

**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<br><b>Christopher F</b>  | Last name<br><b>Wilson</b> | Your social security number<br><b>242-73-3602</b> |
| 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.<br><b>7403 Lawyers Rd</b>   |                            | Apt. no.  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>Charlotte</b>  |                            | State<br><b>NC</b>                                |
| Foreign country name  |                            | ZIP code<br><b>282274096</b>                      |
| Foreign province/state/county   |                            | Foreign postal code                               |
| <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                            |   |

**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

| <b>Dependents</b> (see instructions): |               | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|---------------------------------------|---------------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name                        | Last name     |                            |                         | Child tax credit                                       | Credit for other dependents |
| <b>Kassandra P</b>                    | <b>Wilson</b> | <b>278-79-8602</b>         | <b>Daughter</b>         | <input checked="" 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.

|           |   |           |                          |
|-----------|---|-----------|--------------------------|
| <b>1a</b> | Total amount from Form(s) W-2, box 1 (see instructions)                                       | <b>1a</b> | <b>34,804.</b>           |
| <b>b</b>  | Household employee wages not reported on Form(s) W-2  | <b>1b</b> |                          |
| <b>c</b>  | Tip income not reported on line 1a (see instructions)   | <b>1c</b> |                          |
| <b>d</b>  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                       | <b>1d</b> |                          |
| <b>e</b>  | Taxable dependent care benefits from Form 2441, line 26                                       | <b>1e</b> |                          |
| <b>f</b>  | Employer-provided adoption benefits from Form 8839, line 29                                   | <b>1f</b> |                          |
| <b>g</b>  | Wages from Form 8919, line 6  | <b>1g</b> |                          |
| <b>h</b>  | Other earned income (see instructions)  | <b>1h</b> | <b>0.</b>                |
| <b>i</b>  | Nontaxable combat pay election (see instructions)   | <b>1i</b> |                          |
| <b>z</b>  | Add lines 1a through 1h   | <b>1z</b> | <b>34,804.</b>           |
| <b>2a</b> | Tax-exempt interest   | <b>2a</b> |                          |
| <b>3a</b> | Qualified dividends   | <b>3a</b> |                          |
| <b>4a</b> | IRA distributions   | <b>4a</b> |                          |
| <b>5a</b> | Pensions and annuities  | <b>5a</b> | <b>83,220.</b>           |
| <b>6a</b> | Social security benefits  | <b>6a</b> |                          |
| <b>c</b>  | If you elect to use the lump-sum election method, check here (see instructions)               |           | <input type="checkbox"/> |
| <b>7</b>  | Capital gain or (loss). Attach Schedule D if required. If not required, check here            | <b>7</b>  |                          |
| <b>8</b>  | Other income from Schedule 1, line 10   | <b>8</b>  | <b>2,136.</b>            |
| <b>9</b>  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  | <b>9</b>  | <b>49,239.</b>           |
| <b>10</b> | Adjustments to income from Schedule 1, line 26  | <b>10</b> |                          |
| <b>11</b> | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       | <b>11</b> | <b>49,239.</b>           |
| <b>12</b> | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            | <b>12</b> | <b>19,400.</b>           |
| <b>13</b> | Qualified business income deduction from Form 8995 or Form 8995-A                             | <b>13</b> |                          |
| <b>14</b> | Add lines 12 and 13   | <b>14</b> | <b>19,400.</b>           |
| <b>15</b> | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> | <b>15</b> | <b>29,839.</b>           |

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.

