## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal riorenae eer riee	-				
Submission Identification	n Number (SID)				
Taxpayer's name			Social secu	rity numbe	 er
JENNIFER MORRIS	SON		XXX-XX-	-1234	
Spouse's name					rity number
Part I Tax Return	n Information — Tax Year Ending	December 31 2022	(Enter year you	aro auth	horizina )
Enter whole dollars only	-	December 31, 2022	(Enter year you	are auti	ionzing.)
•	ers use line 4 only. Leave lines 1, 2, 3, a	nd 5 blank			
				1	46618
2 Total tax				2	64
	ax withheld from Form(s) W-2 and Form(			3	3000
				4	5371
5 Amount you owe	-			5	
Part II Taxpayer	<b>Declaration and Signature Author</b>	rization (Be sure you g	et and keep a co	py of yo	our return)
my knowledge and belief, return (original or amended to send my return to the IR for any delay in processing Agent to initiate an ACH elepayment of my federal taxe authorization is to remain i payment, I must contact to business days prior to the taxes to receive confidenti	I declare that I have examined a copy of the it is true, correct, and complete. I further of I I am now authorizing. I consent to allow my Is and to receive from the IRS (a) an acknow the return or refund, and (c) the date of any ectronic funds withdrawal (direct debit) entry as owed on this return and/or a payment of ein full force and effect until I notify the U.S. the U.S. Treasury Financial Agent at 1-888 payment (settlement) date. I also authorize the information necessary to answer inquirie (ber (PIN) below is my signature for the incoal Consent.	leclare that the amounts in P y intermediate service provide wledgement of receipt or reas v refund. If applicable, I autho v to the financial institution acide. Treasury Financial Agent to 1-353-4537. Payment cancell the financial institutions involves and resolve issues related	art I above are the are r, transmitter, or election of the rize the U.S. Treasury count indicated in the alinstitution to debit the terminate the authorisation requests must led in the processing I to the payment. I further transmitted in the payment.	mounts frictionic returnsmission and its detax prepare entry to zation. To be received the elegarther ack	om the income taurn originator (ERC sion, (b) the reason esignated Financi aration software foothis account. The orevoke (cancel) ed no later than ectronic payment of the consuledge that the
Taxpayer's PIN: check			Γ.	1 1 0	
	RACTICE LAB	to enter or o	ienerate mv PIN 🗀	1   1   2	<del>╵</del> as m՝
_	ERO firm name e income tax return (original or amende		· E	nter five d lon't enter	ligits, but
	PIN as my signature on the income tax ring your own PIN <b>and</b> your return is file				
Your signature ►			Date ►05/22/2	2023	
Spouse's PIN: check or	ne box only		_		
l authorize	ne bek emy	to enter or o	enerate my PIN		as m
	ERO firm name		·	inter five d	
signature on the	e income tax return (original or amende	d) I am now authorizing.	C	lon't enter	all zeros
	PIN as my signature on the income tax ring your own PIN <b>and</b> your return is file				
Spouse's signature ►		Γ	Date ►		
	Practitioner PIN Method		e below		
Part III Certificati	on and Authentication — Practition	oner PIN Method Only			
ERO's EFIN/PIN. Enter	your six-digit EFIN followed by your five	e-digit self-selected PIN.	3 6 9 2 5 Don't el	8 9 nter all zer	8 7 6 5 ros
authorized to file for tax ye	meric entry is my PIN, which is my signature ear indicated above for the taxpayer(s) indic ioner PIN method and <b>Pub. 1345</b> , Handbook	cated above. I confirm that I	am submitting this re	turn in ac	ccordance with th
ERO's signature ►			Date ► 05/22/2	2023	
		is Form — See Instruc			
	Don't Submit This Form to the	1e IKS Uniess Kequest	ea 10 D0 S0		

