1040-X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

or fiscal year (enter month and year ended)

OMB No. 1545-0074

			lax returns.
Go to www	w.irs.gov/Form1040X	for instructions and	I the latest information.

 (Rev. July 2021)
 ► Go to www.irs.gov/Form

 This return is for calendar year (enter year)
 2022

FER Irrn, spouse's first name and middle initial Irrne address (number and street). If you have a P.O. box, see instru- N LINCOLN AVE or post office, state, and ZIP code. If you have a foreign address,	MORRISON Last name uctions.				K-XX-12 s social sec	234 curity number
me address (number and street). If you have a P.O. box, see instru				Spouse's	social sec	urity number
N LINCOLN AVE	uctions.					
N LINCOLN AVE	uctions.		Apt po	Vour pho	ne number	
			Apt. no.			
or post office, state, and ZIP code. If you have a foreign address,	alao complete encose balev		instructions	312-5	555-07	71
	also complete spaces below	w. See	instructions.			
GO, IL 60625	Foreign province/state	- /	. .	5	reign posta	Laada
untry name	Foreign province/state	e/coun	ty		reign posta	TCODE
ed return filing status. You must check one box ev	/en if you are not cha	nging	your filing status	s. Cautio	on: In ger	neral, you can't
your filing status from married filing jointly to marrie	d filing separately afte	er the	return due date.			
e 🗌 Married filing jointly 🗌 Married filing separa	ately (MFS) 🛛 🕱 Hea	d of h	nousehold (HOH)	🗌 Q	ualifying	widow(er) (QW)
necked the MFS box, enter the name of your spouse.	. If you checked the H	IOH o	r QW box, enter	the child	l's name i	if the qualifying
s a child but not your dependent			-			
	unts for the return		A. Original amount			C. Correct
ered above.						amount
t III on page 2 to explain any changes.			(see instructions)	explain ir	n Part III	
e and Deductions						
		1	46618		4972	51590
			19400			19400
		3	27218		4972	32190
		4a				
		4b			78	78
	,					
		5	27218		4894	32112
-						
ax. Enter method(s) used to figure tax (see instructi	ons):					
		6	2974		588	3562
			2974		588	3562
		-				
		-				
		11	64		(64)	
			3000		1925	4925
		-				
		14	584		(584)	
		45				
						1263
	and line to				1/	6188
		J 6 +			40	
		-				5371
	,					817
Amount of line 21 you want refunded to you			•		21	<u> </u>
	vour filing status from married filing jointly to marrie e Married filing jointly Married filing separation of the married filing and the married filing separation of t	rour filing status from married filing jointly to married filing separately after a Married filing jointly Married filing separately (MFS) X Hea ecked the MFS box, enter the name of your spouse. If you checked the H Interview Inter	rour filing status from married filing jointly to married filing separately after the a Married filing jointly Married filing separately (MFS) All head of filing separately (MFS) a Additional filing separately (MFS) All head of filing separately (MFS) All head of filing separately (MFS) a a child but not your dependent ▶ lines 1 through 23, columns A through C, the amounts for the return ared above. III on page 2 to explain any changes. a and Deductions glusted gross income. If a net operating loss (NOL) carryback is included, check here ubtract line 2 from line 1 4 asserved for future use 4 ualified business income deduction 4 axable income. Subtract line 4b from line 3. If the result is zero or less, inter -0- 5 bility ax. Enter method(s) used to figure tax (see instructions): 7 ABLE 6 onorrefundable credits. If a general business credit carryback is included, check here 9 that tax. Add lines 8 and 10 11 ths 1 1 ederal income tax withheld and excess social security and tier 1 RRTA is withheld. (If changing, see instructions.) 13 ared income credit (EIC) 14 <td>vour filing status from married filing jointly to married filing separately after the return due date. a Married filing jointly Married filing separately (MFS) X Head of household (HOH) ecked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the a child but not your dependent ► A Original amount previously adjusted the MOH or QW box, enter the a child but not your dependent ► lines 1 through 23, columns A through C, the amounts for the return are dabove. A Original amount previously adjusted time to previously adjusted to previously adjusted time to previously adjusted time to previously adjusted time to previously adjusted to pr</td> <td>vour filing status from married filing jointly to married filing separately after the return due date. Image: Construction of the construct</td> <td>vour filing status from married filing jointly to married filing separately after the return due date. </td>	vour filing status from married filing jointly to married filing separately after the return due date. a Married filing jointly Married filing separately (MFS) X Head of household (HOH) ecked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the a child but not your dependent ► A Original amount previously adjusted the MOH or QW box, enter the a child but not your dependent ► lines 1 through 23, columns A through C, the amounts for the return are dabove. A Original amount previously adjusted time to previously adjusted to previously adjusted time to previously adjusted time to previously adjusted time to previously adjusted to pr	vour filing status from married filing jointly to married filing separately after the return due date. Image: Construction of the construct	vour filing status from married filing jointly to married filing separately after the return due date.

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25	Reserved for future use									reported or as previously adjusted	amount of increase or (decrease)	number
		•							24			
	Your dependent children who lived with you								25	2		2
	Your dependent children who didn't live with yo separation								26			
27	Other dependents							. Г	27			
28	Reserved for future use							. Г	28			
29	Reserved for future use							. Г	29			
30	List ALL dependents (children and others) claimed	l on t	his a	am	end	dec	re	turn				

Dependents (see instructions):					(d) ✓ if qualifies for (see instructions):		
<u> </u>	(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents	
	CARLA DAVIS		XXX-XX-4567	DAUGHTER		x	
	OLLIE MORRISON		XXX-XX-7894	SON	x		
and check							
here 🕨 🗌							

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

ADDED W-2.

REMOVED OTHER INCOME AND ADDED TO SCHEDULE C.

