

b Employee's identification number c Employer's name, address, and ZIP code		46-2799055		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
INTEGRA LAWNS, LLC				12b \$		18568.33		1426.57	
532 MISTY MOUNTAIN DR				12c \$		18568.33		1151.24	
FT WORTH TX 76140				12d \$		18568.33		269.24	
a Employee's first name and initial		Last name		12e \$		18568.33		8 Allocated tips	
ADRIAN ALVARADO		12741608		12f \$		18568.33		10 Dependent care benefits	
4224 HAWLETT ST				12g \$		18568.33		11 Nonqualified plans	
FT WORTH TX 76103				12h \$		18568.33		12 Social security tax withheld	
1 Employee's address and ZIP code		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
15 State		16 State		17 State		18 Local		19 Local	
Form W-2 Wage and Tax Statement 2021		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy B To Be Filed with Employee's FEDERAL Tax Return		Copy B To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments	

b Employee's identification number c Employer's name, address, and ZIP code		46-2799055		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
INTEGRA LAWNS, LLC				12b \$		18568.33		1426.57	
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FT WORTH TX 76103				12h \$		18568.33		12 Social security tax withheld	
1 Employee's address and ZIP code		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
15 State		16 State		17 State		18 Local		19 Local	
Form W-2 Wage and Tax Statement 2021		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2 for State, City, or Local Tax Departments		Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments	

b Employee's identification number c Employer's name, address, and ZIP code		46-2799055		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
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15 State		16 State		17 State		18 Local		19 Local	
Form W-2 Wage and Tax Statement 2021		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2 for State, City, or Local Tax Departments		Copy C For Employee's Records	

Request for Signature or Missing Information to Complete Return

To obtain the forms, schedules or publications to respond to this letter, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

We are returning your tax return because we need more information to process it. You must complete and send us all items asked for next to the boxes checked on both sides of this form. When you reply, include this form with your return. To avoid further delay, send all requested information within 20 days, unless otherwise instructed below. In case we need more information, provide in the spaces below your telephone number and the best hours to contact you.

Telephone _____

Hours _____

☒ 1. Your tax return doesn't show a valid original signature on the "Sign Here" signature line(s). A photocopied signature is not a valid signature. Don't sign this form. Sign your name on the on the "Sign Here" signature line(s) on your Form 1040/AEZ/SR. Review conditions a-e below and follow all that apply to you.

- a. If this is a joint return, both spouses must sign the return.
- b. If you can't write your name, sign your mark in the presence of two witnesses. The signatures of the witnesses also are required.
- c. If you're signing as a parent of a minor child, sign the child's name and your name, writing "parent of a minor child," in the signature area.
- d. We require a power of attorney or court certificate in all other instances when someone other than the taxpayer is signing the return.
- e. If you signed in the wrong place on your return, sign your name in the "SIGN HERE" area of your return.

☐ 2. By law, the following statement must appear directly above your original signature in the "Sign Here" area of your tax return: "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 the taxpayer) is based on all information of which preparer has any knowledge." RE-PRINT your computer generated return or obtain a new Form 1040/AEZ/SR that has this paragraph printed above the "Sign Here" area of the return and sign in the space provided.

☐ 3. Your taxpayer identification number (Social Security Number or IRS Individual Taxpayer Identification Number) is missing or doesn't show nine digits. If this is a joint return or married filing separately return, both spouses must have a number. If you don't have a number, call the Social Security Administration at 1-800-772-1213. If you can't get a Social Security Number because you don't qualify, complete Form W-7. Application for IRS Individual Taxpayer Identification Number (ITIN). To apply, refer to the Form W-7 instructions. Re-submit your tax return to the IRS after you have been issued an SSN or ITIN. Write the correct SSN or ITIN in the space provided on your return. Also, review all other SSNs, ITINs, or ATINs listed on your return to be sure they are correct.

☐ 4. The dependent information on the front of your return is incomplete. Enter the following information for each dependent listed:

- a. Dependent's first and last name.
- b. Dependent's Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN), or Adoption Taxpayer Identification Number (ATIN). Also, review all other SSNs, ITINs, or ATINs listed on your return to be sure they are correct.

c. If your dependent is a qualifying child for the child tax credit or qualifies for the credit for other dependents, check the box in column (4).

☐ 5. Attach a copy of the birth certificate for the dependent who was born and died during the tax year.

☒ 6. Attach supporting document(s) for your entry of \$ 1487.00 for federal income tax withheld. This may be a Form W-2, Form W-2G, Form 1099, or substitute Form W-2 (for example, a copy of an earning statement with year-end totals).

