| Preparer's Review Copy | 2022 |
|---|------|
| Prepared for: CHOUMANE CESAR CHARLES | |
| 8748 WILLIAM SHARKEY ST APT 203 ORLANDO FL 32819 | |
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Return printed on 08/02/2023 at 04:26:52 PM

Diagnostics Report
Prepared for:
CHOUMANE CESAR CHARLES
8748 WILLIAM SHARKEY ST APT 203
ORLANDO FL 32819
Work: Home: 407-431-6185
Further Info:
Tax Year 2022

731-83-3979

Diagnostic Information:

| Home Phone:407-431-6185 Cell Phone: | Invoice and Fee | Disclosure | 731-83-3979 TAX YEAR 2022 |
|---|-----------------|--|------------------------------|
| Receipt Number: | Site ID: | <u>Date:</u> 02/27/2023 | PPID:NREMY |
| Client Name and Address | <u>}</u> | Office Information | |
| CHOUMANE CESAR CHARLES | | | |
| 8748 WILLIAM SHARKEY ST ORLANDO FL 32819 | APT 203 | | |
| Fees Related to Tax Preparation Services | | | |
| Itemized Form Billing Charges Hourly Charges Self-Prepared Flat Fee Pre-Defined Charges Prior Year Balance / (Overpayment) Remote Signature Fee1 Document Preparation Fee | g Services | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 7.00 |
| Transmission Fee ² ,7 Transmitter Fee ³ ,7 Dnly One Fee will Apply if Applicable | Jervices | \$\$ | |
| Technology Fee ^{4,7} Electronic Filing (e-filing) Fee ⁸ | | \$ \$ | 4.00 |
| Service Bureau Fee ⁵ | | \$ | |
| Bank Fees ⁶ | | \$ | |
| Additional Services and Products / Ancillar | y Products | \$\$ | |
| Total of all Charges Discounts or Credits | Тах | \$ (\$ \$ |) |
| Total Due | | \$ | 11.00 |
| Amount Expected to be Paid by Financial Balance Due / (Overpayment) | Institution | \$\$ | 11.00 |

Description of Fees

NOTE: We reserve the right to amend fees or their descriptions as the result of or in reaction to state, federal or regulatory laws.

¹A fee charged to integrate remote signature technology.

²A fee charged by the tax software company for the transmission of a bank product application through its software.

³In states (when preparer's office is located in AR, CT, IL, MD, ME, NY) that prohibit the charging of an additional bank fee (like the transmission fee), a fee will be charged to all returns for the transmission and security of data / documents through the software. ⁴A fee charged for the cost of programming, communication protocols and the ongoing costs of maintenance, updates and enhancements to the software and the related network infrastructure.

⁵This is the fee charged and set by the Service Bureau. This is a third party, that for a fee, enables Preparer to offer certain Taxpayer services. Preparer / Network may have added on to this fee.

⁶See bank product application for details.

⁷The Transmission, Transmitter and Technology fees are pass-through fees from the tax software provider. Preparer / Network may have added on to these fees.

⁸E-filing is the act of filing specific documents online or otherwise. This fee is charged by Preparer but may be shared within the Network.

ITEMIZED FORM BILLING INVOICE

Client Name and Address

CHOUMANE CESAR CHARLES

8748 WILLIAM SHARKEY ST APT 203 ORLANDO FL 32819

| Disco | unts | | | Amount |
|-------|--------------------------|---|----------------|--------|
| | | % | Amount | |
| 1. | Tax Preparation Discount | | | |
| 2. | Predefined Discount | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| | | | | |
| | | | Discount Total | (|

Description of Payment / Credit

| Date Received | Received From | Method | Memo | Amount |
|---------------|---------------|--------------|------------|--------|
| | | | | |
| | | Payment / Cr | edit Total | () |

TAX YEAR 2022

Office Information

NIKY ACCOUNTING PLUS 6900 SILVER STAR RD ORLANDO, FL 32818 407-692-8145

CHOUMANE CESAR CHARLES

8748 WILLIAM SHARKEY ST APT 203 ORLANDO, FL 32819-0000

Dear Client,

Please find enclosed your 2022 Federal individual income tax return. We prepared your return based on the information provided. Please review the return carefully to ensure that there are no omissions. You should retain a copy of your return, along with any supporting documents, for a minimum of three years from the filing date.

Your Federal return was filed electronically. The IRS was instructed to deposit your refund of \$4064 directly into your bank account. Most direct deposits are made within three weeks.

As your Electronic Return Originator, we will forward your required supporting documents to the IRS.

If you have any questions about your return, please feel free to contact our office. Remember that we are here throughout the year to assist you with all of your financial and tax consulting needs.

Sincerely,

NICODEME REMY

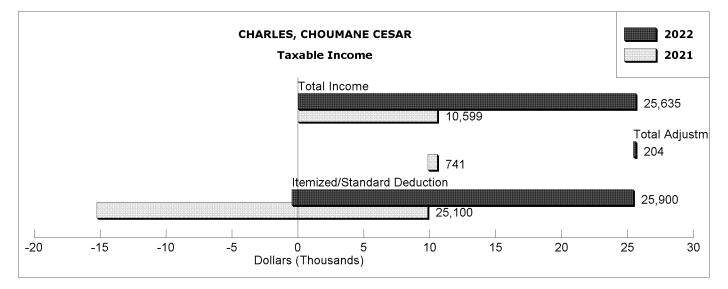
CHOUMANE CESAR CHARLES

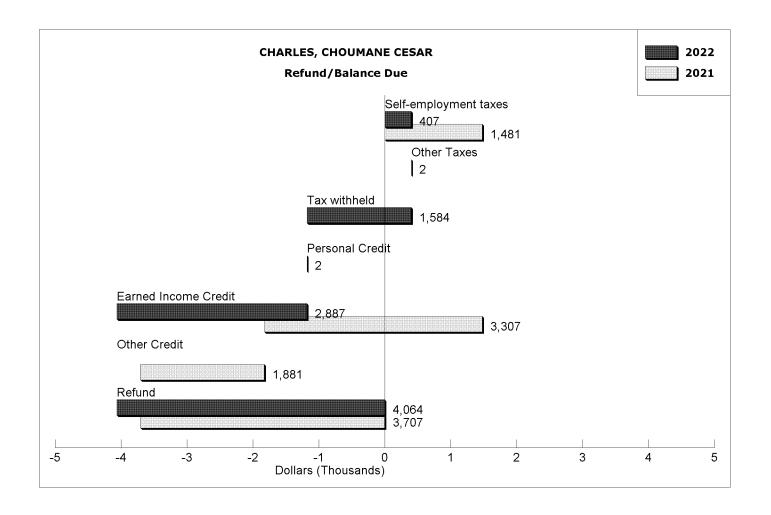
| Federal Tax Compa | rison | | |
|---|--------------------|--------------------|----------------------|
| iling Status | 2022 [5] | 2021 [5] | 2020 [2] |
| ncome | | | |
| Wages | 22,754 | | 13,76 |
| Interest Income | | 120 | -, |
| Dividend Income | | | |
| Taxable IRA Distributions | | | |
| Taxable Pension Distributions | | | |
| Social Security Benefits | | | |
| Capital Gains / Losses | | | |
| | · | | |
| State Tax Refund | | | |
| | 0.001 | 10 470 | 2.0 |
| | 2,881 | 10,479 | 30 |
| Other Gains / Losses | | | |
| Rents, Royalties, Partnerships, Estates, Trusts | | | |
| Farm Income | | | |
| Unemployment Compensation | | | 14,79 |
| Other Income | | | (10,20 |
| Total Income | 25,635 | 10,599 | 18,66 |
| | <u> </u> | · | • |
| djustments to Income | | | |
| Deductible part of self-employment tax | 204 | 741 | |
| SEP SIMPLE or Qualified Plan Deduction | | | |
| IRA Deduction | | | |
| Other Adjustments | | | |
| Total Adjustments | 204 | 741 | |
| djusted Gross Income | 25,431 | 9,858 | 18,66 |
| | | | · · · · |
| emized Deductions | | | |
| Medical and Dental | | | |
| Taxes | 561 | 301 | 51 |
| Interest | | | |
| Charitable Contributions | | | |
| Casualty and Theft Losses | | | |
| Other Miscellaneous Deductions | | | |
| Total Itemized / Standard Deduction | 25,900 | 25,100 | 24,80 |
| Cash charitable contribution if taking standard deduction | · | | |
| QBI Deduction | | | |
| Taxable Income | | | |
| - | | | |
| axes and Credits Regular Tax | | | |
| Alternative Minimum Tax | | | |
| (| 2) (|) (| |
| Personal Credits | <u> </u> | / (/ | |
| Business Credits |) (|) () | |
| Self-Employment Tax | 407 | 1,481 | |
| Other Taxes (Includes Excess APTC Repayment) | 2 | | |
| Total Tax | 407 | 1,481 | |
| ayments | | | |
| Tax Withheld | 1,584 | | 9 |
| Estimated Tax Payments | | | - |
| | 2,887 | 3,307 | 3,58 |
| Earned Income Credit | 2,00/ | | |
| Other Payments | · | 1,881 | 3,85 |
| Tax Due | | <u> </u> | |
| Refund | 4,064 | 3,707 | 7,53 |
| | 0 | 0 | ^ |
| arginal Tax Rate | <u></u> | | 00 |
| ifective Tax Rate | ~ | 2 | 00 |

| | 2022 | Tax Effect |
|---|--------|------------|
| me | | |
| Wages | 22,754 | |
| Interest Income | | |
| Dividend Income | | |
| Taxable IRA Distributions | | |
| Taxable Pension Distributions | | - |
| Taxable Social Security Benefits | | |
| Capital Gains / Losses | | |
| State Tax Refund | | |
| Alimony Received | | |
| Business Income | 2,881 | |
| Other Gains / Losses | · | |
| Rents, Royalties, Partnerships, Estates, Trusts | | |
| Farm Income | | |
| Unemployment Compensation | | |
| Other Income | | |

Adjustments and Payments

| Adjustments to Income (Total Itemized / Standard Deduction (| <u> 204)</u> 25,900) |
|---|----------------------------|
| Cash charitable contribution if taking standard deduction |) |
| Taxes Other Taxes Credits (| 409 |
| Payments | <u> </u> |
| | |
| Tax Due | |
| Amount Overpaid | |
| Refunded to You | |