Sign	Remember to keep a copy of this Under penalties of perjury, I declare that I have and statements, and to the best of my knowle taxpayer) is based on all information about wh	e filed an original return, and that I h dge and belief, this amended return	is true, correct,				
Here	Your signature		Date		TEACHER Your occupation		
	Spouse's signature. If a joint return, bot	h must sign.	Date		Spouse's occupation		
Paid Proparar	Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN S12345678	
Preparer	Firm's name ► PRACTICE LAB				Firm's EIN ►		
Use Only	Firm's address ► 15 PRACTICE LAP	20005		Phone no. (2	02) 202-2022		
For forms and p	publications, visit www.irs.gov/Forms.				Form 104	0-X (Rev. 7-2021)	

For forms and publications, visit *www.irs.gov/Forms*. QNA

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

▶ ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayor'a pama

тахрау	er s hame	Social S	ecunty num	ber
JE	NNIFER MORRISON	XXX-X	XX-1234	
Spouse	's name	Spouse	's social sec	urity number
Par	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	r year y	ou are au	Ithorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		. 1	51590
2	Total tax		. 2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	4925
4	Amount you want refunded to you		. 4	6188
5	Amount you owe		. 5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize PRACTICE LAB to enter or generate my PIN

1	1	2	3	4	as mv
Ent don	aomy				

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date ► 05/22/2023

Spouse's PIN: check one box only	
I authorize	

to enter or generate my PIN

		as
	gits, all ze	

my

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►	
Practitioner Pl	I Method Returns Only—continue below	
Part III Certification and Authentication –	Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed	y your five-digit self-selected PIN. 3 6 9 2 5 8 9 8 7 6 5	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature	►
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ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