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022
------

OMB No. 1545-0074

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

Filing Status Check only				ed filing separately (N				spoi	use (QSS)	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If you cl	neck	ed the HOH or	QSS box, enter t	he child's	name if the qualifyin	g
Your first name			Last nar	me				Your so	cial security number	-
JENNIFER			MORR						X-XX-1234	
		first name and middle initial	Last nar					_	s social security number	er
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ntial Election Campaig	_ ın
5345 N L	INCO	LN AVE							nere if you, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code		if filing jointly, want \$3	
CHICAGO					IL	ı	60625		this fund. Checking a ow will not change	
Foreign country	y name		F	oreign province/state/o	count	ty	Foreign postal code	your tax	or refund.	
									You Spous	е
Digital Assets		ny time during 2022, did you: (a) recange, gift, or otherwise dispose of a							☐ Yes X No	_
Standard		eone can claim: You as a de								_
Deduction	_	Spouse itemizes on a separate retur	•			•				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: Was bor	n before January	2, 1958	☐ Is blind	_
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the I	oox if quali	fies for (see instructions	):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax	credit	Credit for other dependen	ıts
than four	CA	RLA DAVIS		XXX-XX-4567		DAUGHTER			X	
dependents, see instruction	s OL	LIE MORRISON		XXX-XX-7894		SON	X			_
and check										_
here L										_
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)				. 1a	4620	0
	b	Household employee wages not re	eported (	on Form(s) W-2				. 1b		_
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						. 10		_
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					. 1d		_	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		*				. 1e		_
was withheld.	f	Employer-provided adoption bene						. 1f	+	_
If you did not	g	Wages from Form 8919, line 6 .						. 1g		_
get a Form W-2, see	h	Other earned income (see instruct	,			1		. 1h	45	<u>U</u>
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>			4665	^
	<u>z</u>	Add lines 1a through 1h			 L T			. 1z		_
Attach Sch. B if required.	2a	· –	2a			axable interest		. 2b		_
	3a		3a 4a			ordinary divider		. 4b		-
Standard	4a 5a	_	5a			axable amoun axable amoun		. 5b		_
Standard Deduction for—	6a		6a			axable amoun		. 6b		_
Single or Married filing	C	If you elect to use the lump-sum e		nethod check here i				.   0.0		-
separately,	7	Capital gain or (loss). Attach Sche		•	•	,		7		
\$12,950 Married filing	8	Other income from Schedule 1, lin						. 8		_
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9	4665	<u>_</u>
Qualifying surviving spouse,	10	Adjustments to income from Sche	•	•				. 10	_	_
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,					. 11		_
household,	12	Standard deduction or itemized	-	-				. 12		_
\$19,400 If you checked	13	Qualified business income deduct				5-A		. 13		_
any box under Standard	14	Add lines 12 and 13						. 14		0
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						. 15		_

Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	2974
Credits	17	Amount from Schedule 2, lir	ne 3					. 17	
	18	Add lines 16 and 17						. 18	2974
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	1579
	20	Amount from Schedule 3, lir	ne 8					. 20	1395
	21	Add lines 19 and 20						. 21	2974
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. 22	0
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			. 23	64
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	64
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	3(	000	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	3000
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			. 26	
qualifying child,	27	Earned income credit (EIC)				27	į	584	
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28	9	921	
	29	American opportunity credit	from Form 8863	3, line 8 .     .		29	9	930	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		. 32	2435
	33	Add lines 25d, 26, and 32. T	•					. 33	5435
Refund	34	If line 33 is more than line 24	-					. 34	5371
	35a	Amount of line 34 you want	-		•		[	35a	5371
Direct deposit? See instructions.	b	Routing number X X X			<b>c</b> Type: X	Checking	Savin	gs	
oee manachons.	d	Account number X X X							
-	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		o you want to allow another structions	•		rn with the IRS?		omple	te below.	X No
		esignee's me		Phone no.			sonal id ber (Pl	entification N)	
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							
Here	Yo	our signature		Date	Your occupation		1	f the IRS se	ent you an Identity
									PIN, enter it here
Joint return?				05/22/23	TEACHER			see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, l	both must sign.	Date	Spouse's occupat	ion	I.		ent your spouse an tection PIN, enter it here
	Ph	one no. (312) 555-077	1	Email address	1				
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid						02/22/23	S1234	5678	Self-employed
Preparer	Fir	m's name PRACTICE L	AB			1			202-202-2022
Use Only							-		

Go to www.irs.gov/Form1040 for instructions and the latest information. QNA

Firm's address 15 PRACTICE LAB WAY WASHINGTON DC 20005

**Use Only** 

Form **1040** (2022)

Firm's EIN

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

JENNIFER MORRISON

Name(s) shown on 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.

Your social security number
XXX-XX-1234

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	, , , , , , , , , , , , , , , , , , ,	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Compine lines i through / and y Enter here and on Form 1040-1040-SR	or 1040-NR line 8	10	I

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

Schedule 1 (Form 1040) 2022

JENNIFER MORRISON XXX-XX-1234

Par	t II Adjustments to Income		
11	Educator expenses	. 11	
12	Certain business expenses of reservists, performing artists, and fee-basis governme	nt	
	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	32
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction		
18	Penalty on early withdrawal of savings	. 18	
19a	Alimony paid		
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
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		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
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 <b>adjustments to income</b> . Enter here and company to the standard street and company to the street and company to the standard street and company to the standard street and company to the street and co		
_0	Form 1040 or 1040-SR line 10 or Form 1040-NR line 10a	26	3.2

Page 2

Schedule 1 (Form 1040) 2022

## SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Taxes**

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 02

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

JENNIFER MORRISON

Your social security number

XXX-XX-1234

U 111V.	NITER MORRISON XXX	4343 I Z	
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	64
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ed on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.  $\ensuremath{\mathtt{QNA}}$ 

Schedule 2 (Form 1040) 2022

QIVA

### Part II Other Taxes (continued)

17	Other additional taxes:			l	
а	Recapture of other credits. List type, form number, and amount:			l	
		17a	-	I	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		1	
С	Additional tax on HSA distributions. Attach Form 8889	17c		l	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		l	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		1	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	<b>17</b> j		l	
k	Golden parachute payments	17k		l	
- 1	Tax on accumulation distribution of trusts	171		l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m		1	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		1	
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		1	
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q		l	
Z	Any other taxes. List type and amount:			l	
		17z		l	
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		64
	, , , ,				

### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

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

OMB No. 1545-0074 Attachment Sequence No. **03** 

Your social security number

XXX-XX-1234

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JENNIFER MORRISON

Go to www.irs.gov/Form1040 for instructions and the latest information.

