

Federal Electronic Filing Instructions

Tax Year 2022

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to <https://www.taxact.com/ef/efile-center>. You will need to enter the primary social security number and last name on the return along with your ZIP code.

Self Select PIN: You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

Refund:

You have elected to receive your refund of \$2,448 via direct deposit.

You can start checking the status of your refund within 24 hours of e-filing at the IRS website <https://www.irs.gov/Refunds> under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.

Filing Status

☒ Single
☐ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)

Check only one box. 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 and middle initial	Last name	Your social security number
Andrea	Brezanova	223-91-9586
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 spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
8 Orchid Pl		2D	
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	
Nantucket	MA	02554	
Foreign country name	Foreign province/state/county	Foreign postal code	

Digital Assets

At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ 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 before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	39,331.
	b	Household employee wages not reported on Form(s) W-2.	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions).	1h	
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	39,331.

Attach Sch. B if required. Standard Deduction for - • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions).						
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here.			7			
	8	Other income from Schedule 1, line 10			8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	39,331.		
	10	Adjustments to income from Schedule 1, line 26			10			
	11	Subtract line 10 from line 9. This is your adjusted gross income			11	39,331.		
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,950.		
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13			
	14	Add lines 12 and 13			14	12,950.		
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15	26,381.		

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	2,960.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,960.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,960.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	2,960.

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,408.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,408.
26	2022 estimated tax payments and amount applied from 2021 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, 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 payments and refundable credits	32	0.
33	Add lines 25d, 26, and 32. These are your total payments	33	5,408.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,448.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,448.
b	Routing number 011304478	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 7372012505		
36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe

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.	37	0.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS?

See instructions ☐ Yes. Complete below. ☐ NoDesignee's
namePhone
no.Personal identification
number (PIN)**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity
Protection PIN, enter it here
(see inst.)Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity
Protection PIN, enter it here
(see inst.)Phone no. **(508) 321-6762**

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name

Phone no.

Firm's address

Firm's EIN

Massachusetts Electronic Filing Instructions

These instructions are provided to help you understand and complete the final steps for successfully electronically filing your Massachusetts return. **We highly recommend you print this for your reference.**

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to <https://www.taxact.com/ef/efile-center>. You will need to enter the Primary Social Security Number and Last Name on the return along with your ZIP Code.

You have elected to receive your refund of \$173 via direct deposit.

Massachusetts income tax return: You should keep Form 1 or Form 1 NR/PY, Form M-8453, wage and tax statements, and accompanying forms and schedules for a period of three years from the date the return was filed. **Do not mail Form M-8453.**

Where's my Massachusetts Refund?

Call 1-800-392-6089 or 1-617-887-6367 to check the status of your refund. You may also check your refund status online at, You may also check your refund status online at

<https://www.mass.gov/how-to/check-the-status-of-your-ma-income-tax-refund>.

Form M-8453
Individual Income Tax Declaration
for Electronic Filing

2022

Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2022.

Your first name and initial ANDREA	Last name BREZANOVA	Your Social Security number 223-91-9586
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number

Present street address (and apartment number)

8 ORCHID PL APT. 2D

City/Town/Post Office NANTUCKET	State MA	Zip 02554	Filing status: <input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly
			<input type="checkbox"/> Married filing separately	<input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	39331
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	1647
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	1820
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	173
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
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Part 3. Declaration and Signature of Electronic Return Originator (ERO)

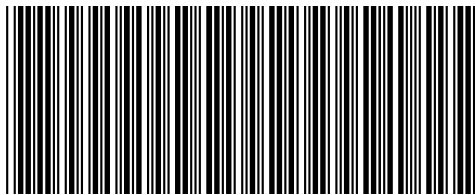
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State Zip	<input type="checkbox"/> Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State Zip	



2022 Form 1

MA22001011064

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2022 or other taxable

Year beginning

Ending

ANDREA

BREZANOVA

223-91-9586

8 ORCHID PL

NANTUCKET

MA 02554 2D

8 ORCHID PL

NANTUCKET

MA 02554

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

\$1 You	\$1 Spouse	TOTAL
You	Spouse	
You	Spouse	
You	Spouse	
You	Spouse	

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

a. Total federal income 39331
b. Federal adjusted gross income 39331

1. Filing status (select one only):

☒ Single

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

c. Age 65 or over before 2023 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

2a 4400

× \$1,000 = 2b

× \$700 = 2c

× \$2,200 = 2d

2e

2f

2g

4400

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

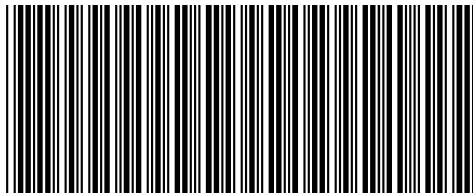
Spouse's signature

Date

ANDREA.BREZAN@GMAIL.COM

5083216762

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



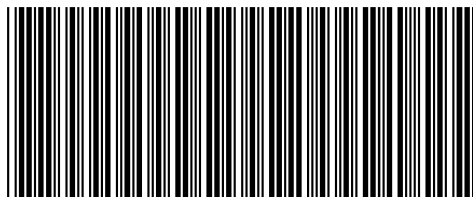
2022 Form 1, pg. 2

MA22001021064

Massachusetts Resident Income Tax Return
223-91-9586

3. Wages, salaries, tips	3	39331
4. Taxable pensions and annuities	4	
5. Mass. bank interest: a.	= 5	
- b. exemption		
6a. Business/profession income/loss	6a	
6b. Farming income/loss	6b	
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a. Unemployment	8a	
8b. Mass. lottery winnings	8b	
9. Other income from Schedule X, line 7	9	
10. TOTAL 5.0% INCOME	10	39331
11a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12. Reserved for future use	12	
13. Reserved for future use	13	
14. Rental deduction. a.	÷ 2 = 14	
15. Other deductions from Schedule Y, line 19	15	
16. Total deductions. Add lines 11 through 15	16	2000
17. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	37331
18. Exemption amount	18	4400
19. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	32931
20. INTEREST AND DIVIDEND INCOME	20	
21. TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	32931
22. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	1647

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2022 Form 1, pg. 3

MA22001031064

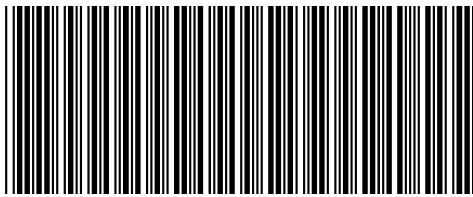
Massachusetts Resident Income Tax Return
223-91-9586

23. 12% INCOME. Not less than "0." a.	x .12 =	23	
24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS		24	
Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
25. Credit recapture amount (from Credit Recapture Schedule)		25	
26. Additional tax on installment sale		26	
27. If you qualify for No Tax Status, fill in and enter "0" on line 28			
28. TOTAL INCOME TAX. Add lines 22 through 26		28	1647
29. Limited Income Credit		29	
30. Income tax due to another state or jurisdiction		30	
31. Other credits from Credit Manager Schedule		31	
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"		32	1647
33. Voluntary Contributions			
a. Endangered Wildlife Conservation		33a	
b. Organ Transplant Fund		33b	
c. Massachusetts Public Health HIV and Hepatitis Fund		33c	
d. Massachusetts U.S. Olympic Fund		33d	
e. Massachusetts Military Family Relief Fund		33e	
f. Homeless Animal Prevention and Care		33f	
Total. Add lines 33a through 33f		33	
34. Use tax due on Internet, mail order and other out-of-state purchases		34	0
35. Health care penalty a. You +b. Spouse		35	
36. Amended return only. Overpayment from original return		36	
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36		37	1647
38. a. Massachusetts income tax withheld from Form(s) W-2	38a		1820
b. Massachusetts income tax withheld from Form(s) 1099	38b		
c. Massachusetts income tax withheld from other forms	38c		
Total. Add lines 38a through 38c		38	1820



Massachusetts Resident Income Tax Return
223-91-9586

04/29/2023 05:44:44AM



2022 Schedule HC

MA2029011064

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ANDREA

BREZANOVA

223-91-9586

1a. Date of birth 11291980 1b. Spouse's date of birth 1c. Family size 01
2. Federal adjusted gross income 2 39331

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2022, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	<input checked="" type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None
3a Spouse:	<input type="checkbox"/> Full-year MCC	<input type="checkbox"/> Part-year MCC	<input type="checkbox"/> No MCC/None

If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2022, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	<input checked="" type="checkbox"/> You	<input type="checkbox"/> Spouse
4b. MassHealth. Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	<input type="checkbox"/> You	<input type="checkbox"/> Spouse

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

UNITEDHEALTHCARE INSURANCE

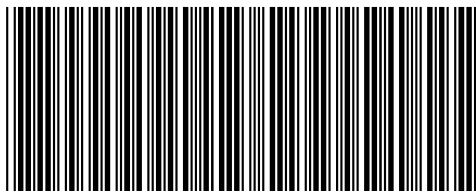
36-2739571 001000181

- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2022, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

04/29/2023 05:44:44AM



2022 Schedule INC
MA22INC011064

ANDREA

BREZANOVA

223-91-9586

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
47-5389507	1522	32882	2039		W2
47-0857820	298	6449	400		W2

EFILE COPY

TOTALS	1820	39331	2439	
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04/29/2023 05:44:44AM