AMENDED RETURN

Deduction for - 6a Social security benefits . 6a b Taxable amount	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn 202	22	OMB No. 1545	5-0074 IF	S Use On	ly—Do not v	vrite or staple	in this space.	
Your Bits name and middle initial Last name Your social security number JEIN/IFER MORRISON XXX-XX-1234 Home address furnther and street, Hyou have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 5345 N LINCOLN AVE Check there if you a have a foreign address, also complete spaces below. State III Check there if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State III Check there if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. III Go 625 bot botherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ver Space Digital At any time during 2022, did you: (al receive las 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); Ver No Dependents (see instructions); Prest Mind Space Ver No At any time during 2022, did you: (Al receive las a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise disposed of a digital asset?) No No No No De	Check only	lf yo	ou checked the MFS box, enter the na	ame of y	0 1 7	,			. ,	spo	use (QSS)	U U	
JENNIFER MORRISON XXX-XX-1234 Hom space's first name and middle initial Last name Spouse's social security number State Intern, spouse's first name and middle initial Last name Spouse's social security number State Intern, spouse's first name and middle initial Presidential Election Campaign Checkhon, or post office. Hyou have a foreign address, also complete spaces below. State 2/P code Spouse's first name Checkhon, or post office. Hyou have a foreign address, also complete spaces below. State 2/P code Spouse's first name Checkhon, or post office. Hyou have a foreign address, also complete spaces below. State 2/P code Spouse first name Checkhon, or post office. Hyou have a foreign address, also complete spaces below. State 2/P code Spouse office name You Spouse Digital Ast any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset of the middle name You Spouse You Spouse Digital Cast and and the during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset and second the during address instructions) You Spouse You Spouse Dependents: Gene instructions: (a) Spouse Pay below	Your first name		, ,	1	me					Your so	ocial securi	tv number	
If joint return, sposse'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. Apt. no. Presidential Election Campaign 5.3.45 N LINCOLN AVE Check here if you, or your Check here if you, or your Check here if you, or your Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign postal code Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. Assets Schange (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c												-	
5.345 N LINCOLN AVE Check here if you, or you Check here if you Check here if you Check here if you		oouse's	s first name and middle initial							-			
CH1: Now, no post office. If you have a foreign address, also complete spaces below. State ZIP code spouse if filing jointly, want S3 togo to this fund. Checking a box below will not change a box below below signal asset for a financial interest in a digital asset of a signal asset of a digital asset for a financial interest in a digital asset of a digital digital digital digital digital digital digital digi				instructio	ons.			Apt.	no.	1			
Cury, Control Description Description Description To go to this fund. Checking a box below will not change your so or thin fund. Checking a box below will not change your so or thin fund. Checking a box below will not change your so or the fund. Checking a box below will not change your so or clinic. You Spouse Digital Asset 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.) Ves No Standard Someone can calmic:] You as a dependent Spouse itemizes on a separate return or you were a dual-status allen Age/Rindness You Spouse itemizes on a separate return or you were a dual-status allen Age/Rindness You:] Were born before January 2, 1958 Are blinic (g) Social security (g) Relationship (d) Check the box if qualifies for (see instructions); If more If a total amount from Form(s) W-2, box 1 (see instructions) Ital SON Ital Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Ital Ital SON W-2 area Imployment berow form Bas9, line 29 Ital Ital SON Ital W-2 area Imployment berow form Form SN, W-2, see instructions) Ital Ital <td></td> <td>, ,</td> <td>,</td>											, ,	,	
Foreign province/state/county Foreign presince/state/county Foreign presince/state/sta		ost offi	ce. If you have a foreign address, also co	mplete s	paces below.					to go to	o this fund.	Checking a	
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Assets Someone can claim: You as a dependent You repose a separate return or you were a dual-status alien Age/Bindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (a) Relationship (a) Check the box if qualifies for (see instructions): (b) Relationship (b) Check the box if qualifies for (see instructions): If more (c) First name Last name (a) Relationship (b) Check the box if qualifies for (see instructions): OLLLE MORRISON XXX-XX-78.94 SON Image: Comparison of the ported on in far (see instructions): 1a 512.00 Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1b 1c 1c W28 and tops and check a 1a 512.00 1b 1c 1c W28 and tops and anotacid mine 1 (see instructions) 1a 512.00 1b 1c 1c W28 and tops and anotacid mine 1 (see instructions) 1a 512.00 1b 1c 1c 1c	-									_		0	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: You as a dependent You repouse as a dependent You sould the interest of the inte	Foreign country	name			-oreign province/state	/coun	ſy	Foreign po	ostal code	your ta	_	_	
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Is bind Age/Blindness You: Were born before January 2, 1958 Is bind Dependents (see instructions): (a) Relationship (b) Chick the box if qualifies for lee instructions; (1) First name Last name (a) Spouse: (a) Relationship (b) Chick the box if qualifies for lee instructions; (a) CLLIE MORRISON XXX-XX-4567 DAUGHTER (a) Credit for other dependents oright of check OLLIE MORRISON XXX-XX-7894 SON (a) Credit for other dependents oright of check OLLIE MORRISON XXX-XX-7894 SON (a) Credit for other dependents oright of check OLLIE MORRISON XXX-XX-7894 SON (a) Credit for other dependent can dependent can benefits from Form (s) W-2. (b) Chick the box if qualifies for lees instructions; trach forme Ia Total amount from Form(s) W-2, box 1 (see instructions) (a) Classica (a) Classica (a) Classica (b) Classica (b) Classica (c) Classica (c) Classica (c) Classica (c) Class				`				-	<i>,</i> .	()		X No	
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Dependents if more than four dependents, see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit CARLA DAVIS OLLI E MORRISON XXX-XX-4567 DAUGHTER Image: Child tax credit Coefit for other dependents and check Image: Child tax credit Coefit for other dependents XXX-XX-7894 Image: Child tax credit Coefit for other dependents XXX-XX-7894 Income we instructions and check 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: Child tax credit Coefit for other dependents XXX-XX-7894 Image: Child tax credit Coefit for other dependents XXX-XX-7894 Income we verther two 2-sheet attach Forms 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: Image: Total amount from Form(s) W-2, box 1 (see instructions) Image: Image: Total amount from Form(s) W-2, box 1 (see instructions) Image: Imag				•									
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dependents, see instructions OLLIE MORRISON XXX-XX-7894 SON Image: see instructions and check here Image: see instructions Image: see in	If more	(1) F) First name Last name		number		to you	0	Child tax o		Credit for ot	her dependents	
see instructions DLIFE MORRISON AAA-AA-7694 SON Image: Son	than four	CA	RLA DAVIS		XXX-XX-456	7	DAUGHTER	2				X	
and check	•	OL	LIE MORRISON		XXX-XX-7894	1	SON		Х				
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b Household employee wages not reported on Form(s) W-2. 1b W-2 here. Also attach Forms C Tip income not reported on line 1a (see instructions) 1c W-2 here. Also attach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 and 1099-Fit fax was withheld. Taxable dependent care benefits from Form 2441, line 26 1e If you did not get a Form Wages from Form 8919, line 6 1g If you did not get a Form Wages from Form 8919, line 6 1t V-2, see instructions, In In Z Add lines 1a through 1h 1z Z Add lines 1a through 1h 1z Z Add lines 1a through 1h 1z Z Tax-exempt interest 2a Maried filing separately, size, seo If you elect to use the lump-sum election method, check here (see instructions) 1d Standard Deduction for Single or Married filing separately, size, seo If you elect to use the lump-sum election method, check here 7 Size, seo If you elect to use the lump-sum election method, check here 7 Size, seo If you elect to use the lump-sum election method, check here 7 Size, seo Add lines 1z, 2b,	Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .					. 1 a	1	51200	
W-2 here. Also Implification into reported on mine to gee instructions) Implification into reported on Form(s) W-2 (see instructions) attach Forms Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Implification into reported on Form(s) W-2 (see instructions) Implification into reported on Form 2441, line 26 1099-Rif tax f Employer-provided adoption benefits from Form 2441, line 26 Implification into reported on Form 2441, line 26 Implification into reported on Form 2441, line 26 was withheld. f Employer-provided adoption benefits from Form 2441, line 26 Implification into reported on Form 2441, line 26 Implification into reported on Form 2441, line 26 was withheld. f Employer-provided adoption benefits from Form 839, line 29 Implification into reported on Form 839, line 29 Implification into reported on Form 839, line 29 was withheld. f Madd inest 1a through 1h Implification into reported on Form 839, line 29 Implification into reported on Form 839, line 29 z Add lines 1a through 1h Implification into reported on Form 8419, line 26 Implification into reported on Form 8439, line 29 Implification into reported on Form 8439, line 29 if required. 3a Qualified dividends 3a Implification into reported on Form 1242, line 10 Implification into reporeconset into reported on Form 1242, line 26<		b	Household employee wages not re	eported	on Form(s) W-2 .					. 1t)		
attach Forms d Medicaid waiver payments not reported on Form(S) W-2 (see instructions) 1d 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. g Wages from Form 8919, line 6 1f if you did not g Wages from Form 8919, line 6 1f w2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z 512000 Attach Sch. B 2a Tax-exempt interest 2b 2b 2b diffed dividends 3a b Taxable amount 4b 3b frequired. 3a La b Taxable amount 6b 5b separately,	• • •	С								. 10	;		
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Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,950 If you elect to use the lump-sum election method, check here (see instructions) Image: Comparison of the second o		4a							• •				
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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MORR I Form 1040 (2022		I					X	XX-2	XX-1234 Page 2
Tax and	 16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3		16	3562
Credits	17	Amount from Schedule 2, lir					-	17	5502
Creans	18	Add lines 16 and 17						18	3562
	19	Child tax credit or credit for						19	2167
	20	Amount from Schedule 3, lir						20	1395
	21	Add lines 19 and 20						21	3562
	22	Subtract line 21 from line 18						22	0
	23	Other taxes, including self-e						23	0
	24	Add lines 22 and 23. This is						24	0
Payments	25	Federal income tax withheld							
i dymento	a	Form(s) W-2				25a	4925		
	b	Form(s) 1099				25b			
	c	Other forms (see instruction							
	d	Add lines 25a through 25c	,					25d	4925
	26	2022 estimated tax payment						26	
If you have a ^l qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28	333		
	29	American opportunity credit				29	930	1	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				-		32	1263
	33	Add lines 25d, 26, and 32. T			•			33	6188
Defend	34	If line 33 is more than line 24						34	6188
Refund	35a							35a	6188
Direct deposit?	b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							
See instructions.		Account number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you want				<u> </u>			
Amount	37	Subtract line 33 from line 24	,						
You Owe	0,	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another							
Designee		structions	· · · · ·			🗌 Yes. 🤇	omplete b	elow.	X No
		signee's		Phone			sonal identif	ication	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature		Date	,			• •	nt you an Identity
	10	ul signature		Date					IN, enter it here
Joint return?				05/22/23	TEACHER		(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.							Ident (see i		ection PIN, enter it here
			-	Email address			(0001	100.)	
		one no. (312) 555-077 eparer's name	1 Preparer's signat	Email address		Date	PTIN		Check if:
Paid	FIG	paror o name				05/22/23			Self-employed
Preparer						05/22/23	S1234567		
Use Only		m's name PRACTICE L							202-202-2022
		m's address 15 PRACTICE LA		TON DC 20005			Firm	s EIN	- 4040 -
GO TO WWW.Irs.g	ov/Forn	n1040 for instructions and the late	st information.						Form 1040 (2022)