|                        |  |   |           |        |
|------------------------|--|---|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b> | 3,286. |
|                        | <b>17</b>  | Amount from Schedule 2, line 3  | <b>17</b> |        |
|                        | <b>18</b>  | Add lines 16 and 17   | <b>18</b> | 3,286. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812  | <b>19</b> | 2,000. |
|                        | <b>20</b>  | Amount from Schedule 3, line 8  | <b>20</b> |        |
|                        | <b>21</b>  | Add lines 19 and 20   | <b>21</b> | 2,000. |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-   | <b>22</b> | 1,286. |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21  | <b>23</b> | 1,230. |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> | <b>24</b>   | 2,516.    |        |

|                 |   |   |            |        |
|-----------------|---|---|------------|--------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:                               |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 1,286. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> | 1,890. |
|                 | <b>c</b>  | Other forms (see instructions)                                  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c                                       | <b>25d</b> | 3,176. |
|                 | <b>26</b>   | 2022 estimated tax payments and amount applied from 2021 return | <b>26</b>  |        |
|                 | <b>27</b>   | Earned income credit (EIC)                                      | <b>27</b>  |        |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812                  | <b>28</b>  |        |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8              | <b>29</b>  |        |
|                 | <b>30</b>   | Reserved for future use   | <b>30</b>  |        |
| <b>31</b>       | Amount from Schedule 3, line 15   | <b>31</b>   |            |        |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>   |            |        |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>   | 3,176.     |        |

|               |            |   |            |      |
|---------------|------------|---|------------|------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 660. |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 660. |
|               | <b>b</b>   | Routing number 2 5 3 1 7 5 4 9 4 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings |            |      |
|               | <b>d</b>   | Account number 1 0 0 0 0 0 0 0 7 0 4 6 1 5  |            |      |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>  | <b>36</b>  |      |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

|                             |   |           |                                      |
|-----------------------------|---|-----------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b> |           |                                      |
|                             | Designee's name   | Phone no. | Personal identification number (PIN) |

|                  |  |               |                     |   |
|------------------|--|---------------|---------------------|---|
| <b>Sign Here</b> | 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.)         |
|                  |  |               | Software Engineer   |   |
|                  | Spouse's signature. If a joint return, <b>both</b> must sign.  | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                  | Phone no. (980) 267-4355   | Email address |                     |   |

|                               |                 |                      |      |      |   |
|-------------------------------|-----------------|----------------------|------|------|---|
| <b>Paid Preparer Use Only</b> | Preparer's name | Preparer's signature | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Firm's name     | Self-Prepared        |      |      | Phone no.   |
|                               | Firm's address  |                      |      |      | Firm's EIN  |

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Christopher F Wilson

Your social security number

242-73-3602

**Part I Additional Income**

|           |   |           |    |
|-----------|---|-----------|----|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  | 0. |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |    |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |    |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |    |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |    |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  |    |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |    |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |    |
| <b>8</b>  | Other income:   |           |    |
| <b>a</b>  | Net operating loss . . . . . <b>8a</b> ( )  |           |    |
| <b>b</b>  | Gambling . . . . . <b>8b</b>  |           |    |
| <b>c</b>  | Cancellation of debt . . . . . <b>8c</b>  |           |    |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . . <b>8d</b> ( )  |           |    |
| <b>e</b>  | Income from Form 8853 . . . . . <b>8e</b>   |           |    |
| <b>f</b>  | Income from Form 8889 . . . . . <b>8f</b>   |           |    |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . . <b>8g</b>   |           |    |
| <b>h</b>  | Jury duty pay . . . . . <b>8h</b>   |           |    |
| <b>i</b>  | Prizes and awards . . . . . <b>8i</b>   |           |    |
| <b>j</b>  | Activity not engaged in for profit income . . . . . <b>8j</b>   |           |    |
| <b>k</b>  | Stock options . . . . . <b>8k</b>   |           |    |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . <b>8l</b> |           |    |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . . <b>8m</b>   |           |    |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . . <b>8n</b>   |           |    |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . . <b>8o</b>  |           |    |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . . <b>8p</b>  |           |    |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . . <b>8q</b>   |           |    |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . . <b>8r</b> 2,136.   |           |    |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . . <b>8s</b> ( )  |           |    |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . . <b>8t</b>                                   |           |    |
| <b>u</b>  | Wages earned while incarcerated . . . . . <b>8u</b>   |           |    |
| <b>z</b>  | Other income. List type and amount: _____ <b>8z</b>   |           |    |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . . <b>9</b> 2,136.   |           |    |
| <b>10</b> | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 <b>10</b> 2,136.  |           |    |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