| Form 8879 | |
|---------------------|--|
| (Rev. January 2021) | |

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

| 2HOUMANE_CESAR_CHARLES 731-83-3979 Spouse is accul security number Part I Tax Return Information — Tax Year Ending December 31, 2022. (Enter year you are authorizing.). Ther whole dollars only on lines 1 through 5. Vote: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 Adjusted gross income 2 Total tax 1 Adjusted gross income 2 Total tax 1 Adjusted gross income 2 Total tax 1 Adjusted form Form(s) W-2 and Form(s) 1099 2 Total tax 1 Adjusted weathold to you 2 Anount you want refunded to you 3 Anount you want refunded to you 3 Adjusted the anoty hour secure provide, transmitter, or electronic material on the least mission (b) the refasson of the refasson the refasson of the tax method for anound to take the anoty in the refasson the refasson of the refasson to refasson of the refasson to refasson of the tax method for anothold the anoty in the refasson to refasson the tax method for anothold the anoty in | Submission Identification Number (SID) 5 0 9 7 8 9 2 0 2 | 3 0 7 4 3 9 5 7 9 5 8 |
|--|--|--|
| pause's name Part 1 Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Ther whole dollars only on lines 1 through 5. Wote: Form 1040-S fitters used ince 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income | Taxpayer's name | Social security number |
| Part | CHOUMANE CESAR CHARLES | 731-83-3979 |
| Enter whole dollars only on lines 1 through 5. Inter: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 Adjusted gross income 1 1 25, 431 2 Total tax 3 1, 1584 4 Amount you wert refunded to you 5 Amount you owe 9 1 3 1, 1584 4 Amount you owe 9 2 3 1, 1584 4 Amount you owe 9 2 3 1, 1584 4 Amount you owe 9 2 3 1, 1584 4 4, 0.064 5 4 Amount you owe 9 2 4 4, 0.064 9 2 4 4, 0.064 9 2 4 4, 0.064 9 2 4 4, 0.064 9 2 5 4 000 000 000 000 000 000 000 000 000 | Spouse's name | Spouse's social security number |
| Enter whole dollars only on lines 1 through 5. Inter: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 Adjusted gross income 1 1 25, 431 2 Total tax 3 1, 1584 4 Amount you wert refunded to you 5 Amount you owe 9 1 3 1, 1584 4 Amount you owe 9 2 3 1, 1584 4 Amount you owe 9 2 3 1, 1584 4 Amount you owe 9 2 3 1, 1584 4 4, 0.064 5 4 Amount you owe 9 2 4 4, 0.064 9 2 4 4, 0.064 9 2 4 4, 0.064 9 2 4 4, 0.064 9 2 5 4 000 000 000 000 000 000 000 000 000 | Part I Tax Return Information — Tax Year Ending December : | 31 2022 (Enter year you are authorizing) |
| Vete: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 2 407 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 1, 584 4 4, 0.64 4 Amount you own refunded to you 5 and 5 and 5 and 6 Adjusted to you want refunded to you 5 and 5 and 6 Amount you own refunded to you 5 and 7 Adjusted to you want refunded to you 5 and 7 Adjusted to you want refunded to you 5 and 7 Adjusted to you want refunded to you 5 and 7 Adjusted to you want refunded to you 5 and 7 Adjusted to you want refunded to you 7 Adjusted to you want refunded to you 7 Adjusted to you want refunded to you 9 Adjusted to you want refunded to you 9 Adjusted to you want refunded to you want refunded to you you you want refunded to you you you you want refunded to you you you you you you you you you yo | | |
| 2 Total tax 2 407 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 2 40.064 4 Amount you want refunded to you 5 4.064 5 Amount you want refunded to you 5 4.064 6 Amount you want refunded to you 5 4.064 7 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Index penalities of perior, 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 your work of the Penalities of perior. To reveal the income tax is the penality in processing the return or refund, and (c) the data of any refund. If applicable, I authorize the U.S. Treasury Financial Agent to the financial institution account indicated in the tax preparation software for ayomet of estimated tax, and the financial institution to dot the tax penality and its designated Financial agent to instead are and feet until 1001 for U.S. Treasury Financial Agent at 1488-353.4537. Payment Cancellation requests must be existed and after the tax penality in processing of the electronic payment of estimated tax, and the financial institution to dot the pay for the pay financial dentification number (PIN) below is my signature or the income tax return (original or amended) I am now authorizing, and the financial institution to the payment 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. <td< td=""><td>Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.</td><td></td></td<> | Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | |
| 2 Total tax | 1 Adjusted gross income | 1 25,431 |
| Amount you want refunded to you | | |
| 5 Amount you owe | 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . | · · · · · · · · · · · 3 1,584 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Inder penalties of perjuy, 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 your return or below for the income tax control to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and the IRS (a) an achieved for the IRS (b) an achieved for the IRS (c) and achieved for the IRS | 4 Amount you want refunded to you | |
| Inder penalies of perjuy, 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 y knowledge and bellef, it is ture, correct, and complete. I further declare that the amounts in Part I abova ere the amounts from the income tax ENO) is and my return to the IRS (a) an acknowledgement or forcepit or maximus from the income tax end or require the acknowledgement or forcepit or maximus to rearry the nearmonics of the reason of region of the transmission, (b) the reason of an ACH electronic timals with a contract the timal (free debit) entry to the financial institution account indicated in the tax preparation software for ayment of my federal taxes owed on this return and/or a payment of resolve the financial institution account indicated in the tax preparation software for ayment of the payment (c) federal taxes owed on this return and/or a payment of the last outhorized in the processing of the electronic payment of the payment is and resolve insus the received on later than 2 usines days prote to the payment (cetterent) date. I also authorize the financial institution involved in the processing of the electronic payment of the activation number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my explore 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. Septement payment is filed using the Practitioner PIN method. The ERO must complete Part III below. Septement payment payment 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. Septement payment payment payment payment payment payment p | | |
| ny 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 term (original or amended) I am now authorizing. Consent to allow my intermediate service provide (ransmitter, or electronic return originator (ERO) is 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 or any delay in processing the relative or the indicated (c) the date of any return is and the financial institution account indicated in the tax preparation software for asyment of my deferal taxes owned on this return and/or a payment of residued tax, and the financial institution to debit the entry to this account. This ayoment, in rust contratt the U.S. Treasury Financial Agent of 1.480:354.4537. Payment cancellation requests must be received no later than? I submet and days prior to the tay payment of my delay prior to the tay reparation software for the income tax terum (lettlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of asyment of the terms on that all information or generate my PIN <u>0.3979</u> as my terms to indicate the U.S. Treasury Financial and the income tax terum (original or amended) I am now authorizing and, if applicable, my bischoric trut and singulature 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 to the receive the received model of the 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 (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return (original or amended) I am now authorizing. Check this box only if you are entering your own | Part II Taxpayer Declaration and Signature Authorization (Be | sure you get and keep a copy of your return) |
| Taxpayer's PIN: check one box only 03979 as my ERO firm name to enter or generate my PIN 03979 as my 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. 'our signature ▶ | return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institu payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 . Payment car business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues re personal identification number (PIN) below is my signature for the income tax return (original | e provider, transmitter, or electronic return originator (ERO) to reason for rejection of the transmission, (b) the reason I authorize the U.S. Treasury and its designated Financial ution account indicated in the tax preparation software for e financial institution to debit the entry to this account. This wit to terminate the authorization. To revoke (cancel) a nocellation requests must be received no later than 2 is involved in the processing of the electronic payment of elated to the payment. I further acknowledge that the |
| ERO firm name Enter five digits, but 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. /'our signature ▶ Date ▶ | Taxpayer's PIN: check one box only | |
| ERO firm name Enter five digits, but don't enter all zeros 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. /our signature ▶ | X I authorize NICODEME REMY | to enter or generate my PIN 03979 as my |
| 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 ▶ Spouse's PIN: check one box only | ERO firm name | Enter five digits, but |
| Spouse's PIN: check one box only | if you are entering your own PIN and your return is filed using the Pra | |
| I authorize | Your signature ► | Date ► |
| I authorize | Spouse's PIN: check one box only | |
| ERO firm name Enter five digits, but don't enter all zeros 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 PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 50978904518 Don't enter all zeros 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 uthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | | to enter or generate my PIN as my |
| 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 PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 50978904518 Don't enter all zeros 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 ulthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | ERO firm name | |
| if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. | signature on the income tax return (original or amended) I am now at | uthorizing. don't enter all zeros |
| Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. 50978904518 Don't enter all zeros 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 inthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | if you are entering your own PIN and your return is filed using the Pra | |
| Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. 50978904518 Don't enter all zeros 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 inthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | Spouse's signature | Date ► |
| Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 50978904518 Don't enter all zeros 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 nuthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 50978904518 Don't enter all zeros 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 inthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | | |
| 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 inthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | | E0070004E10 |
| nuthorized 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 equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. | | |
| | authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confi | irm that I am submitting this return in accordance with the |
| RO's signature ► Date ► | ERO's signature ► | Date ► |

| — ERO Must Retain This Form Don't Submit This Form to the IRS Un |) | |
|---|------------------|--|
| SPA For Paperwork Reduction Act Notice, see your tax return instructions. | 1037 CPTS 2USPA1 | Form 8879 (Rev. 01-2021) Page 08 |

| 1040 | | artment of the Treasury—Interr S. Individual Ir | | Return | 2022 | 2 | MB No. 1545 | -0074 | IRS Use Only | —Do not v | write | or stapl | e in this space. |
|--|-----------|---|------------------------|----------------|-----------------|---------------|------------------|---------|----------------|--------------|----------|----------------|--|
| Filing Status Check only | s 🗌 : | Single Married filir | ng jointly 🗌 Mai | rried filing s | eparately (N | 1FS) | Head of | househ | nold (HOH) | X Qua spo | | ng su (QSS | rviving S) |
| one box. | | u checked the MFS box son is a child but not you | | your spous | e. If you che | cked th | ne HOH or C | QSS bo | x, enter the c | child's n | ame | if the | qualifying |
| Your first name | and mi | ddle initial | Last name | | | | | | | | | | y number |
| CHOUMAN | E C | ESAR | CHARLES | | | | | | | 731 | . – 8 | 33-3 | 3979 |
| lfjoint return, spo | ouse's fi | rst name and middle initial | Last name | | | | | | | Spouse | 's so | ocial se | ecurity number |
| | • | er and street). If you have a | | ctions. | | | | | pt. no. 203 | | | | on Campaign I, or your |
| | | e. If you have a foreign ac | - | spaces belo | w. | State | ZIP code | | 205 | | | | ntly, want \$3 |
| ORLANDO | | , 0 | , , | | | FL | 328 | 19 | | • | | | Checking a t change |
| Foreign country | name | | | Foreign pr | ovince/state/co | | 010 | 1 | n postal code | your ta | | | |
| | | | | | | | | | | | Γ | You | Spous |
| Digital Assets | | ny time during 2022, die ange, gift, or otherwise | | | | | | | | | | | V. V. |
| Standard | | | | <u> </u> | | | • | 15561): | | 50013.) | | Yes | X No |
| Deduction | | eone can claim: | | | Your spouse | | iependent | | | | | | |
| Deudotion | | opouse itemizes on a s | separate return or y | ou were a | | | | | | | | | |
| Age/Blindness | | Were born before | e January 2, 1958 | Are bl | ind Spo | use: | Was bo | rn befo | ore January | 2, 1958 | | ls | blind |
| Dependents | (see | instructions): | | | | (2 | 2) Social sec | urity | (3) Relatio | | (4) | Check | the box if qualifies e instructions): |
| If more | (1) F | irst name | Last nan | ne | | | number | | to you | 1 | | hild credit | Credit for other dependent |
| lf more than four | WES | MANLEY CHAR | LES | | | 650 | -97-3 | 700 | SON | | ſ | | Х |
| dependents, see instructions | | | | | | | | | | | | | |
| and check | ' | | | | | | | | | | [| | |
| here |] | | | | | | | | | | [| | |
| Income | 1a | Total amount from Fo | orm(s) W-2, box 1 (| see instruct | tions) | | | | | · 1a | 3 | | 22,754 |
| Attach Form(a) | b | Household employee | wages not reporte | d on Form(| s) W-2 | | | | | · 11 |) | | |
| Attach Form(s) W-2 here. Also | С | Tip income not report | , | | | | | | | · 10 | : | | |
| attach Forms W-2G and | d | Medicaid waiver payr | • | | • | | , | | • • • | · 10 | ł | | |
| 1099-R if tax | e | Taxable dependent c | | - | | | | | | · 16 | | | |
| was withheld. | f | Employer-provided a | • | | | | | • • | | · <u>1</u> | | | |
| lf you did not get a Form | g L | Wages from Form 89 | * | | | | | | • • • | · 10 | | | |
| W-2, see | h : | Other earned income | · · · · · · | | | | 1 | i · | • • • | · 11 | 1 | | |
| instructions. | י ז ב | Nontaxable combat p Add lines 1a through | 16 | siructions) | | | · · <u>1</u> i | | | . 12 | - | | 22,754 |
| Attach Sch. B | 2a | Tax-exempt interest | 1 1 | | · · · · | h Taxa | able interes | ••• | • • • | · 14 | | | 22,13 |
| if required. | 3a | Qualified dividends | · · · 3a | | | | inary divide | | | · 3k | | | |
| | 4a | IRA distributions . | · · · 4a | | | | able amoun | | | . 4 | | | |
| Standard | 5a | Pensions and annuiti | | | | b Taxa | able amoun | t | | · 5k | | | |
| Deduction for— | 6a | Social security benefi | | | | b Taxa | able amoun | t | | . 6k | 5 | | |
| Single or Married filing | с | If you elect to use the | e lump-sum election | n method, c | heck here (s | ee inst | tructions). | | [| | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). | Attach Schedule E |) if required | l. If not requi | red, ch | neck here . | | · · [| 7 | | | |
| Married filing | 8 | Other income from Se | chedule 1, line 10. | | | | | | | . 8 | | | 2,881 |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, | 4b, 5b, 6b, 7, and 8 | 3. This is yo | our total inco | ome . | | | | . 9 | | | 25,635 |
| surviving spouse, \$25,900 | 10 | Adjustments to incom | ne from Schedule 1 | , line 26 . | | | | | | . 10 |) | | 204 |
| Head of | 11 | Subtract line 10 from | | | • | | | • • | • • • | • 11 | 1 | | 25,43 |
| household, \$19,400 | 12 | Standard deduction | | | | | | | | · 12 | 2 | | 25,900 |
| If you checked any box under | 13 | Qualified business in | come deduction fro | m Form 89 | 95 or Form 8 | 3995-A | | • • | | · 13 | 3 | | 0 |
| Standard | 14 | Add lines 12 and 13 | | | | | | • • | | . 14 | 1 | | 25,900 |
| Deduction, see instructions. | 15 | Subtract line 14 from | line 11. If zero or le | ess, enter - | 0 This is yo | our taxa | able incom | е | | . 1: | 5 | | |
| SPA For Disclo | sure, F | Privacy Act, and Paperwo | ork Reduction Act No | otice, see se | eparate instru | ctions. | | 1037 | CPTS 2US011 | | | For | m 1040 (2022 |