QNA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
JENNIFER MORF	RISON	XXX-XX	X-1234
Part I Additi	anal Incomo		

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Alimony received 1 b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss), Attach Schedule C 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 6 6 7 0 Other onepensation 8a (8 Other income: 8a (7 8 Other income: 8a (7 9 Cancellation of debt 8e 8e 1 Income from Form 8889 8f 8e 9 Activity not engaged in for profit income 8i 8i 1 Income from the rental of personal property if you engaged in the rental 8e 8e 1 1 8c 8e 8e 8e 1 Income from the rental of personal property if you engaged in the rental 8e 8e 8e 1 Prizes and awards 8e 8e 8e 8e 8e <td< th=""><th>Par</th><th>t I Additional Income</th><th></th><th></th><th></th></td<>	Par	t I Additional Income			
b Date of original divorce or separation agreement (see instructions): 3 3 390 3 Business income or (loss). Attach Schedule C 3 3 90 4 Other gains or (losse). 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 5 7 Unemployment compensation 6 8 Other income: 8a (9 Other oncome: 8a (9 Other income: 8a (9 Cancellation of debt 8a (6 Foreign earned income exclusion from Form 2555 8d (9 Income from Form 8853 8e 9 Income from Form 8853 8f 9 Alaska Permanent Fund dividends 8g 1 Income from Form 8863 8i 1 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 8m 1 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 8m 9 Section 951A(a) inclusion (see instructions) 8n 8a 9 Section 951A(a) inclusion (see instructions) 8n 8a 9 Total other income	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
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6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation . 7 8 Other income: 8a () a Net operating loss . 8b 8c c Cancellation of debt . 8c 8d () c Borne from Form 8683 . 8e 8d () g Alaska Permanent Fund dividends . 8g 8g h Jury duty pay . 8h 8i i Prizes and awards . 8k 8i j Activity not engaged in for profit income . 8k 8i 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 . 8m 8i m Olympic and Paralympic medals and USOC prize money (see instructions) . 8m 8a 8a o Section 951A(a) inclusion (see instructions) . 8a 8a 8a g Taxable distributions from an ABLE account (see instructions) . 8a 8a 8a g Taxable distributions from an ABLE account (see instructions) . 8a 8a 8a g Taxable distributions from an ABLE account (see instructions) . 8a 8a 8a 8a g Total other income. List type and am	4	Other gains or (losses). Attach Form 4797		4	
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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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 461(l) excess business loss adjustment 8g 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 1 u Wages earned while incarcerated 8u 8u 8u z Other income. List type and amount: 8z 8z 9 10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 390	h				
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9 Total other income. Add lines 8a through 8z			ou	-	
9Total other income. Add lines 8a through 8z	Z		0-		
10 Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 390	٥	Total other income. Add lines 82 through 87		0	
	-	Combine lines 1 through 7 and 9 Enter here and on Form 1040 1040-SE		-	200
				-	

QNA

Deme	0
Page	4

Par	t II Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee 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		 	18	
19a	Alimony paid			19a	
b	Recipient's SSN	·			
С	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		24a		-	
b	Deductible expenses related to income reported on line 8I from the				
		24b	 	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals	04-			
٦	and USOC prize money reported on line 8m	24c 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	240	 	-	
е	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24e		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	LTY		-	
		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			
i	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		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				
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		 	26	
QNA				Schedule	e 1 (Form 1040) 202

Additional Credits and Payments

OMB No. 1545-0074 20

2

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

	Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.				A	ttachment equence No. 03
						ecurity number
	NIFER MORRI			XX	X-XX	-1234
Par		fundable Credits				
1	•	credit. Attach Form 1116 if required		· · ·	1	
2	Credit for c Form 2441	child and dependent care expenses from Form 2441			2	
3	Education c	redits from Form 8863, line 19			3	1395
4	Retirement	savings contributions credit. Attach Form 8880			4	
5	Residential	energy credits. Attach Form 5695		[5	
6	Other nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	motor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage in	terest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I	Amount on	Form 8978, line 14. See instructions	6I			
z	Other nonre	fundable credits. List type and amount:				
			6z			
7	Total other	nonrefundable credits. Add lines 6a through 6z			7	
8		through 5 and 7. Enter here and on Form 1040, 1040-	SR, or 104	0-NR,		
	line 20			[8	1395
Eor Do	popuork Doduct	ion Act Notice, see your tay raturn instructions				ed on page 2)
QNA		ion Act Notice, see your tax return instructions.		5	cneau	e 3 (Form 1040) 2022

JENNIFER MORRISON Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022			
	from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z			-	
		13z		
14	Total other payments or refundable credits. Add lines 13a through		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 104			
	line 31		15	

SCHEDU	LE ,	A
(Form 104	40)	