☐ 7. Explain the source of earned income or wages you used to compute your earned income credit and attach documents (such as Forms W-2 or Forms 1099-MISC) to support your entry.

☐ 8. The Forms W-2 submitted with your tax return are insufficient to support the amount you claimed for excess social security and tier 1 RRTA tax withheld. Send us all the Forms W-2 used to support your claim for excess SST/RRTA.

☐ 9. Your Form 1040/AEZ/SR is blank, illegible, missing, damaged or in an incorrect format and we can't process it. You must resubmit the original completed form along with all applicable schedules, forms and attachments. Your original signature(s) is required.

☐ 10. It appears you may be filing individual tax forms to reflect a business entity's filing requirement. Refer to the appropriate business and/or individual forms/schedules and instructions at www.irs.gov or contact us at 1-800-829-1040 (for individuals) or 1-800-829-4933 (for businesses).

☐ 11. Complete Form or Schedule _____ to support your entry on line _____ of Form or Schedule _____.

☐ 12. Complete Form or Schedule _____ to support your entry on line _____ of Form or Schedule _____.

☐ 13. Complete Form or Schedule _____ to support your entry on line _____ of Form or Schedule _____.

☐ 14. Complete Form or Schedule _____ to support your entry on line _____ of Form or Schedule _____.

☐ 15. Complete the indicated form(s) or schedule(s) to support your entry on the line(s) of your Form 1040, Form 1040-SR or Form 1040A as listed below:

Form or Schedule _____ to support line _____

Form or Schedule _____ to support line _____

Form or Schedule _____ to support line _____

Form or Schedule _____ to support line _____

More information may be required on the reverse side.

- ☐ **16.** You may be liable for self-employment tax on income reported on Schedule C/C-EZ or Schedule F. Submit a completed Schedule SE.
- ☐ **17.** We can't determine **which taxpayer** is filing Form or Schedule _____. Enter the name and Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) of the taxpayer who is required to pay this tax. If both spouses are required to pay this tax, each of you must file a separate form or schedule.
- ☐ **18.** Complete the following line(s):
 Line(s) _____ on Form or Schedule _____
 Line(s) _____ on Form or Schedule _____
 Line(s) _____ on Form or Schedule _____
- ☐ **19.** Explain your entry of \$ _____ on line _____ of Form or Schedule _____ and attach the supporting form(s) or schedule(s), as required.
- ☐ **20.** Explain your entry of \$ _____ on line _____ of Form or Schedule _____ and attach the supporting form(s) or schedule(s), as required.
- ☐ **21.** The information about your qualifying child or children on Schedule EIC is incomplete. Enter the following information for each child listed on Schedule EIC:
 a. Child's complete name and year of birth.
 b. Child's Social Security Number (SSN). Also, review all other SSNs listed on your return to be sure they are correct.
 c. Child's relationship to you.
 d. Number of months the child lived in your home during the tax year.
- ☐ **22.** The information about the qualifying student on Form 8863 is incomplete. Enter the following information for each student listed on Form 8863:
 a. Student's complete name.
 b. Student's Social Security Number.
- ☐ **23.** Your Form 2441 is incomplete. Enter all information as indicated below:
 a. Complete all of Part I.
 b. Complete the following dependent information on line 2, Part II:
 1) First and last name of the qualifying person(s).
 2) Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or Adoption Taxpayer Identification Number (ATIN) of the qualifying person(s). Also, review all other SSNs, ITINs, or ATINs listed on your return to be sure they are correct.
 3) Qualified expenses for the qualifying person(s) listed in column (a).
 c. Part II line 5 must be entered when married filing a joint return. If your spouse was a student or disabled during the tax year, the number of months your spouse was a student or disabled is required to calculate the entry.
- ☐ **24.** Write the date of death for the deceased taxpayer across the top of your Form 1040/A/EZ/SR.
- ☐ **25.** We can't determine who is **claiming the refund** for the deceased taxpayer(s). Print the name clearly in the signature area of the return.
- ☐ **26.** You may file as married filing **jointly** and claim your spouse's exemption if your spouse died during the tax year and you didn't remarry during the tax year. Provide your spouse's name and Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN). If you have a dependent child or children, you may claim qualifying surviving spouse status for the two tax years following your spouse's death.
- ☐ **27.** A return for a **deceased taxpayer must be signed** by the taxpayer's spouse or a representative of the estate—an executor, administrator, or anyone who is in charge of the decedent's property. The appropriate person must sign on the "Sign Here" signature line on the tax return. **An original signature is required. A photocopied signature is not a valid signature.**
- ☐ **28.** We need **additional support** for each deceased taxpayer on the return. See the items below:
 a. If you are a **court appointed representative**, attach a copy of the court certificate showing your appointment. A will or power of attorney is not a valid court certificate.
 b. If you are **not** a court appointed representative, submit Form 1310 or change your previously submitted Form 1310, as indicated below:
 1) Complete Part I, Form 1310.
 2) Answer questions 2a, 2b and 3 on Form 1310. **If line 2a or 2b is answered "Yes",** the court appointed representative must file and sign the return and attach the court certificate showing his or her appointment.
 OR
 If line 3 is answered "No", we can't issue a refund until you attach a court certificate showing your appointment as personal representatives or other evidence that you are entitled under state law to receive the refund.
 3) Sign Form 1310 in the signature space provided.
- ☐ **29.** Detach your state or local return and mail to the appropriate state or local agency.
- ☐ **30.** _____