Page 09

| Form 1040 (2022 | 2) | | | | | | | | | | Page 2 |
|------------------------------------|-----|--|---------------------|------------------|----------------------------|-------------|-------------------|-------------------------|-------------------|---------|-------------------------------------|
| Tax and | 16 | Tax (see instructions). Check if a | ny from Form(s | s): 1 881 | 4 2 49 [°] | 72 3 | | | | 16 | |
| Credits | 17 | Amount from Schedule 2, line 3 | 3 | | · · · · | | | | | 17 | 2 |
| | 18 | Add lines 16 and 17 | | | | | | | • | 18 | 2 |
| | 19 | Child tax credit or credit for othe | | | | | | | | 19 | 2 |
| | 20 | Amount from Schedule 3, line 8 | 3 | | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | • | 21 | 2 |
| | 22 | Subtract line 21 from line 18. If | zero or less, e | enter -0 | | | | | • | 22 | |
| | 23 | Other taxes, including self-emp | • | | - | | | | | 23 | 407 |
| | 24 | Add lines 22 and 23. This is you | ur total tax | | | | | | | 24 | 407 |
| Payments | 25 | Federal income tax withheld from | | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | 1,5 | 584 | | |
| | b | Form(s) 1099 | | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | • | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | • • | | | • | 25d | 1,584 |
| If you have a | 26 | 2022 estimated tax payments a | • | • | | | | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) . | | | | | 27 | 2,8 | 387 | | |
| attach Sch. ElC. | 28 | Additional child tax credit from | Schedule 8812 | 2 | | • | 28 | | | | |
| | 29 | American opportunity credit from | | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line 1 | 5 | | | · [| 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31. TI | | • | • | | | | | 32 | 2,887 |
| | 33 | Add lines 25d, 26, and 32. The | | | | | | | | 33 | 4,471 |
| Refund | 34 | If line 33 is more than line 24, s | ubtract line 24 | 4 from line 33. | This is the ar | mount | you over j | paid | • | 34 | 4,064 |
| | 35a | Amount of line 34 you want ref | - | . If Form 8888 | is attached, | check | here . | | | 35a | 4,064 |
| Direct deposit? | b | Routing number 0631002 | | <u> </u> | c Type: | ХС | Checking | Savi | ngs | | |
| See instructions. | d | Account number 89806672 | 20442 | | | | | | | | |
| | 36 | Amount of line 34 you want app | | | ed tax | • | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. The | | | | | | | | | |
| You Owe | | For details on how to pay, go to | - | | | | | | • | 37 | |
| | 38 | Estimated tax penalty (see instr | | | | | 38 | | | | |
| Third Party | | you want to allow another perso | | | | | — | | | . – | - |
| Designee | | tructions | | | | • • | ΧY | es. Compl | | | No |
| | De | signee's ^{ne} NICODEME REMY | | Phone no. | 407-692 | 2-81 | 45 | Personal i number (P | | ation 4 | 5218 |
| Sign | Un | der penalties of perjury, I declare that I | have examined | | | | | ements and | to the l | | |
| - | | ief, they are true, correct, and complet | | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupati | ion | | | | | ou an Identity |
| | | | | | _ | | | | Protec (see in | | enter it here |
| Joint return? See instructions. | | | | | WORKER | | | | ` | , | |
| Keep a copy for | Sp | ouse's signature. If a joint return, botl | h must sign. | Date | Spouse's occi | upation | | | | | our spouse an on PIN, enter it here |
| your records. | | | | | | | | | (see in | | |
| | Phe | one no. | | Email address | | | | | | | |
| Daid | Pre | eparer's name P | reparer's signati | ure | | | Date | PTI | N | | Check if: |
| Paid Bronoror | | | | | | | | P01 | 1492 | 2537 | X Self-employed |
| Preparer | Fin | n's name NIKY ACCOUI | NTING P | LUS | | 1 | | | | | 7-692-8145 |
| Use Only | _ | | R STAR | | NDO FL | 328 | 318 | | Firm's | | 6-3712724 |
| SPA Go to www | | ov/Form1040 for instructions and th | | | 1037 C | | | | | - | Form 1040 (2022) |

US RET 1040 Earned Income Credit Wks

| Name(s) | | | ification N | |
|----------|--|---------------------------------|-------------|--------------------|
| CHOUM | ANE CESAR CHARLES | 73 | 1-83-3 | 3979 |
| | | | | |
| | | | | |
| 1. | Amount from Form 1040, line 1z • • • • • • • • • • • • • • • • • • | | | |
| 1. 2. | | 22,754 | | |
| Ζ. | Medicaid waver payments excluded from income, (Sch 1, L8s) | | | |
| | unless you choose to include these amounts in earned | | | |
| 0 | | | | |
| 3. | | 22,754 | | |
| 4. | Self-employment income 4. | 2,677 | | |
| 5a. | Earned Income (Excluding combat pay) • • • • • • • • • • • • • • • • • • • | <u> </u> | | |
| 5b. | Nontaxable Combat pay | | 5h | |
| 6. | Earned Income (Including combat pay) | | | 25,431 |
| 0. | | •••• | 0 | <u>45,431</u> |
| 7. | EIC based on lines 5a and 6 · · · · · · · · · · · · · · · · · · | | 7b. | |
| 8. | Adjusted gross income •••••••••••••••••••••••••••••••••••• | <u>,00/</u> _ <u>_25,431</u> | | 25,431 |
| 9. | EIC on lines 8A and 8B if different from 7A & 7B · · · · · · · · · · · · · · · · · · | $-\frac{2}{2}, \frac{4}{887}$ | | -2,887 |
| 5. | | <u> </u> | JD | <u> </u> |
| | | | | |
| 10. | Within Investment Income Limit? Y Earned income credit | | 10 | 0 000 |
| 10. | | •••• | 10 | <u> 2,887 </u> |
| Disqua | lified Investment Income (\$10,300 Limit) | | | |
| 1. | | | | |
| 2. | | | | |
| 2. 3. | | | | |
| | | | | |
| 4. 5 | | | | |
| 5. | Total disqualified income | | 0 | |
| 6. | | , | 0 | |
| Line / | Worksheet - Self Employment Income | | | |
| 1. | If filing Schedule SE: | | | |
| | 5 | 0 0 0 1 | | |
| | | 2,881 | | |
| | | | | |
| | Add lines ra and rb | <u>2,881</u> 204 | | |
| | Subtract line 1d from line 1c | | 0 | |
| e. | | , | e | <u> 2,677 </u> |
| 2. | If not required to file Schedule SE: | | | |
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| | Add lines 2a and 2b | | | |
| 3. | | | | |
| 4. | Add lines 1e, 2c, and 3 | •••• | 4 | <u> 2,677 </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Income and Adjustments to Income

OMB No. 1545-0074 2022

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

| 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 Form 1040, 1040-SR, or 1040-NR Your sc | | | ial security number |
| CHOUMANE CESAR CHARLES 731 | | | 1-83-3979 |
| | | | |

| Fai | | | | |
|-------|--|-----------------------|--------|-----------------------|
| 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 | 2,881 |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach 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 | | |
| - I | 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 | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| ο | 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 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SI | R, or 1040-NR, line 8 | | 2,881 |
| SPA F | or Paperwork Reduction Act Notice, see your tax return instructions. 1037 C | PTS 2US0A1 | Schedu | le 1 (Form 1040) 2022 |

204

| Par | t II Adjustments to Income | | |
|-----|---|-----|---|
| 11 | Educator expenses | 11 | T |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government | | |
| | officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | 16 | |
| 17 | Self-employed health insurance deduction | 17 | |
| 18 | Penalty on early withdrawal of savings | 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: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8I 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 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | |
| | discrimination claims (see instructions) | | |
| 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).....
 24k

 z
 Other adjustments. List type and amount:
 24z

 25
 Total other adjustments. Add lines 24a through 24z
 24z

 26
 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a
 26

SPA

1037 CPTS 2US0A2

Schedule 1 (Form 1040) 2022

US RET SCH 1 Taxable State/Local Refunds

| Taxable State/Local Refunds | | | | |
|-----------------------------|--|----------------------|--|--|
| Nam | Name(s) Tax Identification Number | | | |
| | OUMANE CESAR CHARLES | 731-83-3979 | | |
| | | | | |
| A. | Did you itemize deductions in 2021? | | | |
| | Yes. Did you deduct state or sales taxes? | | | |
| | State Taxes. Enter amount from 2021 Schedule A, line 5a | | | |
| | \underline{X} _ General Sales Tax. Stop here unless received a refund of sales tax | | | |
| _ | No. Stop here. None of the refund is taxable | | | |
| В. | General sales taxes allowable on Schedule A, line 5 in 2021 | | | |
| | (1) Excess of income taxes deducted over sales taxes | •••••• | | |
| | (2) Enter sales tax reimbursements you received related to line B | | | |
| | above during 2022 | | | |
| | (3) Smaller of line A, or the sum of lines B(1) and B(2) | | | |
| Part I | State and Local Tax Refunds from 2021 returns | | | |
| 1. | Gross state or local refund (YTY or manual entry) | | | |
| 2. | State refundable credits (YTY or manual entry) | | | |
| 3. | State/local refund reported on Form 1099-G or calculated* | | | |
| | *The results from line 1 minus line 2 will be calculated on line 3 instead if no Form 1099-G is reported on return. Otherwise, Form 1099-G amounts entered on return will be calculated. | | | |
| Part 2 | Recovery Amount | | | |
| 4. | Enter amount from line B(3) above | | | |
| 5. | Recovery amount. Enter smaller of line 3 or line 4 | •••••• | | |
| | Recovery Exclusion Recovery exclusion from sales tax, state/local tax limitation and standard deduction: | | | |
| 6a. | Enter amount from 2021 Schedule A, line 17 (line M above) | ····· <u> </u> | | |
| 6b. | Allowable itemized deductions, refigured by excluding recovery amount: | | | |
| | (1). Refigured state/local income tax deduction (Sch A, line 5a): | | | |
| | (a). Refigured state income tax deduction (L4 - L5) • • • • • • • • • • • • • • • • • • • | | | |
| | (b). Sales tax deduction (B - B(2)) | | | |
| | (c). Refigured deduction. Larger of (a) or (b) | | | |
| | (2). Refigured total itemized deductions. From Line 45 | | | |
| | (3). Refigured allowable itemized deductions from line 6b(2) • • • • • • • • • • • • • • • • • • • | ····· <u> </u> | | |
| 6c. | Standard deduction based on 2021 filing status and deductions | ······ <u>25,100</u> | | |
| 6d. | Larger of lines 6b(3) or 6c | ······ <u>25,100</u> | | |
| 6e. | Subtract line 6d from line 6a | | | |
| 6f. | Subtract line 6e from line 5 | ••••• | | |
| 7. | Recovery exclusion from negative taxable income. If 2021 taxable | | | |
| | income was negative, enter here as a positive number | ••••• | | |
| 8. | Recovery exclusion from AMT. If no AMT in 2021, enter zero, | | | |
| | otherwise enter amount from line 23 • • • • • • • • • • • • • • • • • • | ••••• | | |
| 9. | Recovery exclusion from unused tax credits. If no unused tax credits | | | |
| 10. | in 2021, enter zero, otherwise enter amount from line 34 | | | |
| | Taxable State Refund | | | |
| | The recovery amount less the recovery exclusion is the taxable state refund | | | |
| 11. | Taxable state refund from 2021. Line 5 less line 10 ··································· | | | |
| 12. | Total taxable state refunds from pre-2021 | | | |
| 13. | Total taxable state refunds. Add lines 11 and 12, to Sch 1, line 1 | | | |
| | | | | |

US RET SCH 1 Taxable State/Local Refunds

Name(s)