Department of the Treasury Internal Revenue Service

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on						cial security number
JENNIFER	MC			XX	X-	XX-1234
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses		Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	
Taxes You	5	State and local taxes.				
Paid	a	State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes,				
		check this box	5a 32	00		
	k	State and local real estate taxes (see instructions)	5b			
	C	State and local personal property taxes	5c			
	C	Add lines 5a through 5c	5d 32	00		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e 32	00		
	6	Other taxes. List type and amount:				
			6			
	7	Add lines 5e and 6		•	7	3200
Interest	8	Home mortgage interest and points. If you didn't use all of your home				
You Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your mortgage interest		instructions and check this box \ldots \ldots \ldots \ldots \ldots \ldots \ldots				
deduction may be	a	Home mortgage interest and points reported to you on Form 1098.				
limited. See instructions.		See instructions if limited	8a	_		
	k	Home mortgage interest not reported to you on Form 1098. See				
		instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no.,				
		and address	8b	_		
	C	Points not reported to you on Form 1098. See instructions for special				
	_		8c	_		
		I Reserved for future use	8d	_		
		Add lines 8a through 8c	8e	-		
		Investment interest. Attach Form 4952 if required. See instructions .	9	-	10	
0.0		Add lines 8e and 9		·	10	-
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
Charity Caution: If you	10	Other than by cash or check. If you made any gift of \$250 or more,	11	-		
made a gift and	12	see instructions. You must attach Form 8283 if over \$500	12			
got a benefit for it, see instructions.	13	Carryover from prior year	13	-		
		Add lines 11 through 13 .		_	14	
Casualty and						
Theft Losses	10	disaster losses). Attach Form 4684 and enter the amount from line 1				
		instructions		- E	15	
Other	16	Other-from list in instructions. List type and amount:				
Itemized						
Deductions					16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter this amount	_		
Itemized	.,	Form 1040 or 1040-SR, line 12			17	3200
Deductions	18	If you elect to itemize deductions even though they are less than your				
		check this box		_ l		

SCHEDUL	Е	С
(Form 1040))	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2

Go to www.irs.gov/ScheduleC for instructions and the latest information.

	herit of the freasury		-		ctions and the latest information partnerships must generally file F		n 106	5.	Attachm	ent e No.	09
	of proprietor				Link:1000				ty numb		
	IIFER MORRISON				2111111000			XX-1	-	•	
A		on. inclu	ding product or service (see ins	stru	uctions)				from inst	ructio	ons
	EDUCATIONAL		3,		· · · · · ·				00		
c	Business name. If no separate	e busine	ss name, leave blank.								see instr.)
	·										
E	Business address (including s	uite or r	com no.)								
	City, town or post office, state	e, and Z	IP code								
F	Accounting method: (1)	X X Cash	(2) Accrual (3)		Other (specify)						
G					2022? If "No," see instructions for	limi	t on lo	sses	. X V	/es	No
н					· · · · · · · · · · ·						
I I					(s) 1099? See instructions				_	/es	X No
J										/es	🗌 No
Par											
1	•				this income was reported to you o		-				
-	•				I L		1				
2							2				
3							3				
4	e (,					4				
5	-						5				450
6			-		efund (see instructions)		6				450
7 Part	Gross income. Add lines 5 ai	nd 6 .	for business use of your	ho	<u> </u>		7				450
	•						10				
8	Advertising	8	18		Office expense (see instructions)		18				
9	Car and truck expenses	9	19		Pension and profit-sharing plans	•	19				
10	(see instructions) Commissions and fees .	10	20		Rent or lease (see instructions):	+	20a	1			
10 11	Commissions and fees . Contract labor (see instructions)	11		a b	Vehicles, machinery, and equipmer Other business property		20a 20b				
12	Depletion	12	21		Repairs and maintenance		205				
13	Depreciation and section 179	12	22		Supplies (not included in Part III)		22				60
	expense deduction (not		23		Taxes and licenses		23				
	included in Part III) (see instructions)	13	24		Travel and meals:	•	20				
14	Employee benefit programs			a			24a	1			
14	(other than on line 19)	14		b	Deductible meals (see						
15	Insurance (other than health)	15		0	instructions)		24b	1			
16	Interest (see instructions):		25	5	Utilities		25				
а	Mortgage (paid to banks, etc.)	16a	26	6	Wages (less employment credits)		26				
b	Other	16b	27	7a	Other expenses (from line 48) .		27a				
17	Legal and professional services	17		b	Reserved for future use		27b				
28	Total expenses before exper	nses for	business use of home. Add line	es 8	3 through 27a		28				60
29	Tentative profit or (loss). Subt	ract line	28 from line 7				29				390
30		,		per	nses elsewhere. Attach Form 882	9		1			
	unless using the simplified me Simplified method filers only		ee instructions. the total square footage of (a) y	vou	r home:			I			
	and (b) the part of your home	-			. Use the Simplified	-		1			
	.,		to figure the amount to enter o	on li			30	1			
31	Net profit or (loss). Subtract		8								
	,		(Form 1040), line 3, and on S	che				1			
	checked the box on line 1, se	e instru	ctions.) Estates and trusts, ente				31				390
	• If a loss, you must go to lin				J						
32	If you have a loss, check the l	box that	describes your investment in the	his	activity. See instructions.						
			n both Schedule 1 (Form 1040 line 1, see the line 31 instructions		,		32a [32b		investme ne inves		
		ist attac	h Form 6198. Your loss may be	e lir	mited.				isk.		

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

2022

Attach to	Form 10	040. 104	0-SR. or	1040-NR.
/		,,		10101010

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Schedule8812 for instructions and the latest information
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Attachment Sequence No. 47

Name(s) shown on return	Your so	cial se	ecurity number
JE	NNIFER MORRISON	XXX-X	KX-1	1234
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	51590
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555			
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	. 2	2d	
3	Add lines 1 and 2d		3	51590
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2000
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	dent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	500
8	Add lines 5 and 7		8	2500
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \int		9	200000
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. J		10	
11	Multiply line 10 by 5% (0.05)		1	
12	Is the amount on line 8 more than the amount on line 11?	. 1	12	2500
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	X Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A		13	2167
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. [1	14	2167
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition	nal chil	d tax	k credit

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2022

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🗌
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	333
b	Number of qualifying children under 17 with the required social security number:1 x \$1,500.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	1500
15	TIP: The number of children you use for this line is the same as the number of children you used for line 4.	17	
17 18a	Enter the smaller of line 16a or line 16b	17	333
10a b	Earned income (see instructions) 1 18a 51590 Nontaxable combat pay (see instructions) 1 18b 1	-	
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	\overline{X} Yes. Subtract \$2,500 from the amount on line 18a. Enter the result \dots 19 49090		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	7364
	Next. On line 16b, is the amount \$4,500 or more?		
	🕱 No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. 21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit		1
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	333

Schedule 8812 (Form 1040) 2022



Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

Attachment Sequence No. 50

Name(s) shown on return JENNIFER MORRISON

. . . .

