

Filing Status

Check only one box.

☐ 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: **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
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):
				Child tax credit
James	Winters	6 7 4 8 3 4 5 1 9	Son	<input checked="" type="checkbox"/>
Tristan	Terry	5 1 3 6 8 3 6 0 1	Parent	<input type="checkbox"/>
Alexia	Winters	3 4 5 1 7 9 5 3 2	Daughter	<input checked="" 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.

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	10,530
b	Household employee wages not reported on Form(s) W-2	1b	2,790
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
i	Nontaxable combat pay election (see instructions)	1i	150
z	Add lines 1a through 1h	1z	22,320
2a	Tax-exempt interest	2a	870
3a	Qualified dividends	3a	790
4a	IRA distributions	4a	285
5a	Pensions and annuities	5a	2,950
6a	Social security benefits	6a	980
c	If you elect to use the lump-sum election method, check here (see instructions)	<input checked="" type="checkbox"/>	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input checked="" type="checkbox"/>	
8	Other income from Schedule 1, line 10	8	525
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	25,090
10	Adjustments to income from Schedule 1, line 26	10	1,250
11	Subtract line 10 from line 9. This is your adjusted gross income	11	23,830
12	Standard deduction or itemized deductions (from Schedule A)	12	3,735
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	1,795
14	Add lines 12 and 13	14	5530
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	18,300

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
	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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 6 2 7 8 1 2
		01.17.2023	Musician	
	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.) 8 3 5 6 3 7
		01.17.2023	Librarian	
	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	