CHOUMANE CESAR CHARLES

Tax Identification Number 731-83-3979

| | - Descuert Fuchation From Alternative Minimum Tex | |
|--------|---|--|
| | 5 Recovery Exclusion From Alternative Minimum Tax | |
| | Complete only if AMT was paid in 2021 | |
| 14. | Enter AMT from 2021 Form 1040, Sch 2, line 1 (line F above) | |
| 15. | Enter excess APTC from 2021 Form 1040, Sch 2, line 2 | |
| | (line G above) | |
| 16. | Enter regular tax from 2021 Form 1040, line 16 (line E above) · · · · · · · · · · · · · · · · · · · | |
| 17. | Add lines 14, 15 and 16. If line 14 is zero, skip lines 18 through 21 | |
| | and enter line 5 on line 22 • • • • • • • • • • • • • • • • • • | |
| 18a. | Enter the recomputed AMT | |
| 18b. | Enter the recomputed excess APTC | |
| 19. | Recomputed AMT plus excess APTC. Add lines 18a and 18b | |
| 20. | Enter recomputed regular tax | |
| 21. | Total recomputed tax. Add lines 19 and 20 · · · · · · · · · · · · · · · · · · | |
| 22. | If line 17 equals/is greater than line 21, enter zero. If line 17 is less | |
| | than line 21, enter amount of recovery that reduced total tax | |
| 23. | Recovery exclusion. Line 5 less line 22 | |
| | | |
| Part 6 | 6 Recovery Exclusion From Unused Tax Credits | |
| | Complete only if there were unused credits in 2021 | |
| 24. | Original unused credits •••••••••••••••••••••••••••••••••••• | |
| 25. | Original tax after credits from 2021 Form 1040, line 22 | |
| | (line I above) • • • • • • • • • • • • • • • • • • • | |
| | If line 24 is zero, skip lines 26 through 30 and enter 100% on line 31 | |
| 26. | Enter recomputed tax before credits | |
| 27. | Original tax before credits from 2021 Form 1040, line 18 | |
| | (line H above) • • • • • • • • • • • • • • • • • • • | |
| 28. | Increase in tax before credits. Line 26 less line 27 | |
| 29. | Enter recomputed tax after credits | |
| 30. | Enter recomputed unused credits | |
| 31. | Percent. Line 29 divided by line 28 · · · · · · · · · · · · · · · · · · | |
| 32. | Enter recovery amount from line 5 · · · · · · · · · · · · · · · · · · | |
| 33. | Enter amount of the recovery that reduced tax | |
| 34. | Recovery exclusion. Line 32 less line 33 · · · · · · · · · · · · · · · · · · | |
| | | |
| | 7 Refigured Itemized Deductions | |
| 35. | State and local income taxes from 2021 Sch A, line 5a | |
| 36. | State and local income tax refunds from 2021 (line 3 above) | |
| 37. | Subtract line 36 from line 35 • • • • • • • • • • • • • • • • • • | |
| 38. | Allowable general sales taxes (line B - B(2)) | |
| 39. | Greater of state and local income (line 37) or sales taxes (line 38) | |
| 40. | State or local real estate taxes (line J above) | |
| 41. | State and local personal property taxes (line K above) | |
| 42. | Add lines 39, 40 and 41 | |
| 43. | Smaller of line 42 or \$10,000 (\$5,000 if MFS) •••••••••••••••••••••••••••••••••••• | |
| 44. | Schedule A lines 4, 6, 10, 14 and 16 (line L above) | |
| 45. | Refigured itemized deductions. Add lines 43 and 44 | |
| 1 | Carry to line 6b(2) | |

| SCHEI | DULE 2 |
|--------------------|--------|
| (Form ⁴ | 1040) |

Additional Taxes

OMB No. 1545-0074 202

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

| | ment of the Treasury Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest inform | nation. | Å | Attachment Sequence No. 02 |
|----|---|--|---------|-------|-------------------------------|
| | . , | rm 1040, 1040-SR, or 1040-NR AR CHARLES | | | security number 83-3979 |
| Ра | rt I Tax | | | | |
| 1 | Alternative n | ninimum tax. Attach Form 6251 | | 1 | |
| 2 | Excess adva | ance premium tax credit repayment. Attach Form 8962 | | 2 | 2 |
| 3 | Add lines 1 a | and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, | line 17 | 3 | 2 |
| Pa | rt II Other | laxes | | | |
| 4 | Self-employ | ment tax. Attach Schedule SE | | 4 | 407 |
| 5 | Social secur Attach Form | ity and Medicare tax on unreported tip income.41375 | | | |
| 6 | Uncollected Form 8919 | social security and Medicare tax on wages. Attach | | | |
| 7 | Total additio | nal social security and Medicare tax. Add lines 5 and $\overline{6}$. | | 7 | |

| 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 \ldots | 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 | |
| | | continu | ued on page 2) |
| SPA | For Paperwork Reduction Act Notice, see your tax return instructions. 1037 CPTS 2US0B1 | Schedu | le 2 (Form 1040) 2022 |

Part II Other Taxes (continued)

| 17 | Other additional taxes: | | | |
|-----|---|---------------|----|-------------------------------|
| а | Recapture of other credits. List type, form number, and amount: | | | |
| | | 17a | | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | | |
| с | Additional tax on HSA distributions. Attach Form 8889 | 17c | | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | |
| е | Additional tax on Archer MSA distributions. Attach Form 8853 . | 17e | | |
| f | Additional tax on Medicare Advantage MSA distributions. AttachForm 8853 | 17f | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | |
| j | Section 72(m)(5) excess benefits tax. | 17j | | |
| k | Golden parachute payments | 17k | | |
| Т | Tax on accumulation distribution of trusts | 171 | - | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | |
| 0 | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 170 | | |
| 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 | | |
| z | Any other taxes. List type and amount: | | | |
| | | 17z | | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 | |
| 19 | Reserved for future use | | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . | | | 405 |
| SPA | 1037 CPTS 2US0B2 | • • • • • • • | 21 | 407 ule 2 (Form 1040) 2022 |

| SCHEDULE | С |
|-------------|---|
| (Form 1040) | |

Profit or Loss From Business (Sole Proprietorship)

| OMB No. 1545-0074 |
|-------------------|
| 2022 |
| Attachmont |

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

| ZUZZ | - |
|--------------|----|
| Attachment | |
| Sequence No. | 09 |

| | ient of the freasury | | - | | oartnerships generally must file Fo | orm 1065. | Attachment Sequence No. 09 |
|------|---|--------------|--------------------------|------------|---|-------------|---|
| | f proprietor | , | ,,, | , | | | curity number (SSN) |
| | HOUMANE CESAR CH | ARLES | | | | | 83-3979 |
| Α | Principal business or profession | on, includin | g product or service (se | e instru | uctions) | B Enter | code from instructions |
| UI | NNAMED ACTIVITY | | | | | | 621610 |
| С | Business name. If no separate | business i | name, leave blank. | | | D Employ | yer ID number (EIN), (see instr.) |
| E | Business address (including su | uite or roon | n no.) | | | | |
| | City, town or post office, state, | and ZIP co | ode | | | | |
| F | Accounting method: (1) | X Cash | (2) Accrual (| 3) | Other (specify) | | |
| G | Did you "materially participate" | ' in the ope | ration of this business | during 2 | 2022? If "No," see instructions for lim | it on losse | es 🔀 Yes 🗌 No |
| н | If you started or acquired this b | ousiness du | uring 2022, check here | | | | 🗌 |
| I | Did you make any payments ir | n 2022 that | would require you to fi | le Form | (s) 1099? See instructions | | 🗌 Yes 🗌 No |
| J | If "Yes," did you or will you file | required F | orms 1099? · · · | | | | · · · Yes No |
| Part | I Income | | | | | _;; | |
| 1 | | | | | this income was reported to you on | 1 | 7,105 |
| 2 | Returns and allowances . | | | | | 2 | ,,1200 |
| 3 | Subtract line 2 from line 1 | | | | | 3 | 7,105 |
| 4 | Cost of goods sold (from line 4 | 2) | | | | 4 | ,,±05 |
| 5 | Gross profit. Subtract line 4 f | , | | | | 5 | 7,105 |
| 6 | • | | | | efund (see instructions) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 7 | Gross income. Add lines 5 ar | | - | | | 7 | 7,105 |
| Part | II Expenses. Enter expe | | | | | | 77200 |
| 8 | Advertising | 8 | | 18 | Office expense (see instructions) | 18 | |
| 9 | Car and truck expenses (see | | | 19 | Pension and profit-sharing plans | 19 | |
| | instructions) | 9 | 3,211 | 20 | Rent or lease (see instructions): | | |
| 10 | Commissions and fees | 10 | • | a | Vehicles, machinery, and equipment | 20a | |
| 11 | Contract labor (see instructions) | 11 | | b | Other business property | 20b | |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | 21 | |
| 13 | Depreciation and section 179 | | | 22 | Supplies (not included in Part III) . | 22 | |
| | expense deduction (not included in Part III) (see | | | 23 | Taxes and licenses | 23 | |
| | instructions) | 13 | | 24 | Travel and meals: | | |
| 14 | Employee benefit programs | | | а | Travel | 24a | |
| | (other than on line 19) . | 14 | | b | Deductible meals (see | | |
| 15 | Insurance (other than health) | 15 | | | instructions) | 24b | |
| 16 | Interest: (see instructions): | | | 25 | Utilities | 25 | |
| а | Mortgage (paid to banks, etc.) | 16a | | 26 | Wages (less employment credits) . | 26 | |
| b | Other | 16b | | 27a | Other expenses (from line 48) . | 27a | 763 |
| 17 | Legal and professional services | 17 | 250 | b | Reserved for future use | 27b | |
| 28 | Total expenses before expenses | | | | | 28 | 4,224 |
| 29 | Tentative profit or (loss). Subtr | | | | · · · · · · · · · · · · · · · · · · · | 29 | 2,881 |
| 30 | unless using the simplified me | | • | xpense | s elsewhere. Attach Form 8829 | | |
| | Simplified method filers only | | | of: (a) va | our home: | | |
| | and (b) the part of your home | | | n. (a) ye | . Use the Simplified | | |
| | Method Worksheet in the instru | | - | tor on li | · | 20 | |
| 31 | Net profit or (loss). Subtract | | • | | | 30 | |
| 01 | If a profit, enter on both Schede | | | hodulo | SE line 2 (If you checked the | | |
| | box on line 1, see instructions). E | | | | | 31 | 2,881 |
| | If a loss, you must go to line | | | | ſ | 31 | 2,001 |
| 20 | | | oriboo your invote | in this | activity. See instructions | | |
| 32 | If you have a loss, check the b If you checked 32a, enter th | | • | | | | |
| | line 2. (If you checked 52a, enter th | | • | | | 32a | All investment is at risk. |
| | Form 1041, line 3. | | | | } | 32b | Some investment is not |
| | • If you checked 32b, you mu | st attach F | orm 6198. Your loss r | nay be | limited. | | at risk. |

SPA For Paperwork Reduction Act Notice, see the separate instructions. 1037 CPTS 2US091

| | DUMANE CESAR CHARLES | | 731-83 | |
|-----------|--|------------------|-------------------------------------|----------------------|
| Part | III Cost of Goods Sold (see instructions) | | | Page 2 |
| 1 411 | | | | |
| 33 | Method(s) used to value closing inventory: a Cost b Lower of cost or market c | Oth [,] | er (attach explana | tion) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation | /? | . Yes | No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | | |
| 38 | Materials and supplies | 38 | | |
| 39 | Other costs | 39 | | |
| 40 | Add lines 35 through 39 | 40 | | |
| 41 | Inventory at end of year | 41 | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | | |
| Part | IV Information on Your Vehicle. Complete this part only if you are claiming car o and are not required to file Form 4562 for this business. See the instructions for li file Form 4562. | r truci ne 13 | k expenses on 3 to find out if y | i line 9 vou must |
| 43 44 | When did you place your vehicle in service for business purposes? (month/day/year) $01/02/2$ Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your v | | | |
| а | Business b Commuting (see instructions) c C | Other | | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | 🗌 Yes | No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | 🗌 Yes | No No |
| 47a | Do you have evidence to support your deduction? | | 🏼 Yes | No |
| b | If "Yes," is the evidence written? | | 🗌 Yes | No |
| Part | V Other Expenses. List below business expenses not included on lines 8-26 or lin | ie 30. | | |
| | | | | |
| | | | | |
| PI | HONE | | | 311 |
| DI | RY CLEANER | | | 452 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 48 SPA | Total other expenses. Enter here and on line 27a | 48 | Schedule C (Fo | 763 rm 1040) 2022 |
| . | | | | |