|            |  |            |  |
|------------|--|------------|--|
| <b>11</b>  | Educator expenses . . . . .  | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |  |
| <b>20</b>  | IRA deduction . . . . .  | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |  |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .   | <b>26</b>  |  |

**SCHEDULE 2**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Taxes**Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **02**Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
Christopher F Wilson**Your social security number**  
242-73-3602**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                              | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .          | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . | <b>3</b> |  |

**Part II Other Taxes**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .  | <b>4</b>  |        |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .  | <b>5</b>  |        |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .   | <b>7</b>  |        |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here . . . . . <input checked="" type="checkbox"/> | <b>8</b>  | 1,230. |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .  | <b>9</b>  |        |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .   | <b>10</b> |        |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .  | <b>11</b> |        |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .  | <b>12</b> |        |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .  | <b>13</b> |        |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .   | <b>14</b> |        |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .  | <b>15</b> |        |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .   | <b>16</b> |        |

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2022

**Part II Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:   | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .   | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount: _____  | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Reserved for future use . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |

1,230.

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Credits for Qualifying Children  
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Name(s) shown on return

Christopher F Wilson

Your social security number

242-73-3602

**Part I Child Tax Credit and Credit for Other Dependents**

|  |   |           |          |
|--|---|-----------|----------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  | <b>1</b>  | 49,239.  |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 49,239.  |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number   | <b>4</b>  | 1        |
| <b>5</b>   | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 0        |
| <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.                |   |           |          |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.   |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 200,000. |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | <b>10</b> | 0.       |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,000.   |
| <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. |   |           |          |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |          |
| <b>13</b>  | Enter the amount from the <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 3,286.   |
| <b>14</b>  | Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .  | <b>14</b> | 2,000.   |

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.



**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|   |  |                          |
|---|--|--------------------------|
| <b>15</b>   | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <input type="checkbox"/> |
| <b>16a</b>  | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <b>16a</b> 0.            |
| <b>b</b>  | Number of qualifying children under 17 with the required social security number: _____ x \$1,500.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b>               |
| <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4. |  |                          |
| <b>17</b>   | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   | <b>17</b>                |
| <b>18a</b>  | Earned income (see instructions) . . . . .   | <b>18a</b>               |
| <b>b</b>  | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b>               |
| <b>19</b>   | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>                |
| <b>20</b>   | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,500 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b>                |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |  |           |
|-----------|--|-----------|
| <b>21</b> | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions . . . . . | <b>21</b> |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .   | <b>22</b> |
| <b>23</b> | Add lines 21 and 22 . . . . .  | <b>23</b> |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }   | <b>24</b> |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .  | <b>25</b> |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.   | <b>26</b> |

**Part II-C Additional Child Tax Credit**

|           |  |           |
|-----------|--|-----------|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . | <b>27</b> |
|-----------|--|-----------|



# D-400 (59) 8-8-22 2022 Individual Income Tax Return

< Staple All Pages of Your  
Return and W-2s Here

North Carolina Department of Revenue

☐ Amended Return

DOR  
Use  
Only

|  |  |   |  |
|--|--|---|--|
| For calendar year 2022, or fiscal year beginning 22 and ending   |  | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| CHRISTOPHER F WILSON<br>7403 LAWYERS RD<br>CHARLOT NC 28227 MECKL  |  | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| Your SSN: 242733602<br>Spouse's SSN:   |  | Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)  |  | Year spouse died:   |  |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | Return for deceased taxpayer. Date of death:  |  |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Return for deceased spouse. Date of death:  |  |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) |  |   |  |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.   |  |   |  |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.  |  |   |  |