.

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Your social security number XXX-XX-1234



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Par	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	2325
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying surviving spouse	2	90000		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for	~	F1F00		
		3	51590	-	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	38410		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying surviving spouse	5	10000		
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)			6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e yea	ar and meet the		
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	2325
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				0.0.0
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	930
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(600	instructions)	9	1395
10	After completing Part III for each student, enter the total of all amounts from a	•	,	5	
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	
11	Enter the smaller of line 10 or \$10,000			11	
12	Multiply line 11 by 20% (0.20)			12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				
	qualifying surviving spouse	13			
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
45	the amount to enter instead	14			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15			
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying surviving spouse	16			
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18			4.7	
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places))	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see	instructions) .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit		· · · · · · · · · · · · · · · · · · ·		
	instructions) here and on Schedule 3 (Form 1040), line 3			19	1395
For Pa QNA	perwork Reduction Act Notice, see your tax return instructions.				Form 8863 (2022)

JENNIFER MORRISON

Your social security number XXX-XX-1234

CAUT	credit or lifetime learning credit. Use addition	onal copies of page 2 as needed f	or each studen	t.
Part	III Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s your tax return)	hown on page 1 of	
(CARLA DAVIS	XXX-XX-4567		
22	Educational institution information (see instructions)		,	
	. Name of first educational institution JMA COLLEGE	b. Name of second educational institut	ion (if any)	
(1	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	10 COLLEGE AVE ADDISON IL 60101			
(2	2) Did the student receive Form 1098-T from this institution for 2022?	(2) Did the student receive Form 1098 from this institution for 2022?	B-T Yes I	No
(3	B) Did the student receive Form 1098-T from this institution for 2021 with box Yes X No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?		No
(4	 Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 	 (4) Enter the institution's employer ide if you're claiming the American opp checked "Yes" in (2) or (3). You can 1098-T or from the institution. 	portunity credit or if	you
	3 7 - 7 0 0 4 5 1 2			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\Box \text{ Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \boxed{X} \text{ No } $	— Go to line 24.	
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— Stop! Go to line 3 this student.	31
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	$\Box \text{ Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \boxed{X} \text{ No }$	— Go to line 26.	
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?	$\Box \text{ Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \boxed{X} \text{ hrow the student}$	 Complete lines 27 ough 30 for this stude 	7 ent.
CAUT	You can't take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't don'		t in the same year. If	r
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor			300
28	Subtract \$2,000 from line 27. If zero or less, enter -0			800 825
29 30	Multiply line 28 by 25% (0.25)	add \$2,000 to the amount on line 29 and	29 3	23
30	enter the result. Skip line 31. Include the total of all amounts f		30 23	325
	Lifetime Learning Credit	,		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	

Complete Part III for each student for whom you're claiming either the American opportunity



Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

OMB No. 1545-2294 2022 Attachment

Sequence No. 55

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number XXX-XX-1234

JENNIFER MORRISON 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.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i	EDUCATIONAL	XXX-XX-1234		390
ii				
iii				
iv				
v				
2 3 4	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) Qualified business net (loss) carryforward from the prior year Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	2 390 3 () 4 390		
5 6	Qualified business income component. Multiply line 4 by 20% (0.20) Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	5	78
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 10	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 10	70
11 12	Taxable income before qualified business income deduction (see instructions) Net capital gain (see instructions)	11 32190 12		78_
13	Subtract line 12 from line 11. If zero or less, enter -0	13 32190		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	6438
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	78
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	n zero, enter -0	16	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	()
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions.			Form 8995 (2022)

1.	Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR.	1	3562
2.	Add the following amounts (if applicable) from:	_	
	Schedule 3, line 1		_
	Schedule 3, line 2		_
	Schedule 3, line 3	395	
	Schedule 3 , line 4		-
	Schedule 3, line 6d +		-
	Schedule 3, line 6e		-
	Schedule 3 , line 6f		-
	Schedule 3, line 61 +		-
	Form 5695, line 30		-
			1
		395	
	Enter the total. $\boxed{2}$		
	Enter the total.	_	
3.	Enter the total. 2	-	
3.	Enter the total.	_	
3.	Enter the total. 2	_	216
3.	 Enter the total. 2 Subtract line 2 from line 1. Complete the Credit Limit Worksheet B only if you meet all of the following. 1. You are claiming one or more of the following credits. a. Mortgage interest credit, Form 8396. b. Adoption credit, Form 8839. c. Residential clean energy credit, Form 5695, Part I. 	_	
3.	Subtract line 2 from line 1. Complete the Credit Limit Worksheet B only if you meet all of the following. 1. You are claiming one or more of the following credits. a. Mortgage interest credit, Form 8396. b. Adoption credit, Form 8839. c. Residential clean energy credit, Form 5695, Part I. d. District of Columbia first-time homebuyer credit, Form 8859.	_	
3.	 Enter the total. 2 Subtract line 2 from line 1. Complete the Credit Limit Worksheet B only if you meet all of the following. 1. You are claiming one or more of the following credits. a. Mortgage interest credit, Form 8396. b. Adoption credit, Form 8839. c. Residential clean energy credit, Form 5695, Part I. d. District of Columbia first-time homebuyer credit, Form 8859. 2. You are not filing Form 2555. 	3	

Credit Limit Worksheet

1395
1395
3562
3562
1395

*** FILE COPY ONLY -- DO NOT MAIL ***

**** SUPPORTING NOTES FOR SCHEDULE C XXX-XX-1234 JENNIFER MORRISON

Schedule of Materials & Supplies:

<u>Description</u>	<u>Amount</u>
COURSE BOOK	60
Total Materials & Supplies:	60



Illinois Department of Revenue **2022 Form IL-1040-X** Amended Individual Income Tax Return