US SCH C 1040 Profit Sharing Plan Contribution Wks

| | ANE CESAR CHARLES | 731-83-3979 |
|-----|---|--------------------|
| | | |
| | Profit Sharing Plan Contribution Worksheet | |
| 1. | Net profit from Schedule C, line 31; Schedule F, line 34; Schedule K-1 | |
| | (Form 1065), box 14, code A | 2,881 |
| 2. | Self-employment tax deduction from Schedule 1 (Form 1040), line 15 | 204 |
| 3. | Net earnings from self-employment. Subtract step 2 from step 1 | 2,675 |
| 4. | Reduced contribution rate | % 0 <u>20.0000</u> |
| 5. | Multiply step 3 by step 4 | 535 |
| 6. | Multiply \$305,000 by your plan contribution rate (not the reduced rate) | <u> </u> |
| 7. | Enter the smaller of step 5 or step 6 | 535 |
| 8. | Contribution dollar limit | <u> </u> |
| 9. | Enter your allowable elective deferrals (including designated Roth contributions) | |
| | made to your self-employed plan during 2022. Do not enter more than \$20,500 | |
| 10. | Subtract step 9 from step 8 | 61,000 |
| 11. | Subtract step 9 from step 3 | 2,67 |
| 12. | Enter one-half of step 11 | <u> </u> |
| 13. | Enter the smallest of step 7, 10, or 12 | 535 |
| 14. | Subtract step 13 from step 3 | 2,142 |
| 15. | Enter the smaller of step 9 or step 14 | |
| 16. | Subtract step 15 from step 14 | 2,142 |
| 17. | Enter your catch-up contributions, if any. Do not enter more than \$6,500 | |
| 18. | Enter the smaller of step 16 or step 17 | |
| 19. | Add steps 13, 15, and 18. | 535 |
| 20. | Enter the amount of designated Roth contributions included on lines 9 and 17 | |
| 21. | Subtract step 20 from step 19. This is your maximum deductible contribution. | 535 |
| 22. | This is your maximum deductible contribution per this Sch C | 53 |

SCHEDULE SE (Form 1040)

Department of the Treasury

Self-Employment Tax

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

| OMB No. 1545-0074 |
|-------------------------------|
| 2022 |
| Attachment Sequence No. 17 |
| |

| Internal F | Revenue Service | Attach to Form 1040, 1040-SR, or 1 | 040-NR. | Sequence No. 17 |
|-------------------|--|--|---|-------------------|
| | | nployment income (as shown on Form 1040, 1040-SR, or 1040-NR) AR CHARLES | Social security number of perso with self-employment income | on 731-83-3979 |
| Part | I Self-Err | ployment Tax | | |
| Note: | If your only inc e definition of c If you are a mi | ome subject to self-employment tax is church employee ir hurch employee income. nister, member of a religious order, or Christian Science pra of other net earnings from self-employment, check here an | actitioner and you filed Form | |
| Skin li | | | | ••••• |
| | | f you use the farm optional method in Part II. See instruction | 1 | |
| Ta | box 14, code A | or (loss) from Schedule F, line 34, and farm partnerships, S | | 1a |
| b | Program payme | social security retirement or disability benefits, enter the amount o ents included on Schedule F, line 4b, or listed on Schedule K-1 (F | | 1b () |
| Skip li | - | the nonfarm optional method in Part II. See instructions. | | |
| 2 | farming). See i | ss) from Schedule C, line 31; and Schedule K-1 (Form 1065), b instructions for other income to report or if you are a minister or | member of a religious order | 2 2,881 |
| 3 | | 1a, 1b, and 2 | | <u>3</u> 2,881 |
| 4a | | e than zero, multiply line 3 by 92.35% (0.9235). Otherwise, s less than \$400 due to Conservation Reserve Program payments c | | 4a 2,661 |
| b | | e or both of the optional methods, enter the total of lines 15 | | 41- |
| | • | • | | <u>4b</u> |
| c Ta | less than \$400 | 4a and 4b. If less than \$400, stop ; you don't owe self-emplo and you had church employee income , enter -0- and conti | | 4c 2,661 |
| 5a | for definition o | f church employee income from Form W-2. See instructions | 5a | |
| b | | a by 92.35% (0.9235). If less than \$100, enter -0 | | <u>5b</u> |
| 6 | Add lines 4c a | | | 6 2,661 |
| 7 | | ount of combined wages and self-employment earnings sub ortion of the 7.65% railroad retirement (tier 1) tax for 2022 | ect to social security tax | 7 147,000 |
| 8a b c | W-2) and railro more, skip line Unreported tip | curity wages and tips (total of boxes 3 and 7 on Form(s) bad retirement (tier 1) compensation. If \$147,000 or as 8b through 10, and go to line 11 | 8a 22,754 8b 8c | |
| d | Add lines 8a, 8 | Bb, and 8c | | 8d 22,754 |
| 9 | Subtract line 8 | d from line 7. If zero or less, enter -0- here and on line 10 a | nd go to line 11 | 9 124,246 |
| 10 | Multiply the sr | naller of line 6 or line 9 by 12.4% (0.124) | [| 10 330 |
| 11 | | by 2.9% (0.029) | | 11 77 |
| 12 | Self-employn | nent tax. Add lines 10 and 11. Enter here and on Schedule | 2 (Form 1040), line 4 . | 12 407 |
| 13 | Deduction for | r one-half of self-employment tax. | | |
| | Multiply line 12 1040), line 15 | 2 by 50% (0.50). Enter here and on Schedule 1 (Form | 13 204 | |
| Part | II Optiona | al Methods To Figure Net Earnings (see instructions | s) | |
| | | od. You may use this method only if (a) your gross farm in et farm profits ² were less than \$6,540. | come¹ wasn't more than | |
| 14 | Maximum inco | me for optional methods | | 14 6,040 |
| 15 | | Iler of: two-thirds (² / ₃) of gross farm income ¹ (not less than a nount on line 4b above | | 15 |
| and als | rm Optional Me so less than 72.1 | thod. You may use this method only if (a) your net nonfarm pro 89% of your gross nonfarm income,⁴ and (b) you had net earnin he prior 3 years. Caution : You may use this method no more th | fits ³ were less than \$6,540 gs from self-employment | |
| 16 | Subtract line 1 | 5 from line 14 | | 16 |
| 17 | | Iler of: two-thirds (2/3) of gross nonfarm income ⁴ (not less th nclude this amount on line 4b above | | 17 |
| ¹ From | | | ch. C, line 31; and Sch. K-1 (Form | |
| ² From | Sch. F, line 34; an | , , | ch. C, line 7; and Sch. K-1 (Form 1 | - |

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

Schedule SE (Form 1040) 2022

1037 CPTS 2US171

SCHEDULE EIC (Form 1040)

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074

2022

| | | A I (| | 4040 4040 00 | | | | ZUZZ |
|----|---|---|--|--|--|---|---------------------------|---|
| | partment of the Treasury ernal Revenue Service | • | | ov/ScheduleEIC fo | • • | ve a qualifying chil ormation. | d. | Attachment Sequence No. 43 |
| | me(s) shown on return HOUMANE CES. | AR CHARLES | | | | | | ocial security number -83-3979 |
| | | om your spouse, filing a | a separate retu | n, and meet the r | equirements to | claim the EIC (se | e instructi | ons), check here |
| | efore you be | • See the a qualify • Be sure security | instructions for ying child. the child's name card. Otherwise | Form 1040, line e on line 1 and soc , at the time we pr | 27, to make su cial security nun ocess your retu | re that (a) you can nber (SSN) on line 2 | take the E agree wit | EIC, and (b) you have h the child's social f the name or SSN on |
| | | child doe | esn't have an SS | N as defined in the | e instructions for | Form 1040, line 27, | | iming the EIC, but that structions. |
| G | If your ch If you take | claim the EIC for a c ild doesn't have an S the EIC even though you us longer to process yo | SN as defined are not eligible, y | in the instruction ou may not be allov | is for Form 10 ved to take the c | 40, line 27, see the redit for up to 10 years | s. See the i | instructions for details. |
| Q | ualifying Chi | Id Information | <u>ı</u> Ch | ild 1 | Cł | nild 2 | | Child 3 |
| 1 | Child's name | | First name | Last name | First name | Last name | First name | e Last name |
| | | han three qualifying to list only three to credit. | WESMANL CHARLES | | | | | |
| 2 | The child must have in the instructions for 27, unless the child in 2022 or you are of EIC (see instruction | was born and died claiming the self-only ns). If your child was 22 and did not have d" on this line and e child's birth ertificate, or hospital | 6509' | 73700 | | | | |
| 3 | Child's year of I | birth | Year 2 | 005 | Year | | Year | |
| | | | If born after 200 | 03 and the child is ou (or your spouse, skip lines 4a and | If born after 20 | 03 and the child is /ou (or your spouse, skip lines 4a and | If born after younger the | er 2003 and the child is han you (or your spouse, htty), skip lines 4a and ine 5. |
| 4a | | er age 24 at the end , and younger than se, if filing jointly)? | Go to line 5. | No. Go to line 4b. | Go to line 5. | No. Go to line 4b. | Go to line 5. | s. No. Go to line 4b. |
| b | Was the child pern disabled during an | | Yes. | No. | Yes. | No. | Ye | |
| | | | Go to line 5. | The child is not a qualifying | Go to line 5. | The child is not a qualifying | Go to line 5. | The child is not a qualifying |
| 5 | Child's relation | ship to you | | | | | | |
| | (for example, son, grandchild, | daughter, | SON | | | | | |
| 6 | Number of mon with you in the l during 2022 • If the child lived y than half of 2022 b months, enter "7." • If the child was b and your home wa for more than half was alive during 20 | United States with you for more but less than 7 born or died in 2022 is the child's home the time he or she | | 2 months more than 12 | Do not ente months. | months r more than 12 | Do not e months. | months enter more than 12 |

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

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

| | | | • | |
|-----------|-------------------|-------|----------|-------------|
| Attach to | Form [•] | 1040. | 1040-SR. | or 1040-NR. |

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

Attachment Sequence No. **47**

202

| Internal | ternal Revenue Service Go to www.irs.gov/Schedule8612 for instructions and the latest information. | | | Sec | quence No. 47 | |
|----------|--|---|-----------------------|---------|---------------|---------------|
| Name(s | s) shown on return | | | Your so | cial se | curity number |
| CHO | UMANE CES | AR CHARLES | | 73 | 1-8 | 3-3979 |
| Par | rt I Child Ta | ax Credit and Credit for Other Dependents | | | | |
| 1 | Enter the amo | unt from line 11 of your Form 1040, 1040-SR, or 1040-NR | | . ' | 1 | 25,431 |
| 2a | Enter income f | rom Puerto Rico that you excluded | 2a | | | |
| b | Enter the amo | unts from lines 45 and 50 of your Form 2555 | 2b | | | |
| с | Enter the amo | unt from line 15 of your Form 4563 | 2c | | | |
| d | Add lines 2a th | nrough 2c | | . 2 | d | |
| 3 | Add lines 1 an | d 2d | | . : | 3 | 25,431 |
| 4 | Number of qua | lifying children under age 17 with the required social security number | 4 | | | |
| 5 | Multiply line 4 | by \$2,000 | | . ! | 5 | |
| 6 | Number of ot | her dependents, including any qualifying children who are not | | | | |
| | under age 17 d | or who do not have the required social security number | 6 1 | | | |
| | | ot include yourself, your spouse, or anyone who is not a U.S. citize | n, U.S. national, o | r | | |
| | U.S. resident a | alien. Also, do not include anyone you included on line 4. | | | | |
| 7 | Multiply line 6 | by \$500 | | . 7 | 7 | 500 |
| 8 | Add lines 5 an | d7 | | . 8 | 3 | 500 |
| 9 | Enter the amo | unt shown below for your filing status. | | | | |
| | - | g jointly—\$400,000 | | | | |
| | | g statuses—\$200,000 🖌 | | . 9 |) | 200,000 |
| 10 | Subtract line 9 | from line 3. | | | | |
| | If zero or less | | Ì | | | |
| | | tero and not a multiple of $1,000$, enter the next multiple of $1,000$. For | > | | | |
| | example, il tre | result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. | | · · | 0 | |
| 11 | Multiply line 10 | | | | 1 | |
| 12 | _ | on line 8 more than the amount on line 11? | | | 2 | 500 |
| | | You cannot take the child tax credit, credit for other dependents, o | r additional child ta | ax | | |
| | | Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | | |
| | | act line 11 from line 8. Enter the result. | | | | _ |
| 13 | Enter the amo | unt from the Credit Limit Worksheet A | | . 1 | 3 | 2 |

 13
 Enter the amount from the Credit Limit Worksheet A
 13

 14
 Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.
 14

 Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.
 14

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.

