

2022 Form 1040-V



Department of the Treasury
Internal Revenue Service

What Is Form 1040-V?

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2022 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment, you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill in Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying online at www.irs.gov/Payments, don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury**." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*, later.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also, enter "2022 Form 1040," "2022 Form 1040-SR," or "2022 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at www.officialpayments.com/fed, our Official Payment provider.

How To Send in Your 2022 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2022 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/Payments.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all online at www.irs.gov/Payments.

Cat. No. 20975C

Form **1040-V** (2022)

Detach Here and Mail With Your Payment and Return

Form **1040-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher

Do not staple or attach this voucher to your payment or return.
Go to www.irs.gov/Payments for payment options and information.

OMB No. 1545-0074

2022

Print or type	1 Your social security number (SSN) (if a joint return, SSN shown first on your return)		2 If a joint return, SSN shown second on your return		3 Amount you are paying by check or money order. Make your check or money order payable to " United States Treasury "		325		
	468-39-7138								
	4 Your first name and middle initial HENRY S				Last name KOLLIE				
	If a joint return, spouse's first name and middle initial				Last name				
	Home address (number and street) 941 SOUTH AVE		Apt. no. A24		City, town, or post office. If you have a foreign address, also complete spaces below. SECANE		State PA	ZIP code 19018	
Foreign country name				Foreign province/state/county				Foreign postal code	

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

Cat. No. 20975C

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

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 HENRY S	Last name KOLLIE	Your social security number 4 6 8 3 9 7 1 3 8
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. 941 SOUTH AVE		Apt. no. A24
City, town, or post office. If you have a foreign address, also complete spaces below. SECANE		State PA
Foreign country name		ZIP code 19018
Foreign province/state/county		Foreign postal code
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		

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

(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
If more than four dependents, see instructions and check here <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	0
b	Household employee wages not reported on Form(s) W-2	1b	0
c	Tip income not reported on line 1a (see instructions)	1c	0
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	0
e	Taxable dependent care benefits from Form 2441, line 26	1e	0
f	Employer-provided adoption benefits from Form 8839, line 29	1f	0
g	Wages from Form 8919, line 6	1g	0
h	Other earned income (see instructions)	1h	0
i	Nontaxable combat pay election (see instructions)	1i	0
z	Add lines 1a through 1h	1z	0
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	0
5a	Pensions and annuities	5a	0
6a	Social security benefits	6a	0
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	0
8	Other income from Schedule 1, line 10	8	-44,495
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	-44,495
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your adjusted gross income	11	-44,495
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	0
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	0

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.

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	0
	17	Amount from Schedule 2, line 3	17	325
	18	Add lines 16 and 17	18	325
	19	Child tax credit or credit for other dependents from Schedule 8812	19	0
	20	Amount from Schedule 3, line 8	20	0
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	325
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your total tax	24	325

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	0
	b	Form(s) 1099	25b	0
	c	Other forms (see instructions)	25c	0
	d	Add lines 25a through 25c	25d	0
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	0
	28	Additional child tax credit from Schedule 8812	28	0
	29	American opportunity credit from Form 8863, line 8	29	0
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	0
	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	0

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0
Direct deposit? See instructions.	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	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	325
	38	Estimated tax penalty (see instructions)	38	0

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
Designee's name	Phone 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.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		04/14/2023	LICENSE PRACTICAL NURSE	
	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. 267-319-6952	Email address	JEHJEHKOLLIEJR4@GMAIL.COM	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	mohammed dukuly		04/14/2023	P00848461	
	Firm's name	The Center Inc			Phone no. (215) 921-2553
	Firm's address	6651 Woodland Avenue Philadelphia PA 19142			Firm's EIN 461426673

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 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