FS 4 PP N DT N OC N TPRES Y SPRES N VT N SVT N

WILS 7403 28227 DS N EA N TD SD FDEXT N

CHRISTOPHER F WILSON 242733602 MECKL

NC 28227

7403 LAWYERS RD CHARLOTTE

06 49239 16 0 26C 0

07 0 18 Y 0 26E 0

09 0 20A 1690 EU

10A 1 20B 0 27 0

10B 2000 21A 0 29 0

11 S Y I N 21B 0 30 0

11 19125 21C 0 31 0

13 00000 21D 0 32 0

14 28114 26A 0 34 287

15 1403 26B 0

TN 9802674355 PN PP



|  |  |  |  |
|--|--|--|--|
| <b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> 287   |  | <input type="checkbox"/> <b>Payment Due</b> 0  |  |
| I declare and certify 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.  |  | <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. |  |
| Your Signature _____ Date _____  |  | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____  |  |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.  |  | 9802674355<br>Contact Phone No. (Include area code)  |  |
| SELF PREPARED<br>Paid Preparer's Signature _____ Date _____  |  | Preparer's Contact Phone Number (Include area code) _____<br>Preparer's FEIN, SSN, or PTIN _____   |  |
| <p>If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001</p> <p>If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640</p> |  |  |  |

Last Name (First 10 Characters) WILSON

Your Social Security Number

242733602

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 49239  |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 49239  |
| 9.  | Deductions From Federal Adjusted Gross Income   | 9.   | 0      |
| 10. | Child Deduction   |      |        |
|     | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 1      |
|     | b. Enter the amount of the child deduction  | 10b. | 2000   |
| 11. | N.C. Standard Deduction   | 11.  | Y      |
| 11. | N.C. Itemized Deduction   | 11.  | N      |
| 11. | Deduction amount  | 11.  | 19125  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 21125  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 28114  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 28114  |
| 15. | N.C. Income Tax   | 15.  | 1403   |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 1403   |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 1403   |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 1690 |
| 20b. | Spouse's tax withheld | 20b. | 0    |

**Other Tax Payments**

|      |  |      |            |
|------|--|------|------------|
| 21a. | 2022 estimated tax                                   | 21a. | 0          |
| 21b. | Paid with extension                                  | 21b. | 0          |
| 21c. | Partnership  | 21c. | 0          |
| 21d. | S Corporation  | 21d. | 0          |
| 22.  | Additional Payments                                  | 22.  | 0          |
| 23.  | Add Lines 20a through 22                             | 23.  | 1690       |
| 24.  | Previous Refunds                                     | 24.  | 0          |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 1690       |
| 26a. | <b>Tax Due</b>                                       | 26a. | 0          |
| 26b. | Penalties  | 26b. | 0          |
| 26c. | Interest   | 26c. | 0          |
| 26d. | Add Lines 26b and 26c and enter the total on 26d     | 26d. | 0          |
| EU   | Exception to Underpayment of Estimated Tax           | EU   |            |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0          |
| 27.  | <b>Pay this Amount</b>                               | 27.  | <b>0</b>   |
| 28.  | <b>Overpayment</b>                                   | 28.  | <b>287</b> |

**Amount of Refund to Apply to:**

|     |  |     |            |
|-----|--|-----|------------|
| 29. | Amount of Line 28 to be applied to 2023 Estimated Income Tax | 29. | 0          |
| 30. | N.C. Nongame and Endangered Wildlife Fund                    | 30. | 0          |
| 31. | N.C. Education Endowment Fund                                | 31. | 0          |
| 32. | N.C. Breast and Cervical Cancer Control Program              | 32. | 0          |
| 33. | Add Lines 29 through 32                                      | 33. | 0          |
| 34. | <b>Amount to be Refunded</b>                                 | 34. | <b>287</b> |