SPA For Paperwork Reduction Act Notice, see your tax return instructions. 1037 CPTS 2US471

Schedule 8812 (Form 1040) 2022

2

| Schedu | le 8812 (Form 1040) 2022 | | Page 2 |
|----------|---|---------|---------------|
| Part | II-A Additional Child Tax Credit for All Filers | | |
| Cauti | 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 -C | - on li | ne 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 Number of qualifying children under 17 with the required social security x \$1,500. | 16a | 498 |
| b | | | |
| | 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 | |
| 47 | | 47 | |
| 17 | Enter the smaller of line 16a or line 16b . | 17 | |
| 18a b | Earned income (see instructions)118a25,431Nontaxable combat pay (see instructions)118b1 | - | |
| 19 | Is the amount on line 18a more than \$2,500? | | |
| 10 | No. Leave line 19 blank and enter -0- on line 20. | | |
| | Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 | | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result | 20 | |
| | 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 | | |
| 20 | | | |
| 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 | | |
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | 27 | |

SPA

1037 CPTS 2US472

Schedule 8812 (Form 1040) 2022

US SCH 8812 Credit Limit Worksheet A

| Name(s) | | Tax Identification Number | |
|---------|---|---------------------------|----|
| CHOU | MANE CESAR CHARLES | 731-83-3979 | |
| | | | |
| 1. | Amount from line 18 of Form 1040 or 1040-NR | •••••• 1. | 2_ |
| 2. | Enter the amount shown below for your filing status | | |
| a. | Amount from Schedule 3, line 1a. | | |
| b. | Amount from Schedule 3, line 2 | | |
| c. | | | |
| d. | Amount from Schedule 3, line 4 | | |
| e. | Amount from Schedule 3, line 6d · · · · · · · · · · · · · · · · · · | | |
| f. | Amount from Schedule 3, line 6e | | |
| g. | Amount from Schedule 3, line 6fg. | | |
| h. | | | |
| i. | Amount from Form 5695, line 30 • • • • • • • • • • • • • • • • • • | | |
| | Total of lines a through i | •••••• 2. | |
| 3. | Subtract line 2 from line 1 | ••••• 3. | 2_ |
| | Complete the Credit Limit Worksheet B only if all of the following are met: | | |
| | 1. You are claiming one or more of the following credits: | | |
| | Form 8396, Form 8839, Form 8859 and Form 5695, Part I | | |
| | 2. You are not filing Form 2555 | | |
| | 3. Line 4 of Schedule 8812 is more than zero | | |
| 4. | If you are not completing Credit Limit Worksheet B, enter -0-; | | |
| | otherwise, enter the amount from the Credit Limit Worksheet B • • • • • • • • • • • • • • • • • • | ••••••4. | |
| 5. | Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 | ••••• 5 | 2_ |

| Form 8995 | |
|------------------|--|
|------------------|--|

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

| Go to www.irs | .gov/Form8995 | for instructions | and the lat | test information. |
|---------------|---------------|------------------|-------------|-------------------|
| | | | | |

OMB No. 1545-2294

2022 Attachment Sequence No. 55

Your taxpayer identification number

731-83-3979

Name(s) shown on return

CHOUMANE CESAR CHARLES

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 ncome or (loss) |
|-------------|--|------------------------------------|-------|---------------------------------------|
| i | UNNAMED ACTIVITY | 731-83-3979 | | 2,677 |
| ii | | | | |
| iii | | | | |
| iv | | | | |
| v | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 2,677 | | |
| 3 4 5 | Qualified business net (loss) carryforward from the prior year | 3 () 4 2,677 | 5 | 535 |
| 6 7 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) Qualified REIT dividends and qualified PTP (loss) carryforward from the prior | 6 | | |
| - | year | 7 () | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and | | 10 | 535 |
| 11 | | <u>11</u> (469 |) | |
| 12 | | 12 | | |
| 13 | | 13 | | |
| 14 15 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 | |
| 15 | the applicable line of your return (see instructions) | | 15 | |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than | | 16 | () |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7 | 7. If greater than | - | <u>_</u> |
| | zero, enter -0 | | 17 | () |
| SPA F | For Privacy Act and Paperwork Reduction Act Notice, see instructions. 1037 CPTS | 2USQA1 | | Form 8995 (2022) |

US RET 1040 Qualified Business Income Activities

| Name(s) | Tax Ident | tification Number |
|--|-----------|-------------------|
| CHOUMANE CESAR CHARLES | 731-83- | -3979 |
| | | |
| Trade or Business Name: | UNNAMED | ACTIVITY |
| Taxpayer Identification Number: | | |
| Business Income | | 2,881 |
| Allocated Deduction for One-Half of Self-Employment Ta | ax | (204) |
| Qualified Business Income | | 2,677 |

| Form | 8962 | | Premi | um Tax | Cred | dit (PTC | C) | | | OMB No. 1545-0074 |
|-----------------|---------------------------------------|---|---|---|---------------------|--|--------------------------|---|-----------|---|
| | | | | Form 1040, ² | | • | | | | 2022 |
| | ment of the Treas I Revenue Servic | e Go | to www.irs.gov/Form | | | | | nation. | | Attachment Sequence No. 73 |
| Name | shown on you | ır return | | | | | | ial security numbe | r | |
| СНО | UMANE C | | | | | | | 33-3979 | | |
| Α. | | | status is married filing se | | you qual | ify for an exce | otion. See i | nstructions. If you qu | ualify, o | check the box |
| Par | | | Contribution An | | | | | | | 2 |
| 1 | , | | mily size. See instructi d AGI. See instruction | | | · · · | 2a | 25,431 | 1 | 2 |
| 2a b | | , | s' modified AGI. See in | | | | 2a 2b | 23,131 | | |
| 3 | | <i>y</i> 1 | unts on lines 2a and 2 | | tions . | | | | 3 | 25,431 |
| 4 | | | deral poverty line amo | | | 2, or 1-3. See | e instructio | ons. Check the | | |
| • | | | overty table used. a | | b 🗌 Ha | | | 3 states and DC | 4 | 17,420 |
| 5 | Household in | ncome as a percenta | ige of federal poverty l | ine (see instru | ctions) . | | | | 5 | 145 % |
| 6 | Reserved fo | | | | | | | | | |
| 7 | | | 5 percentage, locate | your "applicab | - | | | | 7 | |
| 8a | | ution amount. Multiply lir to nearest whole dollar a | | | | • | | . Divide line 8a ble dollar amount | 8b | |
| Par | | | Claim and Reco | nciliation o | | | | | | dit |
| 9 | | | s with another taxpaye | | | | | | | |
| | Yes. Skip | to Part IV, Allocation of | Policy Amounts, or Part \ | /, Alternative Ca | lculation fo | or Year of Marr | iage. X | No. Continue to | line 1 | 10. |
| 10 | | | e if you can use line 11 | • | | - | 23. | _ | | |
| | | ntinue to line 11. Co tinue to line 24. | mpute your annual PT | C. Then skip li | nes 12–2 | 23 | | | | 12–23. Compute d continue to line 24. |
| | Annual alculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annu contribution a (line 8a | mount | (d) Annual m premium as (subtract (c) f zero or less, | sistance rom (b); if | (e) Annual premium credit allowed (smaller of (a) or (| 1 | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) |
| 11 | Annual Totals | 14,309 | 14,074 | | | | 4,074 | 14,0 | 74 | 14,076 |
| | | (a) Monthly enrollment | (b) Monthly applicable | (c) Mont | • | (d) Monthly r | maximum | | | (f) Monthly advance |
| | Monthly alculation | premiums (Form(s) 1095-A, lines 21–32, column A) | SLCSP premium (Form(s) 1095-A, lines 21–32, column B) | contribution a (amount from or alternative r monthly calcu | line 8b narriage | premium as (subtract (c) f zero or less, | sistance from (b); if | (e) Monthly premium credit allowed (smaller of (a) or (a) | ľ | payment of PTC (Form(s) 1095-A, lines 21–32, column C) |
| 12 | January | | | monthing ballo | | | | | | |
| 13 | February | | | | | | | | | |
| 14 | March | | | | | | | | | |
| 15 | April | | | | | | | | | |
| 16 | Мау | | | | | | | | | |
| 17 | June | | | | | | | | | |
| <u>18</u> 19 | July August | | | | | | | | | |
| 20 | September | | | | | | | | | |
| 21 | October | | | | | | | | | |
| 22 | November | | | | | | | | | |
| 23 | December | | | | | | | | | 14 074 |
| 24 | • | | ne amount from line 11 | () | • • • | • | | | 24 | 14,074 14,076 |
| 25 | Advance pay | yment of PTC. Enter | the amount from line 1 | 1(f) or add lin | es 12(f) | through 23(f) | and ente | r the total here | 25 | 14,070 |
| 26 | • | | is greater than line 25 9. If line 24 equals line | , | | | | | | |
| | | e blank and continue | | | | | | | 26 | |
| Part | | | ss Advance Payn | | | | | | | · |
| 27 | Excess adva | nce payment of PTC. | If line 25 is greater that | n line 24, subtr | act line 2 | 4 from line 25 | . Enter the | e difference here | 27 | 2 |
| 28 | | limitation (see instrue | , | | | | | | 28 | 650 |
| 29 | | | edit repayment. Enter t | | | | | | 29 | 2 |

SPA For Paperwork Reduction Act Notice, see your tax return instructions. 1037 CPTS 2US681 Form 8962 (2022)

Part IV **Allocation of Policy Amounts** Complete the following information for up to four policy amount allocations. See instructions for allocation details Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpaver (c) Allocation start month 30 (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 31 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage Percentage applied to monthly amounts Allocation 3 32 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 33 (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) Allocation percentage (g) Advance Payment of the PTC (f) SLCSP Percentage (e) Premium Percentage applied to monthly Percentage amounts 34 Have you completed all policy amount allocations? Ves. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

| 36 Alternative entries for your spouse's SSN (a) Alternative family size (b) Alternative monthly contribution amount (c) Alternative start month (d) Alternative stop month | 35 | Alternative entries for your SSN | (a) Alternative family size | (b) Alternative monthly contribution amount | (c) Alternative start month | (d) Alternative stop month |
|--|----|----------------------------------|-----------------------------|---|-----------------------------|----------------------------|
| | 36 | for your spouse's | (a) Alternative family size | () | (c) Alternative start month | (d) Alternative stop month |

SPA

1037 CPTS 2US682

Form 8962 (2022)

US FRM 8962 Form 8962 Line 2a - Taxpayer's Modified AGI Worksheet

| Name(s) | Tax Identification Number |
|--|---|
| CHOUMANE CESAR CHARLES | 731-83-3979 |
| | |
| | |
| | |
| | |
| 1. Enter your adjusted gross income from Form 1040 or 1040-NR, line 11 | · • • • • • • • ^{1.} <u>25,431</u> |
| Enter any tax-exempt interest from Form 1040 or 1040-NR, | |
| line 2a • • • • • • • • • • • • • • • • • • | |
| 3. Enter any amounts from Form 2555, lines 45 and 50 | |
| 4. Enter the excess, if any, of Form 1040, line 6a over line 6b | |
| 5. Add lines 1 through 4 and enter on Form 8962, line 2a ••••••••••••••••••••••••••••••••••• | · · · · · · · · 5. <u>25,431</u> |

| EIC Checklist |
|---------------|
|---------------|

► To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Attachment Sequence No. 70

| 14,494,961,114,116(6) | | •• |
|-----------------------|-------|---------|
| CHOUMANE | CESAR | CHARLES |

CESAR CHARLES

731-83-3979

For the definitions of Qualifying Child and Earned Income, see Pub. 596.

| Part | I All Taxpayers | | |
|--------|---|-------|------------------|
| 1. | Taxpayer's name: CHOUMANE CESAR CHARLES | | |
| 2. | Is the taxpayer's filing status married filing separately? | ☐ Yes | 🔀 No |
| a. | Did you live apart from your spouse for the last 6 months of 2022? | 🗌 Yes | 🗌 No |
| b. | Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance AND you did NOT live in the same household as your spouse at the end of 2022? | ☐ Yes | 🗌 No |
| 3. | Does the taxpayer (and spouse, if MFJ) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? | X Yes | 🗌 No |
| 4. | Is the taxpayer filing Form 2555? | 🗌 Yes | 🕅 No |
| 5a. | Was the taxpayer a nonresident alien for any part of 2022? | 🗌 Yes | 🖾 No |
| b. | Is the taxpayer's filing status married filing jointly? | ☐ Yes | 🗌 No |
| 6. | Is the taxpayer's investment income more than \$10,000? | 🗌 Yes | 🕅 No |
| 7. | Could the taxpayer be a qualifying child of another person for 2022? If checked "YES" on line 7, STOP. EIC cannot be taken. Otherwise, go to Part II or Part III, whichever applies | ☐ Yes | 🖾 No |
| For Pa | perwork Reduction Act Notice, see separate instructions. 2USEI1 | | Form 8867 (2022) |