Par	t I Nonrefundable Credits	·		
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11. Attach	2	
3	Education credits 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 nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
I	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	)-SR, or 1040-NR,		
	line 20		8	1395
		(CC	ontinu	ed on page 2)

Page 2

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	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

QNA

Schedule 3 (Form 1040) 2022

### **SCHEDULE A** (Form 1040)

Department of the Treasury

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

Internal Revenue Service

**Itemized Deductions** 

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

Your social security number

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

Attachment Sequence No. **07** 

OMB No. 1545-0074

JENNIFER	MC	DRRISON		-	XXX	-XX-1234
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses	3	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	á	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,		000		
		check this box	5a 5b	2000	_	
		State and local personal property taxes	5c		_	
		Add lines 5a through 5c	5d	2000	$\exists$	
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	Ju	2000	_	
	•	separately)	5e	2000	,	
	6	Other taxes. List type and amount:		2000		
	·		6			
	7	Add lines 5e and 6			. 7	2000
Interest		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		instructions and check this box				
mortgage interest deduction may be	á	Home mortgage interest and points reported to you on Form 1098.				
limited. See instructions.		See instructions if limited	8a			
	ŀ	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.,	01			
		and address	8b		_	
		Points not consisted to you on Form 1000. Con instructions for anguing				
	•	Points not reported to you on Form 1098. See instructions for special rules	8c			
		d Reserved for future use	8d		$\exists$	
		Add lines 8a through 8c	8e			
		Investment interest. Attach Form 4952 if required. See instructions.	9			
		Add lines 8e and 9	-		. 10	
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see				
Charity		instructions	11			
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,				
made a gift and got a benefit for it,		see instructions. You <b>must</b> attach Form 8283 if over \$500	12			
see instructions.		Carryover from prior year	13			
		Add lines 11 through 13			. 14	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (othe				
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1				
	10	instructions			15	
Other	10	Other—from list in instructions. List type and amount:			-	
Itemized Deductions					16	
	17	Add the emounts in the far right column for lines 4 through 10. Also	ntor	this amount a	-	
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, $\epsilon$ Form 1040 or 1040-SR, line 12			17	2000
	18	If you elect to itemize deductions even though they are less than your				2000
		check this box			, 	

#### **SCHEDULE SE** (Form 1040)

Department of the Treasury Internal Revenue Service

JENNIFER MORRISON

### **Self-Employment Tax**

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

OMB No. 1545-0074

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

with self-employment income

Attachment Sequence No. 17 Social security number of person

XXX-XX-1234

Part	Seil-Employment Tax		
	If your only income subject to self-employment tax is <b>church employee income</b> , see instructions for how definition of church employee income.	v to repo	ort your income
A	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form	4361 I	out you had
^	\$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I		
Skip li	nes 1a and 1b if you use the farm optional method in Part II. See instructions.		_
	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),		
	box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
	Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b (	)
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than		
	farming). See instructions for other income to report or if you are a minister or member of a religious order	2	450
3	Combine lines 1a, 1b, and 2	3	450
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	416
	<b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If	4.5	41.0
	less than \$400 and you had <b>church employee income</b> , enter -0- and continue	4c	416
ba	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	
6	Add lines 4c and 5b	6	416
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or		110
,	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022	7	147,000
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)		, ,
ou	and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines		
	8b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b		
С	Wages subject to social security tax from Form 8919, line 10 8c		
d	Add lines 8a, 8b, and 8c	8d	46200
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	100800
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124)	10	52
11	Multiply line 6 by 2.9% (0.029)	11	12
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	64
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040),</b>		
	line 15		
Part			
	<b>Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income¹ wasn't more than 0, <b>or (b)</b> your net farm profits² were less than \$6,540.		
		44	6040
14	Maximum income for optional methods	14	6,040
15	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income¹ (not less than zero) <b>or</b> \$6,040. Also, include this amount on line 4b above	15	
Nonfo		15	
	rm Optional Method. You may use this method only if (a) your net nonfarm profits <sup>3</sup> were less than \$6,540 so less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employment		
	east \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on		
••	line 16. Also, include this amount on line 4b above	17	
<sup>1</sup> From	Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.		4, code A.
<sup>2</sup> From you w	Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount <sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065) rould have entered on line 1b had you not used the optional method.		