To reply, use the return address on the mailing envelope or refer to IRS.gov and search "where to file."

If you have any questions regarding this form, call 1-800-829-1040.

Form 1040 U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

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

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 Adrian		Last name Alvarado		Your social security number 640-50-3691	
If joint return, spouse's first name and middle initial Fadwa		Last name Aljaoui		Spouse's social security number 991-99-3337	
Home address (number and street). If you have a P.O. box, see instructions. 4224 Hawlet St				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Fort Worth TX 76103-4126				State TX	
Foreign country name				ZIP code 761034126	
				Foreign postal code	
				Foreign province/state/country	
				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"/> Yes <input checked="" type="checkbox"/> No	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1958 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	(5) Credit for other dependents
more than four dependents, see instructions and check here				<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)	18,769.
b Household employee wages not reported on Form(s) W-2	
c Tip income not reported on line 1a (see instructions)	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e Taxable dependent care benefits from Form 2441, line 26	
f Employer-provided adoption benefits from Form 8839, line 29	
g Wages from Form 8919, line 6	
h Other earned income (see instructions)	
i Nontaxable combat pay election (see instructions)	
z Add lines 1a through 1h	18,769.
2a Tax-exempt interest	
3a Qualified dividends	
4a IRA distributions	
5a Pensions and annuities	
6a Social security benefits	
c If you elect to use the lump-sum election method, check here (see instructions)	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	
8 Other income from Schedule 1, line 10	13,541.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	32,310.
10 Adjustments to income from Schedule 1, line 26	1,557.
11 Subtract line 10 from line 9. This is your adjusted gross income	30,753.
12 Standard deduction or itemized deductions (from Schedule A)	25,900.
13 Qualified business income deduction from Form 8995 or Form 8995-A	971.
14 Add lines 12 and 13	26,871.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	3,882.

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

Form 1040 (2022)

1501 RECEIVED 1501

APR 19 2023

IRS-AUSTIN, TEXAS

Returned for Signature
DA 09222523

Washington, D.C.

U.S. DEPARTMENT OF
ENERGY

1980

1980

Tax and Credits 16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ 16 388.

17 Amount from Schedule 2, line 3 17 388.

18 Add lines 16 and 17 18 388.

19 Child tax credit or credit for other dependents from Schedule 8812 19

20 Amount from Schedule 3, line 8 20

21 Add lines 19 and 20 21

22 Subtract line 21 from line 18. If zero or less, enter -0- 22 388.

23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 1,914.

24 Add lines 22 and 23. This is your **total tax** 24 2,302.

Payments 25 Federal income tax withheld from:

a Form(s) W-2 25a 1,427.

b Form(s) 1099 25b

c Other forms (see instructions) 25c

d Add lines 25a through 25c 25d 1,427.

26 2022 estimated tax payments and amount applied from 2021 return 26

27 Earned income credit (EIC) 27 No.

28 Additional child tax credit from Schedule 8812 28

29 American opportunity credit from Form 8863, line 8. 29

30 Reserved for future use 30

31 Amount from Schedule 3, line 15 31

32 Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits** 32 1,427.

33 Add lines 25d, 26, and 32. These are your **total payments** 33

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** 34

35a Amount of line 34 you want **refunded to you**. If Form 8898 is attached, check here 35a

b Routing number X X X X X X X X X X c Type: ☐ Checking ☐ Savings

d Account number X X X X X X X X X X X X X X X X

36 Amount of line 34 you want **applied to your 2023 estimated tax** 36

37 Subtract line 33 from line 24. This is the **amount you owe**. 37 875.

38 For details on how to pay, go to www.irs.gov/Payments or see instructions. 38

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See ☐ Yes. Complete below. ☒ 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.