OMB No. 1545-1629 2022

Taxpayer's social security number

| Part | II Taxpayers With a Qualifying Child | | | |
|------|---|--------------------------|---------------------------|-------------------------|
| | | Child 1 | Child 2 | Child 3 |
| 8. | Child's name | WESMANLEY | | |
| 9. | Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? | 🛛 Yes 🗌 No | Yes No | □Yes □No |
| 10. | Is either of the following true? - The child is unmarried, or | | | |
| | - The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is only filing to claim a refund) | 🛛 Yes 🗌 No | ☐Yes ☐No | ☐Yes ☐No |
| 11. | Did the child live with the taxpayer in the United States for over half of the year? | 🖾 Yes 🗌 No | □Yes □ No | □Yes □No |
| 12. | Was the child (at the end of the year) - under age 19 and younger than the taxpayer, or - under age 24, a full-time student, and younger than the taxpayer, or - any age and permanently and totally disabled? | XYes 🗌 No | □Yes □ No | □Yes □No |
| 13a. | Could any other person check "Yes" on lines 9, 10, 11 and 12 for the child? | ∐Yes ⊠ No | ☐Yes ☐ No | □Yes □No |
| b. | Enter child's relationship to the other person | | | |
| C. | If the tie-breaker rules applied, is the child treated as the taxpayer's qualifying child? | ☐Yes ☐ No ☐Don't know | ☐Yes ☐No / ☐Don't know | ☐Yes ☐No ☐Don't know |
| 14. | Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? | ⊠Yes | ☐Yes ☐No | ☐Yes ☐No |
| | If you checked "YES" on line 14, continue. Otherwise, STOP. No credit is allowed | ed. | | |
| 15. | Are the taxpayer's earned income and adjusted gross income less than the limit that applies to the taxpayer for this year? | | | ⊠Yes |

2USEI2

| · 5 · · |
|---------|
|---------|

| Part | III Taxpayers Without a Qualifying Child | | |
|------|---|------|----|
| 16 | Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) See the instructions before answering. | Yes | No |
| | ▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue. | | |
| 17 | Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2022? See the instructions before answering | □Yes | No |
| | ▶ If you checked "No" on line 17, stop ; the taxpayer cannot take the EIC. Otherwise, continue. | | |
| 18 | Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2022? If the taxpayer's filing status is married filing jointly, check "No" | Yes | No |
| | ▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue. | | |
| 19 | Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2022? See instructions | □Yes | No |
| | ▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20. | | |

8867 Form

| (Rev. November 2022) |
|----------------------------|
| Department of the Treasury |

Paid Preparer's Due Diligence Checklist Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information

OMB No. 1545-0074 For tax year

| Attachment | |
|-----------------|--|
| Sequence No. 70 | |

| Internal Revenue Service | Go to www.irs.gov/Form8867 for instructions and the latest information | on. | Sequence No. 70 |
|-----------------------------|--|-------------------|--------------------|
| Taxpayer name(s) shown on | return | Taxpayer identif | cation number |
| CHOUMANE CES | AR CHARLES | 731-83- | 3979 |
| Enter preparer's name and P | TIN | Preparer tax ider | ntification number |
| NICODEME REMY | 7 | P014925 | 37 |

Part I **Due Diligence Requirements**

| Please check the appropriate box for the credit(s) and/or HOH filing | status claimed | on the return and comp | plete the related | l Parts I-V foi |
|--|----------------|------------------------|-------------------|-----------------|
| the benefit(s) claimed (check all that apply). | X EIC | X CTC/ACTC/ODC | AOTC | НОН |

| 1 | Did you complete the return based on information for the applicable tax year provided by the taxpayer or | Yes | No | N/A |
|--------|---|-------|-----|-----|
| | reasonably obtained by you? (See instructions if relying on prior year earned income.) | X | | |
| 2 | If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the | | | |
| | same information, and all related forms and schedules for each credit claimed? | X | | |
| 3 | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. | | | |
| | Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. | | | |
| | • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) | X | | |
| 4 | Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer guestions 4a and 4b. If "No." go to guestion 5.) | | 177 | |
| _ | | ┝╞╡╴ | X | |
| a b | Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you | | | |
| b | asked, whom you asked, when you asked, the information that was provided, and the impact the | | | |
| | information had on your preparation of the return.) | | | |
| 5 | Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) | X |] | |
| | List those documentsv provided by the taxpayer, if any, that you relied on: | | | |
| | SCHOOL RECORDS OR STATEMENT | | | |
| | NO DISABLED CHILDREN | | | |
| | FORMS 1099 | | | |
| - | | | | |
| 6 | Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her | निज्ञ | _ | |
| - | | X | | |
| 7 | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | | | |
| а | Did you complete the required recertification Form 8862? | | | |
| 8 | If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and | | | |
| | correct Schedule C (Form 1040)? | X | | |

SPA For Paperwork Reduction Act Notice, see separate instructions.

1037 CPTS 2USEJ1

CHOUMANE CESAR CHARLES Form 8867 (Rev. 11-2022)

| 1 01111 0 | | | | Faye Z | | |
|-----------|--|----------|----------|----------|--|--|
| Part | II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | to Part | III.) | | | |
| 9a | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children | Yes | No | N/A | | |
| | claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC | | | | | |
| | and does not have a qualifying child, go to question 10.) | Χ | | | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer | | | | | |
| | has supported the child the entire year? | X | | | | |
| С | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of | | | | | |
| | more than one person (tiebreaker rules)? | Х | | | | |
| Part | \mathbf{c} | laim C | TC, A | CTC, | | |
| | or ODC, go to Part IV.) | | - | i | | |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent | Yes | No | N/A | | |
| | who is a citizen, national, or resident of the United States? | X | | | | |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived | | | | | |
| | with the child for over half of the year, even if the taxpayer has supported the child, unless the child's | | | | | |
| | custodial parent has released a claim to exemption for the child? | X | | | | |
| 12 | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or | | | | | |
| | separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar | | | | | |
| | statement to the return? | Х | | | | |
| Part | IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC |), go to | Part \ | /.) | | |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualifier | эd | Yes | No | | |
| | tuition and related expenses for the claimed AOTC? | | | | | |
| Part | Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.) | | | | | |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax y | ear | Yes | No | | |
| | and provided more than half of the cost of keeping up a home for the year for a qualifying person? | | | | | |
| Part | VI Eligibility Certification | | | | | |
| | You will have complied with all due diligence requirements for claiming the applicable credit(s) a | nd/or H | OH fili | ng | | |
| | status on the return of the taxpayer identified above if you: | | | | | |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respon- | ses on f | the retu | rn or in | | |
| | your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) a | | | | | |

- status and to compute the amount(s) of the credit(s);B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and | Yes | No |
|----|---|-----|----|
| | complete? | Х | |

SPA

1037 CPTS 2USEJ2

Form 8867 (Rev. 11-2022)

| ANY D chec | OC < bc | TC/ACTC eligibility for the qualifying child(ren) UMENTS YOU RELIED ON. If there is no ox o. hild(ren) |
|---------------|---|--|
| fying | j | |
| | j k | Indian tribal official statement |
| | l m | Employer statement Other Did not rely on documents, but made notes in file |
| | | Did not rely on any documents |
| iying | | |
| | s t u | Other Did not rely on documents, but made notes in file Did not rely on any documents |
| lule C | inco | information, if any, did you rely on to confirm the ome and expenses reported on the return? Check ON. If there is no Schedule C, check box a. |
| ner In | forr | nation |
| | i j k l | Reconstruction of income and expenses Other Did not rely on documents, but made notes in file Did not reply on any documents |
| | | |
| NTS Y | ΌU | Celigibility for the qualifying education expenses? RELIED ON. If there is no AOTC, check box a. |
| ner In | forr | nation |
| | g | Other Did not rely on documents, but made notes in file Did not rely on any documents |
| | | |
| N.lfn | ot fi | of Household eligibility? Check all that apply. ling Head of Household, check box a. |
| ner In | forr | nation |
| | i | Other Did not rely on documents, but made notes in file Did not rely on any documents |
| | its or of dule C RELII her Inf D D nine A(NTS Y her Inf D | |

| Client Copy | 2022 |
|---|-----------------------|
| Prepared for: CHOUMANE CESAR CHARLES | |
| 8748 WILLIAM SHARKEY ST APT 203 ORLANDO FL 32819 | |
| Following is a copy of your 2022 Federal and State Income Tax R Please review the returns, and keep your copy along with your s documents in a safe location. | leturns. upporting |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Return printed on 08/02/2023 at 04:26:52 PM

| Home Phone:407-431-6185 Cell Phone: | Invoice and Fee | Disclosure | 731-83-3979 TAX YEAR 2022 |
|---|-----------------|--|------------------------------|
| Receipt Number: | Site ID: | <u>Date:</u> 02/27/2023 | PPID:NREMY |
| Client Name and Address | <u>}</u> | Office Information | |
| CHOUMANE CESAR CHARLES | | | |
| 8748 WILLIAM SHARKEY ST ORLANDO FL 32819 | APT 203 | | |
| Fees Related to Tax Preparation Services | | | |
| Itemized Form Billing Charges Hourly Charges Self-Prepared Flat Fee Pre-Defined Charges Prior Year Balance / (Overpayment) Remote Signature Fee1 Document Preparation Fee | g Services | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 7.00 |
| Transmission Fee ² ,7 Transmitter Fee ³ ,7 Dnly One Fee will Apply if Applicable | Jervices | \$\$ | |
| Technology Fee ^{4,7} Electronic Filing (e-filing) Fee ⁸ | | \$ \$ | 4.00 |
| Service Bureau Fee ⁵ | | \$ | |
| Bank Fees ⁶ | | \$ | |
| Additional Services and Products / Ancillar | y Products | \$\$ | |
| Total of all Charges Discounts or Credits | Тах | \$ (\$ \$ |) |
| Total Due | | \$ | 11.00 |
| Amount Expected to be Paid by Financial Balance Due / (Overpayment) | Institution | \$\$ | 11.00 |

Description of Fees

NOTE: We reserve the right to amend fees or their descriptions as the result of or in reaction to state, federal or regulatory laws.

¹A fee charged to integrate remote signature technology.

²A fee charged by the tax software company for the transmission of a bank product application through its software.

³In states (when preparer's office is located in AR, CT, IL, MD, ME, NY) that prohibit the charging of an additional bank fee (like the transmission fee), a fee will be charged to all returns for the transmission and security of data / documents through the software. ⁴A fee charged for the cost of programming, communication protocols and the ongoing costs of maintenance, updates and enhancements to the software and the related network infrastructure.

⁵This is the fee charged and set by the Service Bureau. This is a third party, that for a fee, enables Preparer to offer certain Taxpayer services. Preparer / Network may have added on to this fee.

⁶See bank product application for details.

⁷The Transmission, Transmitter and Technology fees are pass-through fees from the tax software provider. Preparer / Network may have added on to these fees.

⁸E-filing is the act of filing specific documents online or otherwise. This fee is charged by Preparer but may be shared within the Network.

ITEMIZED FORM BILLING INVOICE

Client Name and Address

CHOUMANE CESAR CHARLES

8748 WILLIAM SHARKEY ST APT 203 ORLANDO FL 32819

| Disco | unts | | | Amount |
|-------|--------------------------|---|----------------|--------|
| | | % | Amount | |
| 1. | Tax Preparation Discount | | | |
| 2. | Predefined Discount | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| | | | | |
| | | | Discount Total | (|

Description of Payment / Credit

| Date Received | Received From | Method | Memo | Amount |
|---------------|---------------|--------------|------------|--------|
| | | | | |
| | | Payment / Cr | edit Total | () |

TAX YEAR 2022

Office Information

NIKY ACCOUNTING PLUS 6900 SILVER STAR RD ORLANDO, FL 32818 407-692-8145

CHOUMANE CESAR CHARLES

8748 WILLIAM SHARKEY ST APT 203 ORLANDO, FL 32819-0000

Dear Client,

Please find enclosed your 2022 Federal individual income tax return. We prepared your return based on the information provided. Please review the return carefully to ensure that there are no omissions. You should retain a copy of your return, along with any supporting documents, for a minimum of three years from the filing date.