## SCHEDULE EIC (Form 1040)

### **Earned Income Credit**

Qualifying Child Information

20**22** 

2022

OMB No. 1545-0074

Attachment Sequence No. **43** 

Department of the Treasury Internal Revenue Service Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.

Go to www.irs.gov/ScheduleEIC for the latest information.

Name(s) shown on return

JENNIFER MORRISON

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	<u> </u>	nild 1	Cł	nild 2	C	hild 3
1	Child's name	First name	Last name	First name	Last name	First name	Last name
	If you have more than three qualifying children, you have to list only three to get the maximum credit.	OLLIE MORR	ISON	CARLA DAVI	S		
2	Child's SSN  The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2022 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2022 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	XXX-	xx-7894	XXX-	XX-4567		
3	Child's year of birth	younger than y	0 1 6 03 and the child is ou (or your spouse, , skip lines 4a and	younger than y	0 0 2 003 and the child is ou (or your spouse, 1, skip lines 4a and	younger than y	003 <b>and</b> the child is you (or your spouse, ), skip lines 4a and 5.
4a	Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	No.  Go to line 4b.	X Yes.  Go to line 5.	No.  Go to line 4b.	Go to line 5.	No.  Go to line 4b.
b	Was the child permanently and totally disabled during any part of 2022?	Go to line 5.	No.  The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No.  The child is not qualifying child.
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON		DAUGHTE	R		
	Number of months child lived with you in the United States during 2022						
	<ul> <li>If the child lived with you for more than half of 2022 but less than 7 months, enter "7."</li> <li>If the child was born or died in 2022 and your home was the child's home for more</li> </ul>	1	2 months	_ 1	2 months		months

### SCHEDULE 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

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

2022

OMB No. 1545-0074

Attachment Sequence No. **47** 

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number JENNIFER MORRISON XXX-XX-1234 Part I Child Tax Credit and Credit for Other Dependents Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 46618 Enter income from Puerto Rico that you excluded . . . . . . 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b b c Enter the amount from line 15 of your Form 4563 . . . . 2c Add lines 2a through 2c . . . . . . . . . . . . . . . 2d3 3 46618 4 Number of qualifying children under age 17 with the required social security number 5 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 . . . . . . . . . . . . Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 500 8 Add lines 5 and 7 . . . . . . . . . . . . . 8 2500 Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 200000 Subtract line 9 from line 3. 10 • 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. 10 11 11 Is the amount on line 8 more than the amount on line 11? . . . 12 2500 No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. 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 1579 Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents. 1579 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 **additional child tax 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

JENNIFER MORRISON XXX-XX-1234

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 line	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	921
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
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	921
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	X Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 44118		
20	Multiply the amount on line 19 by $15\%$ (0.15) and enter the result	20	6618
	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.		
	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		
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		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> 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 <b>larger</b> of line 20 or line 25	26	
	<b>Next</b> , enter the <b>smaller</b> of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27	921

Schedule 8812 (Form 1040) 2022

## Form **8863**

# **Education Credits**(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service Go

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2022

Attachment Sequence No. 50

Name(s) shown on return

JENNIFER MORRISON

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.

Part	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2325
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	)	
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 the amount to enter instead	3	
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	2	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	)	
6	If line 4 is:		
	• Equal to or more than line 5, enter 1.000 on line 6		1 000
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to 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 the year and meet the		
	conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit skip line 8, enter the amount from line 7 on line 9, and check this box		0205
•	· · · ·	7	2325
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	930
Part			) ) ) )
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	1395
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. I	:	
	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		
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 the amount to enter instead		
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		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at 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	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1395

Name(s) shown on return

JENNIFER MORRISON

XXX-XX-1234



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information	on. See instructions.	
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as sl	nown on page 1 of
~	your tax return)	
CARLA DAVIS	XXX-XX-4567	
22 Educational institution information (see instructions)		
a. Name of first educational institution	b. Name of second educational instituti	on (if any)
YUMA COLLEGE	(4) Address Nurskey and street (sv.D.)	City town or
(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.0 post office, state, and ZIP code. If instructions.	
10 COLLEGE AVE		
ADDISON IL 60101		
(2) Did the student receive Form 1098-T  from this institution for 2022?   ☐ Yes ☐ No	(2) Did the student receive Form 1098 from this institution for 2022?	-T No
(3) Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?	
<ul> <li>(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.</li> <li>3 7 - 7 0 0 4 5 1 2</li> </ul>	if you're claiming the American opp	ortunity credit or if you
<u> </u>		
23 Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes — <b>Stop!</b> Go to line 31 for this student. No -	- Go to line 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.		– <b>Stop!</b> Go to line 31 nis student.
25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	☐ Yes — <b>Stop!</b> Go to line 31 for this student. X No -	- Go to line 26.
Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?	☐ Yes — <b>Stop!</b> ☐ No - throis student. ☐ No - throis	- Complete lines 27 ugh 30 for this student.
You <b>can't</b> take the American opportunity credit and the you complete lines 27 through 30 for this student, don't		in the same year. If
American Opportunity Credit		
27 Adjusted qualified education expenses (see instructions). Do	- t	27 3300
28 Subtract \$2,000 from line 27. If zero or less, enter -0	t the state of the	28 1300
		<b>29</b> 325
30 If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts		30 2325
Lifetime Learning Credit	nom an Farts III, line 30, on Part I, line 1.	2325
31 Adjusted qualified education expenses (see instructions). In	clude the total of all amounts from all Parts	
III, line 31, on Part II, line 10		31