Your signature Date Your occupation

Spouse's signature, If a joint return, **both** must sign. Date Spouse's occupation

Spouse's signature, If a joint return, **both** must sign. Date Student

Phone no. (682) 518-4556 Email address

Preparer's name Preparer's signature Date PTIN Check it: ☐ Self-employed

Firm's name Self-Prepared Firm's address Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/22/23 TTD Form **1040** (2022)

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

2022
Attachment
Sequence No. 01

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

Adrian Alvarado & Fadwa Aljaoui

Your social security number
640-50-3691

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
4	Other gains or (losses). Attach Form 4797		4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5
6	Farm income or (loss). Attach Schedule F		6
7	Unemployment compensation		7
8	Other income:		
a	Net operating loss	8a ()	
b	Gambling	8b ()	
c	Cancellation of debt	8c ()	
d	Foreign earned income exclusion from Form 2555	8d ()	
e	Income from Form 8853	8e ()	
f	Income from Form 8889	8f ()	
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 ()	
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 ()	
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 ()	
9	Total other income. Add lines 8a through 8z		9
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10

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

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings	600.	18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
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	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
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	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
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	1,557.

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

2022
Attachment
Sequence No. 02

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

Adrian Alvarado & Padwa Aljaoui

Your social security number
640-50-3691

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,914.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Part II Other Taxes (continued)**17** Other additional taxes:**a** Recapture of other credits. List type, form number, and amount:**17a****b** Recapture of federal mortgage subsidy, if you sold your home see instructions**17b****c** Additional tax on HSA distributions. Attach Form 8889**17c****d** Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889**17d****e** Additional tax on Archer MSA distributions. Attach Form 8853 .**17e****f** Additional tax on Medicare Advantage MSA distributions. Attach Form 8853**17f****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****k** Golden parachute payments**17k****l** Tax on accumulation distribution of trusts**17l****m** Excise tax on insider stock compensation from an expatriated corporation**17m****n** Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866**17n****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****q** Any interest from Form 8621, line 24**17q****z** Any other taxes. List type and amount: _____**17z****18** Total additional taxes. Add lines 17a through 17z**18****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**

1,914.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury
Internal Revenue Service

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

Adrian Alvarado

Social security number (SSN)

640-50-3691

A Principal business or profession, including product or service (see instructions)

Landscaping

B Enter code from instructions

5 6 1 7 3 0

C Business name, if no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) 4224 Hawlet St

City, town or post office, state, and ZIP code Fort Worth, TX 76103-4126

F Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2022, check here ☒ Yes ☐ No

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ 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	27,347.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	27,347.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	27,347.
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	27,347.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	4,840.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depreciation	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	940.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	5,280.
17	Legal and professional services	17		25	Utilities	25	670.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	576.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			27b	Reserved for future use	27b	
	Simplified method filers only: Enter the total square footage of (a) your home: 300 and (b) the part of your home used for business: 1600			28		28	12,306.
	Method Worksheet in the instructions to figure the amount to enter on line 30			29		29	15,041.
31	Net profit or (loss). Subtract line 30 from line 29			30		30	1,500.
				31		31	13,541.

32

If you have a loss, check the box that describes your investment in this activity. See instructions.

- 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.

- 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.

32a ☐ All investment is at risk.

32b ☐ 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? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
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	
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	

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) 02/23/2022

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 8,000 **b** Commuting (see instructions) **c** Other 15,278

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.

uniform maintenance

576.

48 Total other expenses. Enter here and on line 27a 576.

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/ScheduleSE for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

2022
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Adrian Alvarado

Social security number of person
with self-employment income

640-50-3691

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐
- Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**
- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()
- Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 13,541.
- 3** Combine lines 1a, 1b, and 2 **3** 13,541.
- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 12,505.

- Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**
- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue. **4c** 12,505.

- 5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**
- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.
- 6** Add lines 4c and 5b **6** 12,505.

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 **7** 147,000

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 **8a** 18,769.

- b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**
- c** Wages subject to social security tax from Form 8919, line 10 **8c**

- d** Add lines 8a, 8b, and 8c **8d** 18,769.
- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 128,231.

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124) **10** 1,551.
- 11** Multiply line 6 by 2.9% (0.029) **11** 363.

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 **12** 1,914.
- 13** Deduction for one-half of self-employment tax.

- Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15 **13** 957.