Step 1: Personal Information - Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A Your first name and middle initial	Your last nam	е			Year of birth		Your soci	al security	y numb	er
JENNIFER	MORRIS	ON			1977		XXX-	XX-12	34	
Spouse's first name and middle intial	Spouse's last	name			Spouse's year o	of birth	Spouse's	social sec	curity n	umber
Mailing address (See inst. if foreign addre	(22	Apartment number	City			State		Zip or p		odo
		Apartment number								oue
5345 N LINCOLN AVE	```		CHIC			IL		60625)	
Foreign nation if not US (do not abbreviat	e)	County (Illinois only)		Email add	ress					
B Check the box if your Social Security	number(s), nai	me(s), or address lis	ted abc	ve are dif	ferent from your	previo	usly filed	l return.]
C Filing status: Single Married	filing jointly] Married filing sep	arately	Wide	wed 🛛 Head	d of ho	usehold			
D Check If someone can claim you, or yo	our spouse if fil	ing jointly, as a depe	ndent.	See instru	ctions. 🗌 You		Spouse			
E Check the box if this applies to you du	ring 2022	Nonresident - At	ttach S	chedule I	NB □ Part-ve	ar resid	lent - At	tach Sch	nedule	NR
If you are changing your Illinois return										
notification the Internal Revenue Servi	ce (IRS) accepte	ed the changes.								
Step 2: Income								Correct	-	
1 Federal adjusted gross income							1		515	590 <u>.</u> 0
2 Federally tax-exempt interest and		ne					2			
 3 Other additions. Attach Schedule 4 Total income. Add Lines 1 throug Step 3: Base Income 5 Social Security benefits and certa Attach federal Form 1040 or 1040 6 Illinois Income Tax overpayment in Attach federal Form 1040 or 1040 7 Other subtractions. Attach Schede 8 Total subtractions. Add Lines 5 th 							3		515	<u>).</u> 590.(
Step 3: Base Income	jii 0.								910	
5 Social Security benefits and certa	in retirement r	lan income								
Attach federal Form 1040 or 1040		nan meome.					5			.(
6 Illinois Income Tax overpayment i		eral Form 1040 or 1	040-SR	. Schedu	e 1. Line 1.		•			
Attach federal Form 1040 or 1040				,	- , -		6			.(
7 Other subtractions. Attach Sched	lule M.						7			.(
	•						8		- 4 -	
9 Illinois base income. Subtract L	ine 8 from Line	94.					9		515	590 <u>.</u> (
Step 4: Exemptions - See instruction									~	105
10 a Enter the exemption amount f										125 _{.(}
b Check if 65 or older: Yo							10b			
c Check if legally blind: D Yo d If you are claiming dependents					Attach Sob				48	. <u>(</u> 350.(
Exemption allowance. Add Lines			10, 316	∫Z, LINE	. Allacii Sch. I		. 10u		72	275.(
Step 5: Net Income and tax	i du anough i									
IU a Enter the exemption amount if b Check if 65 or older: Yo c Check if legally blind: Yo d If you are claiming dependents Exemption allowance. Add Lines Step 5: Net Income and tax 11 Residents only: Net income. S Nonresidents and part-year or	ubtract Line 10) from Line 9.								
Nonresidents and part-year re			net inco	me from	Schedule NR.					
Attach Schedule NR.	-						11		443	315 _{.(}
12 Residents: Multiply Line 11 by									0.1	
Attach Schedule NR. 12 Residents: Multiply Line 11 by Nonresidents and part-year residents 13 Becapture of investment tax creations			IR.							L94 <u>.</u> (
io nooupturo or invoounont tax ore							13		21	.0. 194.0
		less than zero.					14			<u>.94.(</u>
Step 6: Tax After Nonrefundable Cro 15 Credit from Schedule CR. Attac		D					15			(
16 Property tax and K-12 education			B				15			(
Attach Schedule ICR.							16			(
17 Credit from Schedule 1299-C. Atta	ch Schedule 12	99-C.								
18 Nonrefundable credits. Add Line	es 15, 16, and	17. Cannot exceed	the tax	amount of	on Line 14.		18			.(
19 Tax after nonrefundable credi	ts. Subtract Li	ne 18 from Line 14.					19		21	L94.(
Step 7: Other Taxes										_
20 Household employment tax							20			.0
21 Use tax reported on your origina			use ta	x						
from what you originally repo							21			.0
22 Compassionate Use of Medical		gram Act and sale of	of asset	s by gam	ing licensee su	rcharg			0.5	.0
23 Total tax. Add Lines 19, 20, 21,	and 22.						23		21	L94.0

	l	
24 Total tax. Enter the amount from Line 23.	24	2194.00
Step 8: Payments and Refundable Credit		
 25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from 		3200.00
prior year return.	26	.00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	.00
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.		.00
29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC.	29	.00
 30 Total amount paid with original return and additional tax paid after return filed. See instructions. 31 Total payments and refundable credit. Add Lines 25 through 30. 	30 31	.00 3200.00
Step 9: Corrected Total Overpayment or Underpayment		1006.00
32 If Line 31 is greater than Line 24, subtract Line 24 from Line 31. This is your adjusted overpayment .		
33 If Line 24 is greater than Line 31, subtract Line 31 from Line 24. This is your adjusted underpayment .	33	.00
 Step 10: Adjusted Refund or Amount You Owe 34 Overpayment, if any, as shown on your original Form IL-1040, Line 31, or as adjusted by the Department. Do not include interest you received. See instructions. 35 Overpayment. If Line 32 is greater than Line 34, subtract Line 34 from Line 32. 36 Amount from Line 35 you want refunded to you. I choose to receive my refund by a ☐ direct deposit - Complete the information below if you check this box. 	34 35 36	0.4.0
Routing number Checking or Savings		
Account number		
 b X paper check. 37 Subtract Line 36 from Line 35. This amount will be applied to your estimated tax. See instruction 38 Amount you owe. If you have an amount on Line 32 and this amount is less than Line 34, subtraction from Line 34 or if you have an amount on Line 33, add Lines 33 and 34. 	act Line 32	<u>.00</u> .00
Step 11: Amended Information		
 A Check the box that identifies why you are making this change. ** Attach a copy of your federal fi X **Federal change accepted on/ [**NOL accepted on/ Month Day Year Month Day Year Month Day Year 	State	instructions. e change 22 2023
 C Did you file a federal Form 1040X or Form 1045? If "Yes," you must attach a copy to this form. See in D Explain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if needed. 	Month D	
ADDED W-2. REMOVED OTHER INCOME AND ADDED TO SCHEDULE C.		