### **Credit Limit Worksheet A**

Schedule 3, line 6e          Schedule 3, line 6f          Schedule 3, line 6l          Form 5695, line 30			+ + + +	1395	-
Schedule 3, line 3          Schedule 3, line 4          Schedule 3, line 6d          Schedule 3, line 6f          Schedule 3, line 6l          Form 5695, line 30		· · · · · · · · · · · · · · · · · · ·	+	1395	-
Schedule 3, line 4          Schedule 3, line 6d          Schedule 3, line 6f          Schedule 3, line 6l          Form 5695, line 30			+		-
Schedule 3, line 6d          Schedule 3, line 6e          Schedule 3, line 6f          Schedule 3, line 6l          Form 5695, line 30			+		
Schedule 3, line 6e          Schedule 3, line 6f          Schedule 3, line 6l          Form 5695, line 30		· · · · · · · · · · · · · · · · · · ·	+		_
Schedule 3, line 6f          Schedule 3, line 6l          Form 5695, line 30			+		
<b>Schedule 3</b> , line 61 <b>Form 5695</b> , line 30			•		-
<b>Form 5695</b> , line 30			+		_
, ,			•		_
F			+		_
F					7
	Enter the tot	to1	2	1395	5
Complete the Credit Limit Worksheet B of the form a. Mortgage interest credit, Form 8390 b. Adoption credit, Form 8839. c. Residential clean energy credit, For d. District of Columbia first-time hom 2. You are not filing Form 2555.	Following crope.  16.  17.  18.  19.  19.  19.  19.  19.  19.  19	edits. art I.			
If you are <b>not</b> completing Credit Limit V the amount from the Credit Limit Works		B, ente	r -0-; oth	nerwise, enter 4	

MORRISON XXX-XX-1234

Co	edit Limit Worksheet  mplete this worksheet to figure the amou	nt to ente	r on
lin	e 19.		
1.	Enter the amount from Form 8863, line 18	1	
2.	Enter the amount from Form 8863,		
-	line 9		1395
3.	Add lines 1 and 2	3.	1395
	Enter the amount from: Form 1040 or 1040-SR, line 18 Enter the total of your credits from:	4	2974
	Schedule 3 (Form 1040), lines 1, 2, 6d and 6l		
		5.	
	Subtract line 5 from line 4	6.	2974
7.	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19	7	1395

### Worksheet A-2022 EIC-Line 27

**Before you begin:** √ Be sure you are using the correct worksheet. Use this worksheet only if you answered "No" to Step 5, question 2. Otherwise, use Worksheet B.

Part 1	1. Enter your earned income from Step 5.
All Filers Using Worksheet A	2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN as defined earlier. Enter the credit here.  If line 2 is zero, You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.
	3. Enter the amount from Form 1040 or 1040-SR, line 11. 3
	4. Are the amounts on lines 3 and 1 the same?  Yes. Skip line 5; enter the amount from line 2 on line 6.  No. Go to line 5.
Part 2 Filers Who Answered "No" on Line 4	<ul> <li>5. If you have:</li> <li>No qualifying children who have a valid SSN, is the amount on line 3 less than \$9,200 (\$15,300 if married filing jointly)?</li> <li>1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$20,150 (\$26,300 if married filing jointly)?</li> <li>☐ Yes. Leave line 5 blank; enter the amount from line 2 on line 6.</li> <li>☐ No. Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here. Look at the amounts on lines 5 and 2. Then, enter the smaller amount on line 6.</li> </ul>
Part 3 Your Earned	6. This is your earned income credit.  Enter this amount on Form 1040 or 1040-SR,
Income Credit	Reminder—  Vif you have a qualifying child, complete and attach Schedule EIC.  Iline 27.  1040 or 1040-SR  EIC
	If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2022.