HENRY S KOLLIE

Your social security number

468-39-7138

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-44,495
4	Other gains or (losses). Attach Form 4797	4	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	0
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation	7	0
8	Other income:		
a	Net operating loss	8a	(0)
b	Gambling	8b	0
c	Cancellation of debt	8c	0
d	Foreign earned income exclusion from Form 2555	8d	(0)
e	Income from Form 8853	8e	0
f	Income from Form 8889	8f	0
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	0
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	(0)
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	0
9	Total other income. Add lines 8a through 8z	9	0
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-44,495

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses	11	0
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	0
13	Health savings account deduction. Attach Form 8889	13	0
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	0
15	Deductible part of self-employment tax. Attach Schedule SE	15	0
16	Self-employed SEP, SIMPLE, and qualified plans	16	0
17	Self-employed health insurance deduction	17	0
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	0
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	0
21	Student loan interest deduction	21	0
22	Reserved for future use	22	
23	Archer MSA deduction	23	0
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	0
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	0
f	Contributions to section 501(c)(18)(D) pension plans	24f	0
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	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	24i	
j	Housing deduction from Form 2555	24j	0
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	0
z	Other adjustments. List type and amount: _____	24z	0
25	Total other adjustments. Add lines 24a through 24z	25	0
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	0

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 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
HENRY S KOLLIE**Your social security number**
468-39-7138**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	0
2	Excess advance premium tax credit repayment. Attach Form 8962	2	325
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	325

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	0
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	0
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	0
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	0
9	Household employment taxes. Attach Schedule H	9	0
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	0
11	Additional Medicare Tax. Attach Form 8959	11	0
12	Net investment income tax. Attach Form 8960	12	0
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	0
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	0
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	0
16	Recapture of low-income housing credit. Attach Form 8611	16	0

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:			
		17a	0	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	0	
c	Additional tax on HSA distributions. Attach Form 8889	17c	0	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	0	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	0	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	0	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j	0	
k	Golden parachute payments	17k	0	
l	Tax on accumulation distribution of trusts	17l	0	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	0	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	0	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	0	
q	Any interest from Form 8621, line 24	17q	0	
z	Any other taxes. List type and amount: _____	17z	0	
18	Total additional taxes. Add lines 17a through 17z	18		0
19	Reserved for future use	19		
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21		0

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor HENRY S KOLLIE		Social security number (SSN) 4 6 8 - 3 9 - 7 1 3 8	
A	Principal business or profession, including product or service (see instructions) Ambulatory Health Care Services	B Enter code from instructions 6 2 1 6 1 0	
C	Business name. If no separate business name, leave blank. ACT HOME HEALTH SERVICES LLC	D Employer ID number (EIN) (see instr.) 2 0 1 3 2 5 4 8 3	
E	Business address (including suite or room no.) 941 SOUTH AVE APT A24 City, town or post office, state, and ZIP code SECANE PA 19018		
F	Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G	Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H	If you started or acquired this business during 2022, check here <input type="checkbox"/>		
I	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J	If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	144,336
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	144,336
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	144,336
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	144,336

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	4,795	18	Office expense (see instructions)	18	0
9	Car and truck expenses (see instructions)	9	0	19	Pension and profit-sharing plans	19	0
10	Commissions and fees	10	0	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	0	a	Vehicles, machinery, and equipment	20a	0
12	Depletion	12	0	b	Other business property	20b	0
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21	Repairs and maintenance	21	0
14	Employee benefit programs (other than on line 19)	14	0	22	Supplies (not included in Part III)	22	0
15	Insurance (other than health)	15	0	23	Taxes and licenses	23	0
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a	0	a	Travel	24a	22,895
b	Other	16b	0	b	Deductible meals (see instructions)	24b	0
17	Legal and professional services	17	7,899	25	Utilities	25	0
				26	Wages (less employment credits)	26	0
				27a	Other expenses (from line 48)	27a	108,383
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			28	143,972		
29	Tentative profit or (loss). Subtract line 28 from line 7			29	364		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						
31	Net profit or (loss). Subtract line 30 from line 29. <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. </div> <div style="font-size: 3em;">}</div> </div>						
32	If you have a loss, check the box that describes your investment in this activity. See instructions. <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. </div> <div style="font-size: 3em;">}</div> </div>						
	32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.						

