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

OMB No. 1545-0074

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

_		Single 🔀 Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH	)		lifying surv	viving
Check only one box.	If you	u checked the MFS box, enter the n	ame of	vour spouse If you	check	red the HOH or	089	Shox ente	r the		use (QSS) name if th	e qualifying
one box.		on is a child but not your dependent		your spouse. It you	511001		QO	o box, onto		) Offilia 5	TIGITIO II II	io qualityirig
Your first name		· · · · · · · · · · · · · · · · · · ·	Last na	ıme						Your social security number		
										226-17-6941		
				1 ,						Spouse's social security number		
									626-11-4660			
Christine   Moyer  Home address (number and street). If you have a P.O. box, see instructions.									Presidential Election Campaign			
1210 Kirkland Ave							1 .			heck here if you, or your		
						code		spouse	ouse if filing jointly, want \$3			
Kirkland				WA			00000			•	this fund. ow will not	Checking a
				Foreign province/state/county							or refund.	•
1 oroigh odding hamo				. o. o.g p. o	, 000	,		,		,	You Spouse	
 Digital	At an	y time during 2022, did you: (a) rec	oivo (ac	a reward award o	r nav	ment for prope	rtv o	r carvicae):	or	(b) sell		
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No
Standard		eone can claim:  You as a de		<u></u>				.,. (000		<u></u>		
Deduction		Spouse itemizes on a separate retur										
		Were born before January 2, 1					n ho	fore lenue	a, 0	1050	☐ Is bl	ind
			900 [		ouse			fore Janua	_	-		instructions):
Dependents		nstructions): rst name Last name	(2) Social security number		y	(3) Relationship to you		Child tax credit			Credit for other dependents	
If more than four	· · ·					•				Juli	Credit for oth	
dependents,		obert E Moyer, III		539-63-14		Son		X			L	
see instructions	Aar	drian R Moyer		126-77-833	3 <u>T</u>	Son		X			L	
and check here									╬		L	
	10	Total amount from Form(s) W 2 h	ov 1 (co	o instructions)		<u> </u>				1a	0.6	<u> </u>
Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)							1b		59,921.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1c		
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)							1d			
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26						1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
was withheld.		. , .		·						1g		
If you did not get a Form	g h	Wages from Form 8919, line 6						1h		0.		
W-2, see	i	Nontaxable combat pay election (see instructions)									0.	
instructions.	z	Add lines 1a through 1h	see ii isti	ructions)						1z	86	59,921.
Attack Cab D	2a		<b>b</b> Taxable interest					•	2b		357.	
Attach Sch. B if required.	3a	· —	2a 3a	14,974.		Ordinary divider				3b		15,310.
	4a		4a	11,0,11		axable amoun				4b		13,310.
Standard	<del>т</del> а 5а	_	<del>та</del> 5а			axable amount				5b		
Deduction for—	6a		6a			axable amount				6b		
Single or	C	If you elect to use the lump-sum election method, check here (see instructions)							7			
Married filing separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	٠,	35,358.	
\$12,950 Married filing	8								8	+ -	0.	
jointly or	9	·							9	91	20,946.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							10		20,2 <del>1</del> 0.	
\$25,900	11	Adjustments to income from Schedule 1, line 26							11	_	20,946.	
<ul> <li>Head of household,</li> </ul>		Subtract line 10 from line 9. This is your adjusted gross income							12			
\$19,400	12 13	Standard deduction or itemized deductions (from Schedule A)						13		25,900. 26.		
If you checked any box under		Qualified business income deduction from Form 8995 or Form 8995-A							_			
Standard Deduction,	14 15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>						14				
see instructions.	13	Subtract line 14 from line 11. if zero or less, effer -0 This is your taxable income								15	1 85	,,∪∠∪.