## Worksheet B-2022 EIC-Line 27

JENNIFER MORRISON

Keep for Your Records

### Use this worksheet if you answered "Yes" to Step 5, question 2.

- $\sqrt{}$  Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- $\sqrt{}$  If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1	<b>1a.</b> Enter the amount from Schedule SE, Part I, line 3.		1a	450
Self-Employed, Members of the	<b>b.</b> Enter any amount from Schedule SE, Part I, line 4b and line 5a.	+	1b	
Clergy, and	c. Combine lines 1a and 1b.	=	1c	450
People With Church Employee	<b>d.</b> Enter the amount from Schedule SE, Part I, line 13.	-	1d	32
Income Filing Schedule SE	e. Subtract line 1d from line 1c.	=	1e	418
Part 2 Self-Employed	2. Don't include on these lines any statutory employee income, any net profit from notary public, any amount exempt from self-employment tax as the result of the fili 4029 or Form 4361, or any other amounts exempt from self-employment tax.			
NOT Required	<b>a.</b> Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.		2a	
To File Schedule SE	<b>b.</b> Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	+	2b	
For example, your net earnings from self-employment	c. Combine lines 2a and 2b.	=	2c	
were less than \$400.	*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Reduce the Schedule K-1 amounts as described in the Partner's Instructions fo your name and social security number on Schedule SE and attach it to your ret	r S	chea	
Part 3				
Statutory Employees Filing Schedule C	<b>3.</b> Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.		3	
Part 4	<b>4a.</b> Enter your earned income from Step 5.		4a	46200
All Filers Using Worksheet B	<b>b.</b> Combine lines 1e, 2c, 3, and 4a. <b>This is your total earned income.</b>	ĺ	4b	46618
<b>Note.</b> If line 4b includes income on which you should	If line 4b is zero or less, You can't take the credit. Enter "No" on the dot or 1040-SR, line 27.	tted	l line	e next to Form 1040
have paid self-				
employment tax but didn't, we may reduce your credit by	<ul> <li>5. If you have:</li> <li>3 or more qualifying children who have valid SSNs, is line 4b less than \$53, filing jointly)?</li> <li>2 qualifying children who have valid SSNs, is line 4b less than \$49,399 (\$55.5)</li> </ul>			
employment tax but didn't, we may	• 3 or more qualifying children who have valid SSNs, is line 4b less than \$53,	29 i	f ma	arried filing jointly)?
employment tax but didn't, we may reduce your credit by the amount of self-employment tax	<ul> <li>3 or more qualifying children who have valid SSNs, is line 4b less than \$53, filing jointly)?</li> <li>2 qualifying children who have valid SSNs, is line 4b less than \$49,399 (\$55,52)</li> <li>1 qualifying child who has a valid SSN, is line 4b less than \$43,492 (\$49,62)</li> </ul>	29 i 22 i 510 earl	if ma f ma if m	arried filing jointly)? rried filing jointly)? arried filing jointly)?

### Worksheet B-2022 EIC-Line 27-Continued

#### Part 5 **6.** Enter your total earned income from Part 4, line 4b. 6 46618 **All Filers Using Worksheet B** 7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter 584 the credit here. You can't take the credit. If line 7 is zero, Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27. 8. Enter the amount from Form 1040 or 1040-SR, 8 46618 line 11. **9.** Are the amounts on lines 8 and 6 the same? Yes. Skip line 10; enter the amount from line 7 on line 11. $\square$ **No.** Go to line 10. **10.** If you have: Part 6 • No qualifying children who have a valid SSN, is the amount on line 8 less than \$9,200 (\$15,300 if married filing jointly)? **Filers Who** • 1 or more qualifying children who have a valid SSN, is the amount on **Answered** line 8 less than \$20,150 (\$26,300 if married filing jointly)? "No" on Yes. Leave line 10 blank; enter the amount from line 7 on line 11. Line 9 No. Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here. Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11. Part 7 11. This is your earned income credit. 584 Enter this amount on **Your Earned** Form 1040 or 1040-SR, Reminder— **Income Credit** line 27. 1040 or $\sqrt{}$ If you have a qualifying child, complete and attach Schedule EIC. 1040-SR **EIC**

If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form

8862 to take the credit for 2022.



