

Filing Status
Check only one box.
Single, Married filing jointly, Married filing separately (MFS), Head of household (HOH), Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Personal information section including: Your first name and middle initial, Last name, Your social security number, Spouse's social security number, Home address, Apt. no., City, town, or post office, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code.

At any time during 2022, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? 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, 1957, Are blind, Spouse: Was born before January 2, 1957, Is blind

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents

Main income and deduction table with rows 1-15. Includes sections for Attach Sch. B if required and Standard Deduction for Single or Married filing separately, Married filing jointly or Qualifying widow(er), Head of household.

Sample Only

|     |                                                                                                                                                                                                                                                            |                                                                            |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 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                                                                         |
| 17  | Amount from Schedule 2, line 3                                                                                                                                                                                                                             | 17                                                                         |
| 18  | Add lines 16 and 17                                                                                                                                                                                                                                        | 18                                                                         |
| 19  | Nonrefundable 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                                                                         |
| 23  | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                                                                                                                       | 23                                                                         |
| 24  | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                                                                                                                         | 24                                                                         |
| 25  | Federal income tax withheld from:                                                                                                                                                                                                                          |                                                                            |
| a   | Form(s) W-2                                                                                                                                                                                                                                                | 25a                                                                        |
| b   | Form(s) 1099                                                                                                                                                                                                                                               | 25b                                                                        |
| c   | Other forms (see instructions)                                                                                                                                                                                                                             | 25c                                                                        |
| d   | Add lines 25a through 25c                                                                                                                                                                                                                                  | 25d                                                                        |
| 26  | 2021 estimated tax payments and amount applied from 2020 return                                                                                                                                                                                            | 26                                                                         |
| 27a | Earned income credit (EIC)<br>Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | 27a                                                                        |
| b   | Nontaxable combat pay election                                                                                                                                                                                                                             | 27b                                                                        |
| c   | Prior year (2019) earned income                                                                                                                                                                                                                            | 27c                                                                        |
| 28  | Refundable child tax credit or additional child tax credit from Schedule 8812                                                                                                                                                                              | 28                                                                         |
| 29  | American opportunity credit from Form 8863, line 8                                                                                                                                                                                                         | 29                                                                         |
| 30  | Recovery rebate credit. See instructions                                                                                                                                                                                                                   | 30                                                                         |
| 31  | Amount from Schedule 3, line 15                                                                                                                                                                                                                            | 31                                                                         |
| 32  | Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b>                                                                                                                                                         | 32                                                                         |
| 33  | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                                                                                                                                                                            | 33                                                                         |
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                                                                                                                                                     | 34                                                                         |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                                                                                                          | 35a                                                                        |
| b   | Routing number                                                                                                                                                                                                                                             | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d   | Account number                                                                                                                                                                                                                                             |                                                                            |
| 36  | Amount of line 34 you want <b>applied to your 2022 estimated tax</b>                                                                                                                                                                                       | 36                                                                         |
| 37  | <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions                                                                                                                                                         | 37                                                                         |
| 38  | Estimated tax penalty (see instructions)                                                                                                                                                                                                                   | 38                                                                         |

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  **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.

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.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no.                                                     | Email address |                     |                                                                                   |

Paid Preparer Use Only

|                 |                      |      |      |                                                     |
|-----------------|----------------------|------|------|-----------------------------------------------------|
| Preparer's name | Preparer's signature | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name     | Firm's address       |      |      | Phone no.                                           |
| Firm's EIN      |                      |      |      |                                                     |