Add lines 16 and 17	Form 1040 (2022	2)									Page <b>2</b>	
18	Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	257,150.	
19	Credits	17	Amount from Schedule 2, lin	ie 3						17		
20		18	Add lines 16 and 17							18	257,150.	
21   Add lines 19 and 20   22   25   25   25   25   24   26   27   27   28   27   28   28   29   29   29   29   29   29		19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
22   Subtract line 21 from line 18. If zero or less, enter -0-		20	Amount from Schedule 3, lin	ie 8						20		
23		21	Add lines 19 and 20							21		
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	257,150.	
Payments 25 Federal income tax withheld from:  a Forn(s) W.2 2. 25b		23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .				23	11,433.	
Payments 25 Federal income tax withheld from:  a Forn(s) W.2 2. 25b		24	Add lines 22 and 23. This is	your <b>total tax</b>						24	268,583.	
a Form(s) W-2	Payments	25										
C   Other forms (see instructions)   25c   8,144   d   Add lines 25a through 25c   25c   8,144   d   Add lines 25a through 25c	•	а	Form(s) W-2				25a	246	5,833.			
		b	Form(s) 1099				25b					
26   2022 estimated tax payments and amount applied from 2021 return   26   27   28   28   28   28   28   28   29   28   29   29		С	Other forms (see instructions	s)			25c	8	3,144.			
Flyou have a qualifying child.   27		d	Add lines 25a through 25c							25d	254,977.	
Pare	If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return				26		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32	qualifying child,	27	Earned income credit (EIC)				27					
Amount from Schedule 3, line 15   30   31   25, 000   32   25, 000   32   Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   27   33   Add lines 25d, 26, and 32. These are your total payments   33   27   33   Add lines 25d, 26, and 32. These are your total payments   33   27   37   38   Add lines 25d, 26, and 32. These are your total payments   33   27   37   38   Add lines 25d, 26, and 32. These are your total payments   34   1.	attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28					
Amount from Schedule 3, line 15   31   25,000   32   2   2   34   31   25,000   32   2   33   32   33   32   33   32   33   32   33   32   33   32   33   32   33   32   33   32   33   32   33   32   34   35   35   35   35   35   35   35		29	American opportunity credit	from Form 8863	8, line 8		29					
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 Add lines 25d, 26, and 32. These are your total payments 3. This is the amount you overpaid 3. 32 27.  Refund  34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 3. 34 1.  35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		30	Reserved for future use .				30					
Refund   34		31	Amount from Schedule 3, lin	ie 15			31	25	5,000.			
Refund   34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		32	25,000.	
Sign   Here   Sign   Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my known restructions. See instructions.   Sign   Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my known records.   Spouse's signature. If a joint return, both must sign.   Date   Proparer's signature   Preparer's signature   Preparer's signature   Preparer   Phone no. (425)283-9979   Email address   Prim's name   Self-Prepared   Phone no. (425)283-9979   Phone no. (425)		33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	279,977.	
See instructions   See instruc	Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	11,394.	
Account number   X   X   X   X   X   X   X   X   X		35a				is attached, che	ck here			35a	11,394.	
Amount 7 you Owe 36 Amount of line 34 you want applied to your 2023 estimated tax		b							Savings			
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.  38  Estimated tax penalty (see instructions).  39  Do you want to allow another person to discuss this return with the IRS? See instructions.  38  Designee's Phone 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 kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kindle of the penalties of penalties of penalties of penalties of penalties of penalties of penalties	See instructions.	d	Account number X X X	X   X   X   X	X   X   X   2	X   X   X   X	X 2	X				
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36					
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions		37	•									
Designee instructions  Designee's name  Designee's name  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kn belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any Your signature  Date  Your occupation  Program Manager  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Program Manager  Spouse's occupation  If the IRS sent you an Interview (see inst.)  Identity Protection PIN, (see inst.)  Phone no. (425)283-9979  Email address  Preparer's name  Preparer's signature  Date  PTIN  Check if:  Self-Prepared  Firm's name  Self-Prepared  Phone no.		38	Estimated tax penalty (see in	nstructions) .			38					
Designee's name    Designee's name   Phone no.   Personal identification number (PIN)			,	•				Yes. C	omplete	below.	<b>X</b> No	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my kn belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any Your signature   Date   Your occupation   If the IRS sent you and Protection PIN, enter it (see inst.)							ification					
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any Your signature    Date									,			
Joint return? See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Spouse's occupation  Accountant  Spouse's occupation  If the IRS sent you an in Protection PIN, enter it (see inst.)  If the IRS sent you and enter it (see inst.)  If the IRS sent you and enter it (see inst.)  If the IRS sent you and enter it (see inst.)  If the IRS sent you and enter it (see inst.)  If the IRS sent you and enter it (see inst.)	-											
Joint return? See instructions. Keep a copy for your records.  Program Manager  Spouse's signature. If a joint return, both must sign.  Phone no. (425)283-9979  Email address  Preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Phone no.	Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here			
See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  Accountant  Phone no. (425)283-9979  Email address  Preparer's name  Preparer's signature  Preparer's signature  Date  PTIN  Check if:  Self- Preparer  Self- Prepared  Phone no.	Joint return?				Program Manac			/000			11, 611.61 11 11 11	
Phone no. (425)283-9979 Email address  Paid Preparer's name Preparer's signature Date PTIN Check if: Self-Preparer Use Only    Firm's name   Self-Prepared   Phone no.   Phone	See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupation			Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here		
Preparer's name  Preparer's signature  Preparer's signature  Date  PTIN  Check if:  Self- Preparer  Use Only  Phone no.			Accountant						inst.)			
Paid Preparer Use Only  Firm's name Self-Prepared Phone no.			(120/200 ));						01 1 15			
Preparer Use Only  Firm's name  Self-Prepared  Phone no.	Paid	Pre	eparer's name	⊢ ⊬reparer's signat I	ure		Date		PIIN		l	
Use Only Firm's name Self-Prepared Phone no.											Self-employed	
Firm's address Firm's EIN			-									
		Fin	Firm's address Firm's							n's EIN	1010	