			-						_				
				S	ubmi	ssior	ı ID						

	(Do not mail Form IL-8453 to the	Illinois Departn	nent of Revenue ur	nless it is requested for review.)
Step	1: Provide taxpayer information			
	JENNIFER MORRISON		Lasta	<u> </u>
Prin		and last name if different)	Last name	Social Security number
	t 5345 N LINCOLN AVE Mailing address			Spouse's Social Security number
type				(312) 555-0771
	CHICAGO, IL 60625	State	ZIP	Daytime phone number
Stor	2: Complete information from tax re			
	•		Choose one: X	139343   <u>00</u>
	Net income from Form IL-1040 or IL-1040-X Tax from Form IL-1040 or IL-1040-X, Line 14			2 1947   00
	Illinois Income Tax withheld from Form IL-10		ne 25 <b>only</b> (enter " <b>0</b> " if	
	Overpayment from Form IL-1040, Line 36 or		ic 20 dilly (criter d il	4 158   00
	Total amount due from Form IL-1040, Line 4		: 38	5
	Filing status: Single Married filing j			Vidowed X Head of household
Stor	3: Complete direct deposit of refund	l or electronic fu	nde withdrawal info	ormation (Ontional)
does within	not support international ACH transactions. I	DOR will only perfor ernational funds. Ele	m direct transactions (	ed within the electronic transmission. Illinois e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check
				<del>_</del>
		ů .		
	Date the payment is to be electronically with			
11	Electronic funds withdrawal amount:	I_00_		
	Name on account:			
Step	4: Taxpayer declaration and signature	e (Sign only after	completing Step 2	and, if applicable, Step 3.)
X	I consent that my refund may be directly correct. If I have filed a joint return, this is			clare the information on Lines 7 through 9 is bouse as an agent to receive the refund.
	I authorize the Illinois Department of Rev withdrawal as designated in the electronic financial institutions involved in the procenecessary to answer inquiries and resolved.	portion of my 2022 I ssing of an electroni	Ilinois Original or Amer ic overpayment of taxe	ded Individual Income Tax return. I authorize the
	I do not want direct deposit of my refund,	or an electronic fun	ds withdrawal (direct d	ebit) of my balance due.
returi and a	n originator (ERO) are identical. To the best of	my knowledge, my re R by my ERO. I autho	eturn is true, correct, and prize IDOR to inform my	and the information I provided to my electronic d complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
Sign		05/22/202		
<u>here</u>	Your signature	Date	Spouse's signature	e (if joint return, <b>both</b> must sign) Date
I dec		ctronic Form IL-104 is program and dec are true, correct, an	0 or IL-1040-X, the info lare, under penalties of d complete.	signature prmation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the
		С	05/22/2023	Check if paid preparer:
	ERO's signature		Date	
ERO	PRACTICE LAB			$\frac{S}{S} = \frac{1}{2} + \frac{2}{3} + \frac{3}{4} + \frac{5}{5} + \frac{6}{6} + \frac{7}{7} + \frac{8}{5}$
use	I littl's flattle of your flattle if self-employed			Your PTIN
only	15 PRACTICE LAB WAYMailing address			Federal employer identification number (FEIN)
_				(202) 202-2022
	WASHINGTON DC 20005 City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.



or for fiscal year ending	/	TA

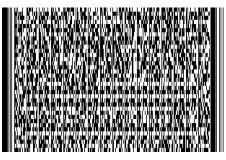
Η A

N D W

#### **Step 1: Personal Information**

JENNIFER MORRISON 1977 XXX-XX-1234

5345 N LINCOLN AVE



	CH	IICAGO IL 60625	KATINET I PENERONI I PENERONI	ARADAMANI II	I
С	Ch	ng status: Single Married filing jointly Married filing separately Widowed K Headeck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You eck the box if this applies to you during 2022: Nonresident - Attach Sch. NR Part-year reside	Spouse	. NR	T E N
1	Ste 1 2 3 4	p 2: Income Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	1	e dollars only) 46618.00 .00 .00 46618.00	E
Staple W-2 and 1099 forms here	Ste 5 6 7 8 9	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.		.00 46618.00	T R I
Staple W-2 and		p 4: Exemptions a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d Exemption allowance. Add Lines 10a through 10d.	.00	7275.00	<b>-</b> S
<b>†</b>	11	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 Schedulents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.  Nonresidents and part-year residents: Enter the tax from Schedule NR.	dule NR. <b>11</b>	39343.00 1947.00	– I
040-V		Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero. p 6: Tax After Nonrefundable Credits	13 14	.00 1947.00	_ 5
Staple your check and IL-1040-V	15 16 17 18	Income tax paid to another state while an Illinois resident. Attach Schedule CR.  Property tax and K-12 education expense credit amount from Schedule ICR.  Attach Schedule ICR.  Credit amount from Schedule 1299-C. Attach Schedule 1299-C.  Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	.00 .00 18	.00	F
le your che	19 Ste 20 21	Tax after nonrefundable credits. Subtract Line 18 from Line 14.  p 7: Other Taxes  Household employment tax. See instructions.  Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	20	.00	– F
Stapl	22 23	in the instructions. <b>Do not</b> leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharg. <b>Total Tax.</b> Add Lines 19, 20, 21, and 22.	es. 21 22 23	.00 .00 1947.00	

Total Tax. Add Lines 19, 20, 21, and 22.





