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.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	ed filing separately (Nour spouse. If you c		_		•		spou	ise (QSS)		
Your first name		on is a child but not your dependent	Last na	me.						Vour so	rial securi	ty number	
		udie iliitiai	_	ine					١,	Your social security number			
Gabriel		first name and middle initial	Amo Last na	me						Spouse's social security number			
ii joint return, s	oouse s	s instruante and middle initial	Lastria	ille						opouse :	s social se	curity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			А	pt. no.		Presider	ntial Electi	on Campaign	
										Check h	Check here if you, or your		
_	~ ~ ~	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP co	ode				ntly, want \$3	
Washington				DC							to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county				Foreign postal code yo			your tax or refund.		
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-		•	,	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	t	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	rn befo	re Janua	ry 2,	1958	☐ Is b	lind	
Dependents	s (see	•		(2) Social security	,	(3) Relationsh	1.0				ies for (see	instructions):	
If more		rst name Last name	number			to you		Child tax cred		dit	Credit for of	ther dependents	
than four									7			П	
dependents,									_				
see instructions and check	s ——								_				
here $\square$									_				
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .						1a	1	07,916.	
moonic	b	b Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruction	ons) .							1h		0.	
W-2, see instructions.	i	i Nontaxable combat pay election (see instructions)											
	Z	Add lines 1a through 1h								1z	1	07,916.	
Attach Sch. B	2a	Tax-exempt interest	2a	223.	<b>b</b> Ta	xable interest	t.			2b			
if required.	3a	Qualified dividends	3a	751.	<b>b</b> Or	dinary divider	nds .			3b		886.	
	4a	IRA distributions	4a		<b>b</b> Ta	xable amoun	t			4b		6,860.	
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	xable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		<b>b</b> Ta	xable amoun	t		. <u>.</u>	6b			
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		-542.	
Married filing jointly or	8	Other income from Schedule 1, line 10								8		0.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome					9	1	15,120.	
surviving spouse, \$25,900	10	10 Adjustments to income from Schedule 1, line 26											
Head of	11	<u>1</u> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11		15,120.	
household, \$19,400	12											12,950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		4.		
Standard	14	Add lines 12 and 13							14		12,954.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									1	02,166.	

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	18,288.
Credits	17	Amount from Schedule 2, lin	e3					17	0.
	18	Add lines 16 and 17						18	18,288.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	34.
	21	Add lines 19 and 20						21	34.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,254.
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21 .			23	339.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	18,593.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 16	,649.		
	b	Form(s) 1099				25b	0.		
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	16,649.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	16,649.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	
neruna	35a	Amount of line 34 you want I	refunded to you	u. If Form 8888	3 is attached, che	ck here		35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe.							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							1,944.
	38	Estimated tax penalty (see in	structions) .			38			
<b>Third Party</b>		you want to allow another							
Designee		structions					omplete		⊠ No
	De nai	signee's me		Phone no.			onal ident ber (PIN)	ification	
Ciana		der penalties of perjury, I declare the	hat I have evamine		d accompanying sch		, ,	o the hes	et of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
		, and the second							IN, enter it here
Joint return?				Deputy Director				inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date Spouse's occupation					nt your spouse an ection PIN, enter it here
your records.									THE POLICE IN TH
	Ph	one no.		Email address					
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid			-						Self-employed
Preparer	Fir	m's name Self—Pre	epared			1	Pho	ne no.	
Use Only		m's address						n's EIN	
Go to www.irs a		n1040 for instructions and the late:	st information.		BAA	REV 05/02/23 Intuit.cg.cfp.sp	1		Form <b>1040</b> (2022)
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