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) / /

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 0 **b** Commuting (see instructions) **c** Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

TRAVELLING EXPENSES	10,989
REPAIR AND MAINTENANCE	13,995
VEHICLE EXPENSES	14,989
MEDICAL AND PRESCRIPTION COST	12,858
COMMISSION AND FEES	6,899
SUPPLIES	15,859
UTILITIES	11,895
RENT	20,899
48 Total other expenses. Enter here and on line 27a	48 108,383

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor HENRY S KOLLIE		Social security number (SSN) 4 6 8 - 3 9 - 7 1 3 8	
A	Principal business or profession, including product or service (see instructions) Nursing & Residential Care Facilities	B Enter code from instructions 6 2 3 0 0 0	
C	Business name. If no separate business name, leave blank. ACCESS CARE HUMAN SERVICES LLC	D Employer ID number (EIN) (see instr.) 8 4 3 8 2 8 7 9 4	
E	Business address (including suite or room no.) 1260 E WOODLAND AVENUE City, town or post office, state, and ZIP code Springfield PA 19064		
F	Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G	Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H	If you started or acquired this business during 2022, check here <input type="checkbox"/>		
I	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J	If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	0
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	0
4	Cost of goods sold (from line 42)	4	0
5	Gross profit. Subtract line 4 from line 3	5	0
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	0

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	800	18	Office expense (see instructions)	18	0
9	Car and truck expenses (see instructions)	9	0	19	Pension and profit-sharing plans	19	0
10	Commissions and fees	10	0	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	0	a	Vehicles, machinery, and equipment	20a	0
12	Depletion	12	0	b	Other business property	20b	0
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21	Repairs and maintenance	21	0
14	Employee benefit programs (other than on line 19)	14	0	22	Supplies (not included in Part III)	22	0
15	Insurance (other than health)	15	0	23	Taxes and licenses	23	0
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a	0	a	Travel	24a	0
b	Other	16b	0	b	Deductible meals (see instructions)	24b	0
17	Legal and professional services	17	1,800	25	Utilities	25	0
				26	Wages (less employment credits)	26	0
				27a	Other expenses (from line 48)	27a	42,259
				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			28	44,859		
29	Tentative profit or (loss). Subtract line 28 from line 7			29	-44,859		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						
31	Net profit or (loss). Subtract line 30 from line 29.			31	-44,859		
32	If you have a loss, check the box that describes your investment in this activity. See instructions.						
	<div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. </div> <div> <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. </div> </div>						
	32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.						

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 0
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 0
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) _____ / _____ / _____
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:
a	Business 0 _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

CAR AND TRUCK REPAIR EXPENSES	7,895
COMMISSION AND FEES PAID	12,950
RENT	15,720
VEHICLE EXPENSES ENGINE REPAIRED	2,895
SUPPLIES FOR THIS ACCESS HOME	2,799
48 Total other expenses. Enter here and on line 27a	48 42,259

Statement - Part I - Income - 1 A - Additional Cash Income

Description	Amount
PROFIT AND LOSS STATEMENT	0
Total:	0

Premium Tax Credit (PTC)

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

Go to www.irs.gov/Form8962 for instructions and the latest information.**2022**Attachment
Sequence No. **73**

Name shown on your return

HENRY S KOLLIE

Your social security number

468-39-7138

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	-44,495
b	Enter the total of your dependents' modified AGI. See instructions	2b	0
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	0
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	12,880
5	Household income as a percentage of federal poverty line (see instructions)	5	0 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	0

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12–23 and continue to line 24.
☐ **No.** Continue to lines 12–23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	0	0	0	0	0	707
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12 January	0	0	0	0	0	707
13 February	0	0	0	0	0	0
14 March	0	0	0	0	0	0
15 April	0	0	0	0	0	0
16 May	0	0	0	0	0	0
17 June	0	0	0	0	0	0
18 July	0	0	0	0	0	0
19 August	0	0	0	0	0	0
20 September	0	0	0	0	0	0
21 October	0	0	0	0	0	0
22 November	0	0	0	0	0	0
23 December	0	0	0	0	0	0
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	0
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	707
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	707
28	Repayment limitation (see instructions)	28	325
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	325

