	lf-emplo	oyed			
Preparer	Fir	Firm's name PRACTICE LAB Phone							ne no. 202-202-2022					
Use Only	-	Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005 Firm's												
		THIII S SUCCESSO 13 PRACTICE DAD WAT WASHINGTON DC 20003								7 1.11 1				

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

Form 1040 (2022)