

### **Federal Return**

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You can view the status of your tax return by signing in to your account at www.freetaxusa.com.

2023 tax preparation on FreeTaxUSA.com will be available starting in January of 2024.

We look forward to preparing your 2023 tax return.

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

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OMB No. 1545-0074

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

_	<b>5</b> 🗌 5	Single X Married filing jointly	Marri	ed filing	separ	ately (N	IFS)	Head of	house	ehold (HOH)			fying sun	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of	vour spo	ו בפונו	f vou ch	nacke	ad the HOH o	r 088	hov enter		•	se (QSS) name if th	
OHE BOX.		on is a child but not your dependent		your spo	. usc. i	i you ci	ICCRC		i QOO	box, critci	ti ic ci	ilia 3	iame ii ti	ic qualifying
Your first name			Last na	ame							You	ur soc	ial securi	ty number
DAVID C			HANS										27 8	-
	pouse's	first name and middle initial	Last na											curity number
JESSICA			DIA								1 -		66 9	
		er and street). If you have a P.O. box, see								Apt. no.				on Campaign
	•	BBLE RAPIDS PL									- 1		ere if you,	
		ce. If you have a foreign address, also co	mplete s	spaces be	low.		State	e	ZIP c	ode	spo	ouse i	f filing joir	ntly, want \$3
TUCSON		, ,						AZ		35712			this fund. w will not	Checking a
Foreign country	/ name			Foreign p	rovinc	e/state/c	ount		1	gn postal cod			or refund.	
,				3 1			,			5 1			You	Spouse
Digital	At an	ny time during 2022, did you: (a) rec	eive (as	a rewar	d awa	ard or r	oavm	ent for prope	erty or	services):	or (b) s	sell		
Assets		ange, gift, or otherwise dispose of a											Yes	X No
Standard		eone can claim: You as a de						a dependent		, (				
Deduction		— Spouse itemizes on a separate retur				•		•						
Age/Blindness	You:	☐ Were born before January 2, 1	958 [	Are b	lind	Spo	use:	☐ Was bo	rn bef	ore Januar	v 2. 19	958	☐ Is bl	lind
Dependents	_			<u> </u>		security		(3) Relationsh			•			instructions):
If more		rst name Last name		(2)	numl			to you		Child tax	c credit	c	Credit for ot	ther dependents
than four	<u> </u>						$\neg$				1		-	$\overline{\Box}$
dependents,							$\dashv$				1			
see instructions and check	s ——						$\dashv$				1			
here							$\dashv$				1			
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instru	ctions	)						1a	T 6	8,573.
Income	b	Household employee wages not re	ported	on Form	n(s) W	-2						1b		
Attach Form(s)	С	Tip income not reported on line 1a										1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep										1d		
W-2G and	е	Taxable dependent care benefits f		,	,	•						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene			-							1f		
If you did not	g	Wages from Form 8919, line 6 .										1g		
get a Form	h	Other earned income (see instruct	ions)									1h		
W-2, see	i	Nontaxable combat pay election (s	see inst	ructions	١.			1	i					
instructions.	z	A alal linea a dia diamantala dia							·			1z	] 6	8,573.
Attach Sch. B	2a	Tax-exempt interest	2a				<b>b</b> Ta	xable interes	st .			2b		59.
if required.	3a	Qualified dividends	3a		588	8.	<b>b</b> Or	dinary divide	ends .			3b		609.
	4a	IRA distributions	4a				<b>b</b> Ta	xable amour	nt			4b		
Standard	5a	Pensions and annuities	5a				<b>b</b> Ta	xable amour	nt			5b		
Deduction for—	6a	Social security benefits	6a				<b>b</b> Ta	xable amour	nt			6b		
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum e	lection	method,	chec	 k here (	see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If n	ot requ	ired,	check here				7		0.
Married filing	8	Other income from Schedule 1, lin	e 10									8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	and 8.	This is y	our <b>t</b> o	otal inc	ome					9	6	59,241.
surviving spouse,	10	Adjustments to income from Sche										10		0.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted								11	6	59,241.
household, \$19,400	12	Standard deduction or itemized	-	-	_							12		25,900.
If you checked	13	Qualified business income deduct						5-A				13		2.
any box under Standard	14	Add lines 12 and 13										14	2	25,902.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 T	his is yo	our <b>t</b> a	axable incon	ne .			15		3,339.
300 1130 000013.														

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

Cat. No. 11320B

Form **1040** (2022)