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

PA-40 - 2022
Pennsylvania Income Tax Return
 ENTER ONE LETTER OR NUMBER IN EACH BOX (05-22)

468397138

KOLLIE

HENRY S Occupation LICENSE PR

Occupation

A24

Apt A24 941 SOUTH AVE

SECANE PA 19018

2673196952

23840

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from toS Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name SOUTHEAST DELC

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a 0

1b 0

1c 0

2 0

3 0

4 -44495

5 0

6 0

7 0

8 0

9 0

10 0

11 0



--	--	--	--	--	--	--	--

PA-40 - 2022

Social Security Number

468397138

Name(s) HENRY S KOLLIE

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2021 PA Income Tax return.

15 2022 Estimated Installment Payments. REV-459B included.

N

16 2022 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

N

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund – Amount of Line 29 you want as a check mailed to you.

REFUND

31 Credit – Amount of Line 29 you want as a credit to your 2023 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

mohammed dukuly

215 9212553

Date

04142023

E-File Opt Out

Firm FEIN

461426673

Preparer's PTIN

P00848461



PA SCHEDULE SP - 2022
Special Tax Forgiveness
PA-40 SP (08-22)
PA Department of Revenue

2209515507

HENRY S KOLLIE

468397138

Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? **N**
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? **N**

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP.

If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2
to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I – FILING STATUS FOR TAX FORGIVENESS

1. **Y** Unmarried - use **Column A** to calculate your **Eligibility Income**. Enter "01" for Unmarried on Line 19a of the PA-40. Enter a Y in the space that describes your situation:
a. **Y** Single. Unmarried/divorced on Dec. 31, 2022
b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
2. Separated – use **Column A** to calculate your **Eligibility Income**. Enter a "Y" in this space only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Enter a "01" in the space for Unmarried on Line 19a of the PA-40.
3. Married - Enter "02" for Married on Line 19a of your PA-40. Enter your spouse's name and SSN above. Enter a "Y" in the space that describes your situation:
a. Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
b. Married and filing separate PA tax returns.
Certification. Enter a "Y" in this space certifying that you and your spouse are submitting the same information on each PA Schedule SP.
Use **Columns B and C** to calculate your **Eligibility Income**.
c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:
d. Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B and C** to calculate **Eligibility Income**.
Enter your spouse's name and SSN above.
4. Deceased - use **Column A** to calculate your **Eligibility Income**.
Enter "03" for Deceased on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II – DEPENDENT CHILDREN

Provide all the information for each dependent child. If more than nine dependent children, submit additional schedules as needed.

1.	DEPENDENT'S NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.
----	------------------	-----	--------------	---------------------

2. Number of dependent children. Enter on Line 19b of your PA-40.

☐

Important: Only claim the child or children that you claimed as your dependent(s) on your 2022 Federal Income Tax return.



2209515507

PA SCHEDULE SP - 2022
Special Tax Forgiveness
PA-40 SP (08-22)
PA Department of Revenue

2209615513

HENRY S KOLLIE

468397138

SECTION III – ELIGIBILITY INCOME

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**.

Single filers, qualifying separated filers, and if filing for a decedent use

Column A and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated

but not for the last six months of the year use

Columns B and C, and **Eligibility Income Table 2**.