<b>24</b> To	otal tax from Page 1, Line 23.						24	1947.00
Step 8:	: Payments and Refunda	able Credit						
25 Illin	llinois Income Tax withheld. <b>Attach</b> Schedule IL-WIT.				25	200	00.00	
	imated payments from Forms						:00	
	luding any overpayment appl				26		.00	
	ss-through withholding. Attacl				27		.00	
	ss-through entity tax credit. At	28		.00				
	rned Income Credit from Sche			h Schedule IL-E/EIC		1(	05.00	
	al payments and refundabl	-					30	2105.00
Step 9:			<u> </u>					
-	ine 30 is greater than Line 24,	subtract Line 24 from	m Line 30				31	158.00
	ine 24 is greater than Line 30,						32	.00
				ne.			<u> </u>	.00
-	<ul><li>0: Underpayment of Estire- e-payment penalty for underpayment</li></ul>		-	JIIS	33		.00	
		· -		m forming	33		00	
_	Check if at least two-thirds			-	a homo			
	<ul><li>Check if you or your spous</li><li>Check if your income was</li></ul>			-	-	ma an	Form II 2210	
С <u>Г</u>	Attach Form IL-2210.	not received evenly	during the year	and you annual	zeu your incor	ne on	F01111 1L-22 10	•
4 [	Check if you were not requ	uired to file on Illino	ic Individual Inc	omo Tov roturn in	the provious	tay ya	oor.	
	untary charitable donations.			one fax return ir	34	lax ye	.00	
	tal penalty and donations. A				34		<u>.00</u> <b>35</b>	.00
	· ·		4.				35	.00
-	1: Refund or Amount yo							
-	ou have an amount on Line 3	31 and this amount	is greater than L	ine 35, subtract	Line 35 from L	_ine 3		1=0
	s is your <b>overpayment</b> .						36	158.00
<b>37</b> Amo	ount from Line 36 you want <b>r</b> o	<b>efunded to you</b> . Ch	neck <b>one</b> box on	Line 38. See inst	tructions.		37	158.00
<b>38</b> I ch	noose to receive my refund by	у						
a ⊵	🗵 direct deposit - Complete	e the information be	low if you check	this box.				
	You may also contribute	x x x x x	0013	X Che	ckina	or Saving	16	
	to college savings funds					Johning	or ourns	,0
	here. See instructions!	Account number	ccount number X X X X X 4 3 2 1					
ЬΓ	paper check.							
_	ount to be <b>credited forward.</b>	Subtract Line 37 fro	m Line 36 See	instructions			39	.00
				mon donorio.			00	.00
-	ou have an amount on Line 3			. 05				
-	ou have an amount on Line 3						40	00
	otract Line 31 from Line 35. T	-		structions.			40	.00
Step 1	2: Health insurance Cho	eckbox and Sigr	ature					
41 🗌	Check this box if IDOR may					n orde	er to determine	
	your eligibility for health insu	urance benefits. Se	e instructions fo	r more information	on.			
Signatu	ure - Note: If this is a joint retu	urn, both you and yo	ur spouse must	sign below.				
Hnder r	penalties of perjury, I state th	hat I have examine	d this return and	d, to the best of	my knowledge	e, it is	true, correct,	and complete.
Oriuei F					I			
	Varia siana atrina	Doto ((- - /)	Cnausa'a signatu	**	D-1- / / / / /	, li		
 Sign	Your signature	Date (mm/dd/yyyy)	Spouse's signatu	re	Date (mm/dd/yy	_	Daytime phone r	
 Sign	Your signature	Date (mm/dd/yyyy) 02/22/2023	Spouse's signatu	re	Date (mm/dd/yy	_	Daytime phone r (312) 555-	
Sign Here	Your signature  Print/Type paid preparer's nam	02/22/2023	Spouse's signatu Paid preparer's si		Date (mm/dd/yyg	уу)	(312) 555-	
Sign Here Paid	Print/Type paid preparer's nam	02/22/2023				уу)	(312) 555-	-0771
Sign Here Paid Preparer	Print/Type paid preparer's nam	02/22/2023			Date (mm/dd/yy	уу)	(312) 555-	-0771
Sign Here Paid Preparer	Print/Type paid preparer's nam  Firm's name	02/22/2023			Date (mm/dd/yy	уу)	(312) 555-	-0771
Sign Here Paid Preparer Use Only	Print/Type paid preparer's nam  Firm's name  Firm's address	02/22/2023 ne	Paid preparer's si	ignature	Date (mm/dd/yyg Firm's FEIN Firm's phone	уу)	(312) 555- Check if Felf-employed	-0771 Paid Preparer's PTIN
Sign Here Paid Preparer Use Only	Print/Type paid preparer's nam  Firm's name	02/22/2023 ne	Paid preparer's si		Date (mm/dd/yyg Firm's FEIN Firm's phone	уу)	(312) 555- Check if Felf-employed  ( ) Check if the	-0771 Paid Preparer's PTIN Department may
Sign Here Paid Preparer Use Only	Print/Type paid preparer's nam  Firm's name  Firm's address  Designee's name (please print	02/22/2023 ne	Paid preparer's si	ignature	Date (mm/dd/yyg Firm's FEIN Firm's phone	уу)	(312) 555- Check if Fellowed  ( ) Check if the discuss this returns.	-0771 Paid Preparer's PTIN

ID: 2C6
IL-1040 Back (R-12/22) DR\_\_\_\_\_\_ AP\_\_\_\_ RR DC IR ID