£1040		Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return			20 22 OMB No. 1545-01			-0074	IRS Use (Only—D	—Do not write or staple in this space.			
Filing Status Check only one box.	if you	Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving 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 person is a child but not your dependent:												
Your first name	ļ							our social security number						
WILLIAM T JEFFERSO					N					XXX-XX-6625				
If joint return, sp	ouse's	first name and middle initial	Last nam	e						S	pouse's	social sec	urity number	
		r and street). If you have a P.O. box, see	instruction	ns.				1	Apt. no.				n Campaign	
1633 KING						T -		L				ere if you, f filina ioin	or your tly, want \$3	
City, town, or post office. If you have a foreign address, also complete spaces by					l I				^^^				Checking a	
PETERSBURG												w will not		
Foreign country name Foreign				oreign p	province/state/county			Foreign postal code YC			our lax	or refund.	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as a	reware	d, award, or	payn	nent for prope	rty or	services);	or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	sset (o	r a financial	intere	est in a digital	asset)? (See in:	structi	ions.)	∐ 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 a	dual-status	alien								
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are b	lind Spo	ouse:	∷ ☐ Was boi	n bef	ore Janua	ry 2,	1958	☐ Is bli	ind	
Dependents	(see	Instructions):		(2)	Social security	,	(3) Relationsh	ip (4) Check th	e box	if qualif	ies for (see	instructions):	
If more		rst name Last name			number		to you		Child ta	x cred	lit	Credit for oth	ner dependents	
than four]				
dependents, see instructions]				
and check	<u>. </u>]		[
here			L					L		<u> </u>		[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	ctions) .						1a	<u> </u>	8563	
	b	Household employee wages not re	eported o	n Forn	n(s) W-2 .						1b	<u> </u>		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	ı (see inst	truction	າຣ)						10			
attach Forms	d Medicald waiver payments not reported on Form(s) W-2 (see instructions)					1d								
W-2G and 1099-R if tax	e						1e	<u> </u>						
was withheld,	f	Employer-provided adoption bene	efits from	Form 8	3839, line 29	•					1f	.		
If you did not	g	,									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h	S:		
instructions.	İ	Nontaxable combat pay election (see instru	ictions)		1	<u>l</u>					05.60	
	_ <u>z</u>	Add lines 1a through 1h	- 1		· · i						1 <u>z</u>		8563	
Attach Sch. B	2a	· –	2a				axable interes				2b			
if required. 	3a	_	3a				rdinary divide				3b			
	4a		4a				axable amoun			* *	4b			
Standard Deduction for—	5a		5a				axable amoun				5b			
Single or	6a	, _	6a				axable amoun	ι, ,		· 귽	6b			
Married filing separately,	Ç	If you elect to use the lump-sum e					•	•		. Ц . П	7			
\$12,950	7	Capital gain or (loss). Attach Sche		•	•			•		. []	7		2000	
 Married filing jointly or 	8	Other income from Schedule 1, lin						•			8		3000 11563	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-				•			9		11303	
\$25,900	10	Adjustments to income from Schedule 1, line 26							10	+	11563			
 Head of household, 	11	Standard deduction or itemized	-	-	-			•			11		12950	
\$19,400	12 13			•		•	· · · · · ·	•			13	+	17370	
If you checked any box under	14	Qualified business income deduct Add lines 12 and 13						•			14		12950	
Standard Deduction,	15	Subtract line 14 from line 11, If zer			 _∩_ This is :						15		12950	
see instructions.	10	Gubtidot line 14 Holff line 11, ft Zel	0 01 1622	, ಈ (16)	-U-, ITHS IS]	your I	avanie ilinoli	10			13		U	

	,										3		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🔲 881-	4 2 🗌 4972	3 🔲			16				
Credits	17 Amount from Schedule 2, line 3								17				
	18	·							18				
	19								19				
	20	Amount from Schedule 3, lin	e8						20				
	21								21				
	22	Subtract line 21 from line 18	. If zero or less, e	enter -0					22		0		
	23	Other taxes, including self-e	mployment tax,	from Schedule	rom Schedule 2, line 21				23		0		
	24								24		0		
Payments	25												
	а	a Form(s) W-2											
	b	o Form(s) 1099											
)	c	Other forms (see instructions	s)			25c							
	d	Add lines 25a through 25c						. 2	25d		652		
	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return				26				
If you have a L qualifying child,	27	Earned income credit (EIC)			27		375						
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28							
	29	American opportunity credit	from Form 8863	, line 8 . .		29							
	30	Reserved for future use .				30							
	31	Amount from Schedule 3, lin	e 15			31							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							32		375		
	33	3 Add lines 25d, 26, and 32. These are your total payments							33		1027		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34		1027		
riciana	35a								35a		1027		
Direct deposit?	þ												
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 your	2023 estimate	ed tax	36							
Amount	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions											
You Owe			_	1 1			37		Part N. 724 (1990) Sugar				
	38	Estimated tax penalty (see in				38							
Third Party Designee													
			_ ,						∐ No				
		esignee's ame		Phone Personal no. number					Tison				
Ciara.	Under penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to									of my kno	wledge and		
Sign	bellef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								reparer	has any k	nowledge.		
Here	Yo	our signature	Date					t you an Id					
					100100					l, enter it h	nere		
Joint return? See instructions.			11/28/22 LANDSCAPER Date Spouse's occupation					see inst.)					
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupat	ion	on Itt			e ins sent your spouse an itity Protection PIN, enter it here			
your records.								(see ins					
	Ph	none no. (804) 733-565	4	Email address									
D-:-I		eparer's name	ure Date PT				IN		Check if:				
Paid					11/28/22 528				897 Self-employed				
Preparer	Fir	rm's name PRACTICE L						ne no. 202-202-2022					
Use Only										rm's EIN			

Go to www.irs.gov/Form1040 for instructions and the latest information. $\ensuremath{\mathsf{QNA}}$ Form 1040 (2022)