Column A Unmarried or Married Filing Jointly	The Eligibility Income Tables are on page 39 of the PA-40 booklet.	Column B Taxpayer	Column C Spouse
1.	<input type="checkbox"/> PA taxable income from Line 9 of your PA-40	1.	
2.	Nontaxable interest, dividends and gains and/or annualized income	2.	
3.	<input type="checkbox"/> Alimony	3.	<input type="checkbox"/>
4.	Insurance proceeds and inheritances	4.	
5.	Gifts, awards and prizes	5.	
6.	Non-PA income - part-year residents and nonresidents	6.	
7.	Nontaxable military income – Do not include combat pay	7.	
8.	Gain excluded from the sale of a residence	8.	
9.	Nontaxable educational assistance	9.	
10.	Foster care and cash received for personal purposes	10.	
11.	<input type="checkbox"/> ←Total Eligibility Income for Column A		
Total Eligibility Income for Columns B and C – add Lines 1 through 10 for each spouse and enter the total →		11.	<input type="checkbox"/>

SECTION IV – CALCULATING YOUR TAX FORGIVENESS CREDIT

12.	<input type="checkbox"/> PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)	12.	<input type="checkbox"/>
13.	<input type="checkbox"/> Less Resident Credit from your PA-40, Line 22	13.	<input type="checkbox"/>
14.	<input type="checkbox"/> Net PA Tax Liability. Subtract Line 13 from Line 12	14.	<input type="checkbox"/>
15.	<input type="checkbox"/> Percentage of Tax Forgiveness entered as a decimal from the Eligibility Income Table using your dependents from Section II and your Total Eligibility Income from Line 11	15.	<input type="checkbox"/>
16.	<input type="checkbox"/> Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15.	16.	<input type="checkbox"/>



2209615513

2209615513

PA-40 Schedule C - 2022**(05-22) Profit or Loss From Business or Profession (Sole Proprietorship)**

468397138 HENRY S KOLLIE

Method of Inventory: C=Cost, L=Lower
of cost or market, O=Other

C

Nursing & Residentia Nursing & Residentia

Accounting Method: A=Accrual, C=Cash, O=Other

C

843828794 ACCESS CARE HUMAN SERVICES LLC

Home office
expenses deducted

N

1260 E WOODLAND AVENUE

623000

Business out of existence

Any change in determining
quantities, costs or valuations

Y

Springfield

PA 19064

1a. Gross receipts or sales	1A	0	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B		3. Gross profit	3	0
1c. Balance	1C	0	4. Other Income (submit statement)	4	
			5. Total income	5	0
6. Advertising	6	800	28. Supplies (not included on Schedule C-1)	28	0
7. Amortization	7		29. Taxes	29	0
8. Bad debts from sales or services	8		30. Telephone	30	
9. Bank charges	9		31. Travel and entertainment	31	0
10. Car and truck expenses	10	0	32. Utilities	32	0
11. Commissions	11	0	33. Wages	33	0
12. Cost depletion not % depletion	12		34. IDCs (1/3 current expensing)	34	
			35. IDCs (amortization)	35	
			36. Start-up costs (direct expense)	36	
13a. Regular depreciation	13A	0	37. Other expenses (specify):		
13b. Section 179 expense	13B	0			
14. Dues and publications	14		A CAR AND TRUCK REP	A	7895
15. Other employee benefit programs	15	0	B COMMISSION AND FE	B	12950
16. Freight (not on Schedule C-1)	16		C RENT	C	15720
17. Insurance	17	0	D VEHICLE EXPENSES	D	2895
18. Interest on business indebtedness	18	0	E SUPPLIES FOR THIS	E	2799
			F	F	
19. Laundry and cleaning	19		G	G	
20. Legal and professional services	20	1800	H	H	
21. Management fees	21		I	I	
22. Office supplies	22	0	J	J	
23. Pension and profit-sharing plans	23	0			
24. Postage	24		37. Total other expenses	37	42259
25. Rent on business property	25	0	38. Total expenses (add Lines 6 through 37)	38	44859
26. Repairs	26	0	39. Net profit or loss	39	-44859
27. Subcontractor fees	27	0			



PA-40 Schedule C - 2022

2203214172

Social Security Number 468397138

Name of owner HENRY S KOLLIE

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Section I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	
2. Less: Section 179 depreciation included in Schedule C-1	2	
3. Balance (subtract Line 2 from Line 1). Enter here and on Section II, Line 13b	3	0