Part II Optional Methods To Figure Net Earnings (see instructions)

- Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,060, or (b) your net farm profits² were less than \$6,540.

- 14** Maximum income for optional methods **14** 6,040
- 15** Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$6,040. Also, include this amount on line 4b above **15**

- Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

- 16** Subtract line 15 from line 14 **16**
- 17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income³ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Electronic Filing Instructions for your 2022 Federal Tax Return
Important: Your taxes are not finished until all required steps are completed.



Adrian Alvarado & Fadwa Aljaoui
4224 Hawlet St
Fort Worth, TX 76103-4126

Balance Due/Refund

Your federal tax return (Form 1040) shows a balance due of \$875.00. Mail your completed Form 1040-V with included payment made payable to the United States Treasury by April 18, 2023. Make sure you sign your check and write your social security number and "Form 1040-V" on the check.

What You Need to Mail

Your return shows a balance due of \$875.00. Mail your completed Form 1040-V with included payment of \$875.00 made payable to United States Treasury by April 18, 2023.

Mail to:

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

Do not mail Form 1040-V with payment until your return has been ACCEPTED for electronic filing by the IRS. If your return still hasn't been accepted by April 18, 2023, don't wait. Go ahead and mail in form 1040-V with your payment.

What You Need to Keep

Your Electronic Filing Instructions (this form)
A copy of your federal return

2022 Federal Tax Return Summary

Adjusted Gross Income	\$	30,753.00
Taxable Income	\$	3,882.00
Total Tax	\$	2,302.00
Total Payments/Credits	\$	1,427.00
Payment Due	\$	875.00
Effective Tax Rate		1.26%



Hi Adrian and Padwa,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Live Premium:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2022 taxes:

Your federal balance due is: \$ 875.00

Your Guarantee of Accuracy:

- Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.
- We double checked your return for errors along the way.
 - We helped with step-by-step guidance to get your answers on the right IRS forms.
 - We asked you specific questions related to your business and found all the related deductions.
 - We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

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

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

Form 1040-V 2022

V Detach Here and Mail With Your Payment and Return V

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment	875.
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REV 03/22/23 TFO

1555

ADRIAN ALVARADO
FADWA ALJAOUI
4224 HAWLET ST
FORT WORTH TX 76103-4126

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

640503691 WF ALVA 30 0 202212 610

We need your consent to proceed with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2022 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

First Name

Last Name

Adrian

Alvarado

Today's Date

04/13/2023

Spouse's First Name

Spouse's Last Name

Fadwa

Aljaout

Today's Date

04/13/2023

☐

80485009 3/11/2019

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2022Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue ServiceAttach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Adrian Alvarado & Fadwa Aljaoui

Your taxpayer identification number

640-50-3691

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.

	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Adrian Alvarado	640-50-3691	11,984.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	11,984.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	11,984.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	2,397.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	2,397.
11	Taxable income before qualified business income deduction (see instructions)	11	4,853.
12	Net capital gain (see instructions)	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	4,853.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	971.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	971.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	0.

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

REV 03/22/23 TTD

Form **8995** (2022)

1501 RECEIVED 151

APR 19 2023

IRS-AUSTIN, TEXAS

Form 8829
Lines 7, 8, 42

Form 8829 Worksheet

2022

Name(s) of Proprietor(s)
Adrian Alvarado

Your SSN
640-50-3691

Business name Landscaping
Grand Prairie

Part I — Calculation of Line 7

Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:

1	Area used exclusively for daycare	1	
2	Total area of home	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2	3	%
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2	5	%
6	Multiply days used for daycare during year by hours used per day	6	hr
7	Total hours available for use during the year (365 x 24 hours).	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E	8	
9	Business % for area used only partly for daycare. Multiply line 8 by line 5	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7	10	%

Part II — Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A

Calculation of business income limit when part of gross income is from a place of business other than this home office:

1	Gross income from Schedule C, line 7.	1	27,347.
2	Percent of gross income from business use of home reported on Schedule C.	2	80.00 %
3	Gross income from business use of home. Multiply line 1 by line 2	3	21,878.
4	Gain from business use of your home shown on Schedule D or Form 4797	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4	5	21,878.
6	Total expenses from Schedule C, line 28.	6	12,306.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. Enter the expenses as a positive number	7	
8	Any losses from this business shown on Schedule D or Form 4797. Enter the losses as a positive number	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8 or Simple Wks. ln A	9	9,572.

Part III — Calculation of Line 42

1	Depreciation attributable to business use of home	1	
2	Depreciation for additions and improvements attributable to business use of home	2	
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 42.	3	