Step 12: Signature

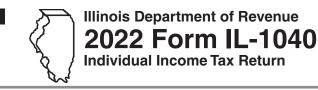
If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature	Date (mm/dd/yyyy)	te (mm/dd/yyyy) Spouse's signature			Daytime p	Daytime phone number		
Here		05/22/2023				(312)	555-0771		
. · ·	Print/Type paid preparer's name	Paid prepare	r's signature	Date (mm/dd/yyyy)	Chec				
Paid Proparar					05/22/2023	self-empl	oyed S12345678		
Preparer Use Only	Firm's name PRACT	ICE LAB			Firm's FEIN	•			
	Firm's address 15 PRA	CTICE LAB WA	Y WASHIN	IGTON DC 20005	Firm's phone	(202)	202-2022		
Third	Designee's name (please print)		Designee's phone nur	nber	Check if the Department may discuss this return with the third party designee shown in this step.				
Party			()						
Designee									

Refer to the 2022 IL-1040-X Instructions for required attachments and the address to mail your return.

DR_____ ID_____ X3 IR



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0

Step 1: Personal Information

	53	NNIFER MORRISON 1977 XXX-XX-1234	H A D W R I T
С	Che Che	eck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR	T E N
ł	1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. 1 51590.00 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 2 .00 Other additions. Attach Schedule M. 3 .00 Total income. Add Lines 1 through 3. 51590.00	E
Staple W-2 and 1099 forms here	Ste 5 6 7 8 9	p 3: Base Income Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.	T R I E
Staple W-2 and	Ste	p 4: Exemptions a 2425.00 a Enter the exemption amount for yourself and your spouse. See instructions. a 2425.00 b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b .00 c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c .00 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. .00 .00	o N
▲ <i>1-01</i>	11 12 13 14	p 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11 44315.00 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. 12 2194.00 Recapture of investment tax credits. Attach Schedule 4255. 13 .00 Income tax. Add Lines 12 and 13. Cannot be less than zero. 14 2194.00	T H I S
Staple your check and IL-1040-V	15 16 17 18 19		F O R
 Staple your or 	Ste 20 21 22 23	p 7: Other Taxes 2000 Household employment tax. See instructions. 2000 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table 2100 in the instructions. Do not leave blank. 2100 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 2200 Total Tax. Add Lines 19, 20, 21, and 22. 23194.00	Μ

ID: 2C6 IL-1040 2D Front (R-12/22) Printed by authority of the State of Illinois. Electronic only, one copy. This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





Ν

24 To	tal tax from Page 1,	Line 23.									24	2194.	.00
Step 8:	Payments and F	Refundab	le Credit										
25 Illino	ois Income Tax with	neld. Attac	h Schedule IL-W	IT.				2	5	32	200.00		
24 2194.00 Step 8: Payments and Refundable Credit 25 26 Elinois from Fax withheid. Attach Schedule IL-WIT. 25 26 Esimated payments from Forms IL-1040-ES and IL-605-1, including any overpayment applied from a pier year return. 26 27 Pass-through withheid attach Schedule K-1P or K-1T. 27 28 Earned income Credit from Schedule IL-EICS. (59, 4, Iune 8. Attach Schedule IL-EICC. 29 29 Earned income Credit from Schedule IL-EICS. (59, 4, Iune 8. Attach Schedule IL-EICC. 29 30 Total payments and refundable credit. Add Lines 25 through 29. 30 31 If line 30 is greater than Line 24, subtract Line 24 from Line 30. 31 31 If Line 24 is greater than Line 24, subtract Line 24 from Line 30. 31 32 Line payment penalty for underpayment of Estimated Tax. 33 30 32.00.00 31 Line 24 is greater than Line 24, subtract Line 24 from Line 30. 31 32 Line payment penalty for underpayment of Estimated Tax. 33 33													
								2	6		.00		
	•	•			-Т.								
	• •					Schedul	e IL-E/E						
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-		ling 2/ su	ubtract Line 2/ from	n l ina 3()						31	1006	00
	-												
											02		.00
-				-	onatio	ns		o ,	2		00		
			-		a ia fuau	n fa una in		3.	3		.00		
												10	
			it received evenily	uunng u	ie year a	anu you	annua	alizeu yo		Jine o	II FOIII IL-22	10.	
4 5			od to filo on Illinoi	o Indivia		mo Toy	rotura	in the r	roviou	- tov ·	loor		
	_	-			ual inco	me lax	return			s lax y			
	•							3	+				00
				ł							35		.00
Step 1	1: Refund or Amo	ount you	owe										
36 If yo	ou have an amount o	on Line 31	and this amount i	s greate	r than Li	ine 35, s	subtra	ct Line 3	35 from	Line			
This	s is your overpayme	ent.									36		
37 Amo	ount from Line 36 yo	u want ref ı	unded to you. Ch	eck one	box on I	Line 38.	See ir	nstructio	ns.		37	1006	.00
38 Ich	oose to receive my i	refund by											
		-	ne information be	low if yo	u check	this box							
_								2	VO			-	
		funds						3	X CI	leckin	g or Savi	ngs	
	here. See instructi	ions!	ccount number 2	ΥХХ	XX	4 3	2 3	1					
ьΓ													
		ownered Cu	ubture et line 07 fue	una Liuna (20		00
						Instruction	ons.				39		.00
-													
-													
sub	tract Line 31 from Li	ine 35. This	s is the amount y	ou owe	See ins	struction	s.				40		.00
Step 1	2: Health insurar	nce Chec	kbox and Sign	ature									
41 🗆	Check this box if ID	OR may sl	hare your income	informa	tion with	ا other ا	llinois	state ac	encies	in orc	ler to determi	ne	
_													
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neier to the 2022 IL-1040 instructions for the address to mail your return.

ID: 2C6 IL-1040 Back (R-12/22)

12/22) DR_____

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