Form 1040 (2022	2) DA'	VID C HANSON &	JESSICA	P DIAZ			53	32-27	-8242 Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	4,722.
Credits	17	Amount from Schedule 2, lin	ne 3					17	0.
	18	Add lines 16 and 17						18	4,722.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	2,000.
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,722.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	2,722.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25</b> a 5	,110	) <b>.</b>	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	5,110.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	5,110.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,388.
neiulia	35a	Amount of line 34 you want				•	. [	35a	2,388.
Direct deposit?	b	Routing number 1 2 5			<b>c</b> Type:		Savings		,
See instructions.	d	Account number 8 5 1	2 2 0 6	4 0 3					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24		•					0
Tou Owe	00	For details on how to pay, g	_			1 1		37	0.
Third Party	<b>38</b>	Estimated tax penalty (see in you want to allow another				38 See			
Designee							omplete	e below.	X No
	De	signee's		Phone		Pers	onal ider	ntification	
	na	me		no.		numl	ber (PIN)	1	
Sign		der penalties of perjury, I declare t							
Here		lief, they are true, correct, and com	plete. Declaration		. , ,	sed on all information			, ,
	Yo	ur signature	Date	Date Your occupation				nt you an Identity IN, enter it here	
Joint return?					STRUCTURAL	FNCTNFFD		e inst.)	irt, criter it flore
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation		If t	he IRS se	nt your spouse an
Keep a copy for		, ,	3				Ide	entity Prot	ection PIN, enter it here
your records.					STUDENT		(SE	ee inst.)	
		one no. 206-293-		Email address					
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer			SELF-PREF	ARED					Self-employed
Use Only	Fin	m's name					Ph	one no.	
OSC CITIY	Fin	m's address					Fir	m's FIN	

# SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Credits and Payments**

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR DAVID C HANSON & JESSICA P DIAZ

Your social security number 532-27-8242

Pai	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	. [	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Atta Form 2441	ach	2	
3	Education credits from Form 8863, line 19	.	3	2,000.
4	Retirement savings contributions credit. Attach Form 8880	.	4	
5	Residential energy credits. Attach Form 5695	. [	5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Alternative motor vehicle credit. Attach Form 8910 6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
I	Amount on Form 8978, line 14. See instructions 6I			
Z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z	.	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-N	NR,		
	line 20	. [	8	2,000.
	ntinı	ued on page 2)		

Schedule 3 (Form 1040) 2022 Page **2** 

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136	,	12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

Schedule 3 (Form 1040) 2022

### **Education Credits** (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 Attachment Sequence No. **50** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

DAVID C HANSON & JESSICA P DIAZ

Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number 532-27-8242



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

	_		
Part	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,		
	or qualifying surviving spouse		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form		
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		
	the amount to enter instead		
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education		
_	credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
6	If line 4 is:		
U	• Equal to or more than line 5, enter 1.000 on line 6		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to	6	
	at least three places)		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the		
	conditions described in the instructions, you can't take the refundable American opportunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	
Part			
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If		25 122
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	35,128.
11 12	Enter the smaller of line 10 or \$10,000	11 12	10,000.
	Multiply line 11 by 20% (0.20)	12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
4.4			
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		
	the amount to enter instead		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on		
	line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or		
	qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at \)	17	1.000
	least three places)		
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see		0 000
	instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000. Form <b>8863</b> (2022)
FOR PA	perwork Reduction Act Notice, see your tax return instructions.  Cat No. 25379M		⊢orm <b>ດດທ</b> ີ (2022)

Name(s) shown on return

DAVID C HANSON & JESSICA P DIAZ

532-27-8242



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s your tax return)	hown	on page 1 of
	JESSICA P DIAZ	608-66-910	7	
22	Educational institution information (see instructions)			
а	Name of first educational institution	<b>b.</b> Name of second educational institut	ion (if	any)
	UNIVERSITY OF ARIZONA			
(	1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  1200 E UNIVERSITY BLVD	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	TUCSON AZ 85721			
(2	Pid the student receive Form 1098-T from this institution for 2022?   ✓ Yes ✓ No	(2) Did the student receive Form 1098 from this institution for 2022?	-T _	Yes No
(:	Did the student receive Form 1098-T from this institution for 2021 with box Yes No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?		Yes No
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortuni	ity credit or if you
	74-6252689			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\square$ Yes — <b>Stop!</b> Go to line 31 for this student. $\square$ No	– Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— <b>Sto</b> his stu	<b>p!</b> Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	▼ Yes — <b>Stop!</b> Go to line 31 for this student. No	– Go	to line 26.
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?			nplete lines 27 O for this student.
CAUT	You <b>can't</b> take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don		in the	same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor		27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28	
29	, , ,		29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f		30	
	Lifetime Learning Credit			
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	35,128.

## Form **8889**

Department of the Treasury

DAVID C HANSON

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 52

Form **8889** (2022)

Cat. No. 37621P

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

532-27-8242

Betor	<i>e you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	lf-only X Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 2022, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7,300 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	375.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,925.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part		arate l	HSAs, complete
	a separate Part II for each spouse.		
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	445	
		14b	
C	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
170		10	
	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

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

## Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

**2022** 

Attachment Sequence No. **55** 

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

DAVID C HANSON & JESSICA P DIAZ

Your taxpayer identification number 532-27-8242

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name (b) Taxpayer identification number	1	Qualified business income or (loss)
i_			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v,		
	column (c)		
3	Qualified business net (loss) carryforward from the prior year		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	(	-	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero		
	or less, enter -0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	2.
11	Taxable income before qualified business income deduction (see instructions) 11 43,341.		
12	Net capital gain (see instructions)		
13	Subtract line 12 from line 11. If zero or less, enter -0		0
14	Income limitation. Multiply line 13 by 20% (0.20)	14	8,551.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on	45	2
16	the applicable line of your return (see instructions)	15	2.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0	16	)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0	17	( )
	income Act and Department Deduction Act Nation are instructions		Farm 8005 (0000)

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

Cat. No. 37806C

Form **8995** (2022)