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings	4A					
Furniture /fixtures	4B					
Trans. equipment	4C					
Machinery	4D					
Other (specify)	4E					
	4F					
	4G					
	4H					
	4I					
	4J					
	4K					
	4L					
	4M					
	4N					
	4O					
	4P					

5. Totals	0	5	0
6. Depreciation included in Schedule C-1		6	
7. Balance (subtract Line 6 from Line 5) Enter here and on Section II, Line 13a		7	0



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PA-40 Schedule C - 2022**(05-22) Profit or Loss From Business or Profession (Sole Proprietorship)**

468397138 HENRY S KOLLIE

Method of Inventory: C=Cost, L=Lower
of cost or market, O=Other

C

Ambulatory Health Ca Ambulatory Health Ca

Accounting Method: A=Accrual, C=Cash, O=Other

C

201325483 ACT HOME HEALTH SERVICES LLC

Home office
expenses deducted

N

941 SOUTH AVE APT A24

621610

Business out of existence

Any change in determining
quantities, costs or valuations

N

SECANE

PA 19018

1a. Gross receipts or sales	1A	144336	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B		3. Gross profit	3	144336
1c. Balance	1C	144336	4. Other Income (submit statement)	4	
			5. Total income	5	144336
6. Advertising	6	4795	28. Supplies (not included on Schedule C-1)	28	0
7. Amortization	7		29. Taxes	29	0
8. Bad debts from sales or services	8		30. Telephone	30	
9. Bank charges	9		31. Travel and entertainment	31	22895
10. Car and truck expenses	10	0	32. Utilities	32	0
11. Commissions	11	0	33. Wages	33	0
12. Cost depletion not % depletion	12		34. IDCs (1/3 current expensing)	34	
			35. IDCs (amortization)	35	
			36. Start-up costs (direct expense)	36	
13a. Regular depreciation	13A	0	37. Other expenses (specify):		
13b. Section 179 expense	13B	0			
14. Dues and publications	14		A TRAVELLING EXPENS	A	10989
15. Other employee benefit programs	15	0	B REPAIR AND MAINTEN	B	13995
16. Freight (not on Schedule C-1)	16		C VEHICLE EXPENSES	C	14989
17. Insurance	17	0	D MEDICAL AND PRESC	D	12858
18. Interest on business indebtedness	18	0	E COMMISSION AND FE	E	6899
			F SUPPLIES	F	15859
19. Laundry and cleaning	19		G UTILITIES	G	11895
20. Legal and professional services	20	7899	H RENT	H	20899
21. Management fees	21		I	I	
22. Office supplies	22	0	J	J	
23. Pension and profit-sharing plans	23	0			
24. Postage	24		37. Total other expenses	37	108383
25. Rent on business property	25	0	38. Total expenses (add Lines 6 through 37)	38	143972
26. Repairs	26	0	39. Net profit or loss	39	364
27. Subcontractor fees	27	0			



PA-40 Schedule C - 2022

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Social Security Number 468397138

Name of owner HENRY S KOLLIE

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Section I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	
2. Less: Section 179 depreciation included in Schedule C-1	2	
3. Balance (subtract Line 2 from Line 1). Enter here and on Section II, Line 13b	3	0

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings	4A					
Furniture /fixtures	4B					
Trans. equipment	4C					
Machinery	4D					
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	4F					
	4G					
	4H					
	4I					
	4J					
	4K					
	4L					
	4M					
	4N					
	4O					
	4P					

5. Totals	0	5	0
6. Depreciation included in Schedule C-1		6	
7. Balance (subtract Line 6 from Line 5) Enter here and on Section II, Line 13a		7	0



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2022 PA-40 V PA PAYMENT VOUCHER

468-39-7138 K0

2200916613

PAYMENT AMOUNT

KOLLIE
HENRY S

67--19--952

\$

0

A24
941 SOUTH AVE Apt A24
SECANE
PA
19018

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue