

Form 1040

U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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: **Laura M Winters**

Your first name and middle initial Rick T	Last name Winters	Your social security number 7 8 9 5 7 6 9 8 7
If joint return, spouse's first name and middle initial Laura M	Last name Winters	Spouse's social security number 6 5 8 7 4 9 8 0 3

Home address (number and street). If you have a P.O. box, see instructions. 578 Cherrywood Dr	Apt. no. 25	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.
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City, town, or post office. If you have a foreign address, also complete spaces below. Gloucester	State MA	ZIP code 56375
Foreign country name UK	Foreign province/state/county Cheshire	Foreign postal code SK17

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):	(1) First name	Last name	(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"/>	James Winters		6 7 4 8 3 4 5 1 9	Son	<input checked="" type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents
	Tristan Terry		5 1 3 6 8 3 6 0 1	Parent	<input type="checkbox"/> <input checked="" type="checkbox"/>
	Alexia Winters		3 4 5 1 7 9 5 3 2	Daughter	<input checked="" type="checkbox"/> <input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 10,530
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Household employee wages not reported on Form(s) W-2	1b 2,790
If you did not get a Form W-2, see instructions.	c Tip income not reported on line 1a (see instructions)	1c 1,870
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d 3,955
	e Taxable dependent care benefits from Form 2441, line 26	1e 380
	f Employer-provided adoption benefits from Form 8839, line 29	1f 625
	g Wages from Form 8919, line 6	1g 1,740
	h Other earned income (see instructions)	1h 280
Attach Sch. B if required.	i Nontaxable combat pay election (see instructions)	1i 150
	z Add lines 1a through 1h	1z 22,320
Standard Deduction for—	2a Tax-exempt interest	2b Taxable interest
• Single or Married filing separately, \$12,950	2a 870	3a Ordinary dividends
• Married filing jointly or Qualifying surviving spouse, \$25,900	3a 790	4a Taxable amount
• Head of household, \$19,400	4a 285	5a Taxable amount
• If you checked any box under Standard Deduction, see instructions.	5a 2,950	6a Social security benefits
	6a 980	b Taxable amount
	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	10 Adjustments to income from Schedule 1, line 26
	10	11 Subtract line 10 from line 9. This is your adjusted gross income
	11	12 Standard deduction or itemized deductions (from Schedule A)
	12	13 Qualified business income deduction from Form 8995 or Form 8995-A
	13	14 Add lines 12 and 13
	14	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income
	15	18,300

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

Cat. No. 11320B

Form 1040 (2022)

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input checked="" type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16 1,480			
	17 Amount from Schedule 2, line 3	17 590			
	18 Add lines 16 and 17	18 2070			
	19 Child tax credit or credit for other dependents from Schedule 8812	19 1,120			
	20 Amount from Schedule 3, line 8	20 740			
	21 Add lines 19 and 20	21 1860			
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22 210			
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23 585			
	24 Add lines 22 and 23. This is your total tax	24 795			
Payments	25 Federal income tax withheld from:				
	a Form(s) W-2	25a 850			
	b Form(s) 1099	25b 370			
	c Other forms (see instructions)	25c 200			
	d Add lines 25a through 25c	25d 1,420			
	26 2022 estimated tax payments and amount applied from 2021 return	26 500			
	27 Earned income credit (EIC)	27 1,325			
	28 Additional child tax credit from Schedule 8812	28 430			
	29 American opportunity credit from Form 8863, line 8	29 210			
	30 Reserved for future use	30			
	31 Amount from Schedule 3, line 15	31 750			
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32 2,715			
	33 Add lines 25d, 26, and 32. These are your total payments	33 4,635			
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 3,840			
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/>	35a 750			
	b Routing number 4 2 6 7 4 8 2 8 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number 6 1 3 5 2 7 6 9 4 1 8 5 9 3 0 9 8				
	36 Amount of line 34 you want applied to your 2023 estimated tax	36 300			
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)	38 200			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions				
	<input checked="" type="checkbox"/> Yes, Complete below. <input type="checkbox"/> No				
	Designee's name Erik Walker	Phone no. (100) 342-45-45	Personal identification number (PIN) 8 7 6 4 5		
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.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date 01.17.2023	Your occupation Musician	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 6 2 7 8 1 2 	
	Spouse's signature. If a joint return, both must sign.	Date 01.17.2023	Spouse's occupation Librarian	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) 8 3 5 6 3 7 	
	Phone no. (100) 849-12-12	Email address musmusmus@gmail.com			
Paid Preparer Use Only	Preparer's name Jakob Hopkins	Preparer's signature	Date 01.17.2023	PTIN T547275845	Check if: <input checked="" type="checkbox"/> Self-employed
	Firm's name Jakob's Taxes			Phone no. (234) 098-45-67	
	Firm's address 7574 Tax Preparer Ln, Newtown, KS 54739			Firm's EIN 98-4445558	

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2022)