1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple in this space.
Filing Status Check only one box.	lf yo	u checked the MFS box, enter the n	ame of your s	ng separately (N spouse. If you cl	,			()	spor	lifying surviving use (QSS) a name if the qualifying
		on is a child but not your dependent								
Your first name and middle initial Last name									Your social security number	
			CARTER						XXX-XX-7777	
it joint return, sp	bousers	s first name and middle initial	Last name						Spouse	's social security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Preside	ntial Election Campaigr
4003 SOM	ERLA	NE CIRCLE								here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces	below.	Sta	ate	ZIP c	ode		if filing jointly, want \$3
CHESTER				VA			238	31		o this fund. Checking a ow will not change
Foreign country name			Foreig	Foreign province/state/county		ty	Foreign postal code			k or refund.
										You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-		. ,	Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent [Your spous	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you were	e a dual-status	alier	۱				
Age/Blindness	You	Were born before January 2, 1	958 🗌 Are	e blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is blind
Dependents	(see	instructions):	(2) Social security	,	(3) Relationsh	ip (4	I) Check the b	ox if quali	fies for (see instructions):
If more	(1) F	irst name Last name	number			to you		Child tax c	redit	Credit for other dependents
than four										
dependents, see instructions										
and check	, 									
here										
Income	1a	Total amount from Form(s) W-2, be		,						
	b	Household employee wages not re	-						. 1b	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a					• •		. <u>1</u> 0	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26 .							. 1e	
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f	
If you did not	g	Wages from Form 8919, line 6 .			• •		• •		. <u>1</u> g	
get a Form W-2, see	h	Other earned income (see instruction	,		• •		· ·		. 1h	
instructions.	i 	Nontaxable combat pay election (s Add lines 1a through 1h		,	• •	1 i			. 1z	44650
	z 2a	S I	2a		 ьт	axable interes	• •		. 12 . 2b	
Attach Sch. B if required.	2a 3a	· · ·	2a 3a			Ordinary divide			. 20 . 3b	
	4a	-	4a			axable amoun			. 4b	
Standard Deduction for –	5a		5a			axable amoun			. 5b	
	6a	-	6a			axable amoun			. 6b	
 Single or Married filing 	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							7	
Married filing	8	Other income from Schedule 1, line 10							. 8	4620
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9	49270
surviving spouse,	10	Adjustments to income from Schedule 1, line 26							. 10	272
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								48998
household, \$19,400	household, 12 Standard doduction or itomized doductions (from Schodule A)							. 12		
 If you checked 	13	Qualified business income deducti				5-A			. 13	
any box under Standard	14	Add lines 12 and 13							. 14	13665
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer					ie .		. 15	35333

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

Form **1040** (2022)

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CARTE Form 1040 (2022							Х	XX-X	XX-7777 Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	4034
Credits	17	Amount from Schedule 2, lin					-	17	
	18	Add lines 16 and 17 .						18	4034
	19	Child tax credit or credit for						19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4034
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	543
	24	Add lines 22 and 23. This is	your total tax					24	4577
Payments	25	Federal income tax withheld							
2	а	Form(s) W-2				25a	446	0	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	4460
If you have a	26	2022 estimated tax payment	ts and amount a	applied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28		_	
	29	American opportunity credit		-		29		_	
	30	Reserved for future use .				30		4	
	31	Amount from Schedule 3, lin				31		_	
	32	Add lines 27, 28, 29, and 31	,					32	
	33	Add lines 25d, 26, and 32. T						33	4460
Refund	34	If line 33 is more than line 24				•		34	
	35a	Amount of line 34 you want						35a	
Direct deposit? See instructions.	b								
	d	Account number X							
A	36	,				36		-	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe .							07	117
Tou Owe	38	For details on how to pay, go to www.irs.gov/Payments or see instructions						37	117
Think Death		you want to allow another							
Third Party Designee		structions					omplete	below.	No
Designee		signee's		Phone		—	sonal ident		—
		me		no.		num	nber (PIN)		
Sign		der penalties of perjury, I declare t							
Here		lief, they are true, correct, and com			Your occupation	ased on all informat	1		, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				12/02/22	LANDSCAPER			inst.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.							ntity Prote inst.)	ection PIN, enter it here	
, 541 1000140.							(566		
		one no. (804) 444-444		Email address		Data	PTIN		Chock if:
Paid	Pre	eparer's name	Preparer's signa	luie		Date			Check if:
Preparer Use Only						12/02/22	S123456		Self-employed
									202-202-2022
		Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005 Firm's							
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.						Form 1040 (2022)

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