Your Federal return was filed electronically. The IRS was instructed to deposit your refund of \$4064 directly into your bank account. Most direct deposits are made within three weeks.

As your Electronic Return Originator, we will forward your required supporting documents to the IRS.

If you have any questions about your return, please feel free to contact our office. Remember that we are here throughout the year to assist you with all of your financial and tax consulting needs.

Sincerely,

NICODEME REMY

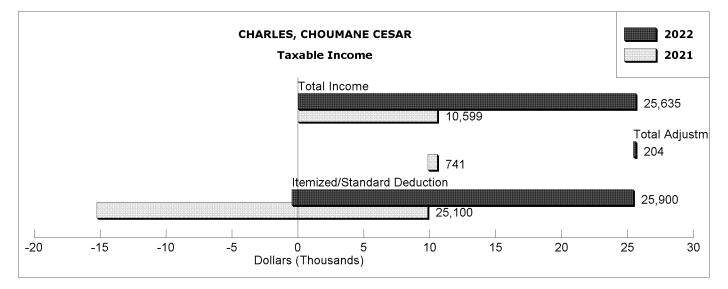
CHOUMANE CESAR CHARLES

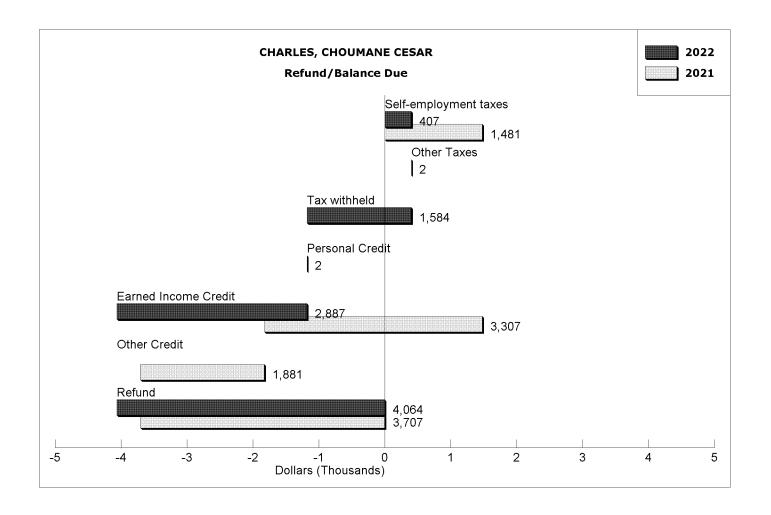
| reueral lax Compa | Federal Tax Comparison | | | | | | | | |
|---|------------------------|--------------------|----------------------|--|--|--|--|--|--|
| iling Status | 2022 [5] | 2021 [5] | 2020 [2] | | | | | | |
| ncome | | | | | | | | | |
| Wages | 22,754 | | 13,76 | | | | | | |
| Interest Income | | 120 | -, | | | | | | |
| Dividend Income | | | | | | | | | |
| Taxable IRA Distributions | | | | | | | | | |
| Taxable Pension Distributions | | | | | | | | | |
| Social Security Benefits | | | | | | | | | |
| Capital Gains / Losses | | | | | | | | | |
| | · | | | | | | | | |
| State Tax Refund | | | | | | | | | |
| | 0.001 | 10 470 | 2.0 | | | | | | |
| | 2,881 | 10,479 | 30 | | | | | | |
| Other Gains / Losses | | | | | | | | | |
| Rents, Royalties, Partnerships, Estates, Trusts | | | | | | | | | |
| Farm Income | | | | | | | | | |
| Unemployment Compensation | | | 14,79 | | | | | | |
| Other Income | | | (10,20 | | | | | | |
| Total Income | 25,635 | 10,599 | 18,66 | | | | | | |
| | <u> </u> | · | • | | | | | | |
| djustments to Income | | | | | | | | | |
| Deductible part of self-employment tax | 204 | 741 | | | | | | | |
| SEP SIMPLE or Qualified Plan Deduction | | | | | | | | | |
| IRA Deduction | | | | | | | | | |
| Other Adjustments | | | | | | | | | |
| Total Adjustments | 204 | 741 | | | | | | | |
| djusted Gross Income | 25,431 | 9,858 | 18,66 | | | | | | |
| | | | · · · · | | | | | | |
| emized Deductions | | | | | | | | | |
| Medical and Dental | | | | | | | | | |
| Taxes | 561 | 301 | 51 | | | | | | |
| Interest | | | | | | | | | |
| Charitable Contributions | | | | | | | | | |
| Casualty and Theft Losses | | | | | | | | | |
| Other Miscellaneous Deductions | | | | | | | | | |
| Total Itemized / Standard Deduction | 25,900 | 25,100 | 24,80 | | | | | | |
| Cash charitable contribution if taking standard deduction | · | | | | | | | | |
| QBI Deduction | | | | | | | | | |
| Taxable Income | | | | | | | | | |
| - | | | | | | | | | |
| axes and Credits Regular Tax | | | | | | | | | |
| Alternative Minimum Tax | | | | | | | | | |
| (| 2) (|) (| | | | | | | |
| Personal Credits | <u> </u> | / (/ | | | | | | | |
| Business Credits |) (|) () | | | | | | | |
| Self-Employment Tax | 407 | 1,481 | | | | | | | |
| Other Taxes (Includes Excess APTC Repayment) | 2 | | | | | | | | |
| Total Tax | 407 | 1,481 | | | | | | | |
| ayments | | | | | | | | | |
| Tax Withheld | 1,584 | | 9 | | | | | | |
| Estimated Tax Payments | | | - | | | | | | |
| | 2,887 | 3,307 | 3,58 | | | | | | |
| Earned Income Credit | 2,00/ | | | | | | | | |
| Other Payments | <u>.</u> | 1,881 | 3,85 | | | | | | |
| Tax Due | | <u> </u> | | | | | | | |
| Refund | 4,064 | 3,707 | 7,53 | | | | | | |
| | 0 | 0 | ^ | | | | | | |
| arginal Tax Rate | | | 00 | | | | | | |
| ifective Tax Rate | ~ | 2 | 00 | | | | | | |

| | 2022 | Tax Effect |
|---|--------|------------|
| me | | |
| Wages | 22,754 | |
| Interest Income | | |
| Dividend Income | | |
| Taxable IRA Distributions | | |
| Taxable Pension Distributions | | |
| Taxable Social Security Benefits | | |
| Capital Gains / Losses | | |
| State Tax Refund | | |
| Alimony Received | | |
| | 2,881 | |
| Other Gains / Losses | , | |
| Rents, Royalties, Partnerships, Estates, Trusts | | |
| Farm Income | | |
| Unemployment Compensation | | |
| Other Income | | |

Adjustments and Payments

| Adjustments to Income (Total Itemized / Standard Deduction (| <u> 204)</u> 25,900) |
|---|----------------------------|
| Cash charitable contribution if taking standard deduction |) |
| Taxes Other Taxes Credits (| 409 |
| Payments | <u> </u> |
| | |
| Tax Due | |
| Amount Overpaid | |
| Refunded to You | |





| Form 8879 | |
|---------------------|--|
| (Rev. January 2021) | |

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

| Tarapayer's name Social security number CHOUMANE CESAR CHARLES 731-83-3979 Spouse's social security number 731-83-3979 Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. 1 Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 1 Adjusted gross income 1 2 Total tax 1 2 Total tax 1 4 Amount you want refunded to you 3 9 Amount you wee 5 9 Amount you wee 5 9 Inder panalise of perjury, 1 declare that 1 have examined a copy of the income tax return (original or amendel) in mow authorizing, and to the best of my knowledge and belef, it is tue, correct, and complete. Inthree declare that the amounts in Parl 1 above are the amounts from the income tax for my intermediate service provider. Treammitter, or electron return orginator (ERK) for any aduption in Correct to all above are the amounts induction part 1 above are the amounts from the income tax for my intermediate advice provider. Intermeting and to the best of my knowledge and belef, it is tue, correct, and complete. Interfer wheeld are that above are the amounts from the income tax feure (original or amendel) in mow authorizing. Thereau weellow in the interfer to aduptice the income tax return (original or amendel) in mow authorizing f | |
|---|--|
| Spouse's name Spouse's social security number Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) 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 1 Adjusted gross income 1 25, 43.1 2 Total tax 1 25, 43.1 2 Total tax 1 4, 064 5 Amount you wave refunded to you 4 4, 064 5 Amount you owe 4 4, 064 5 Amount you owe 4 4, 064 5 Amount you owe 4 4, 064 6 Amount you owe 4 4, 064 7 Duder penalities orpainy. Icate that the examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of ray veloud. 1 4 4 0.61 7 Tax payer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 1 1 1 1 2 7 1 1 6 6 | |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.) 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 2 4077 3 Fotal tax 4 4,064 5 Amount you want refunded to you 5 Fotal tax Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury. I declare that have examined a copy of the income tax return (original or amended) 1 am now authorizing, and to the best of my knowledge and belef, its its ucc, correct, and complete. I furth red-dare that the amounts in Part 1 above are the amounts from the income tax return (original or amended) 1 am now authorizing, and to the best of my knowledge and belef, its its ucc, correct, and complete. I furth red-dare that the amounts in Part 1 above are the amounts from the income tax return (original or amended) 1 am now authorizing. Iconsent to allow my intermediate serve provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and the reason is for rejection of the transmission. (b) the reason for rejection of the ensignated Financial payment. I musc to receiver non tables account. This authorization is to receiver for hales account to receiver for hales account. This authorization is to receiver in all 489-334.537. Yament concellation requests must be encity the account. This authorizatin the accound 489-334.537. Yament concellation requests must be | |
| 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. | |
| 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. | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 25, 431 2 Total tax 1 4007 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 1, 584 4 Amount you want refunded to you 4 4, 064 5 Amount you want refunded to you 4 4, 064 6 Amount you want refunded to you 4 4, 064 5 Amount you want refunded to you 5 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 1 declare that 1 have examined a copy of the income tax retum (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 neceive for the IRS (an acknowledgement of receipt or reason for rejection in the income tax return (original or amended) I am now authorization. To reason and to receive for the IRS (an acknowledgement of receipt or reason for rejection in the tax set and to receive for the IRS (an acknowledgement of receipt or the S. Treasury and its designated Financial Agent to intiste and ACH electronic payment of restimated tax, and the financial institutions account indicated in the any toroxis (CRO) to send my return to the IRS and to receive for the payment. I further | |
| Total tax Total tax Pederal income tax withheld from Form(s) W-2 and Form(s) 1099 Pert II Taxpayer builts of period A mount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of period Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of period Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of period Taxpayer Declaration and Complete. If Unther declare that the amounts from the income tax retum (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic retum 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 authorize an ACH electronic funds withdrawal (direct det) the U.S. Treasury Financial Agent to trainstead tax, and 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 authorize in to remain (Edu) III or eand effect this I authorize the financial institution account indicated in the tax preparation software for payment of my ment (set) and a suthorize the financial institution account indicated in the tax preparation software for payment (atter methy all all set) authorize the financial institution account indicate in the tax preparatons oftware payment of my my many signature on the income tax | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 1,584 4 Amount you want refunded to you 3 1,584 5 Amount you owe 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your returm) Under penalties of perjury. 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 belef, 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 original or ERO) to send my return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return original delate of any return. If the return original or amended I am now authorizing. I consent to allow my indun. If applicable, i authorize and II delate of any return and/or a payment of stass days prior to the payment of tax delay of any return and/or a payment of stass to receive and its delate of any return and/or a payment of stass days prior to the payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. If uffree acknowledge that the personal identification number (PIN) below is my signature for 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 relationer PIN method. The ERO must complete Part III below. <td colspay="" confidential="" information="" nec<="" task="" td="" traceive=""></td> | |
| 4 Amount you want refunded to you A mount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of pairyur, I declare that I have examined a copy of the income tax retum (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 retum (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send my return to the IRS and to receiver from the IRS (a) an acknowledgement of receipt or reason for reason for reason for massing in (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 Adjent to initiate an ACH electronic tinds withdrawal (are telebit) enty to the financial institution account indicated in the tax preparation software for payment (1 must contact the U.S. Treasury Financial Agent to terminate the authorizing). To revoke (cancet) a payment (1 must contact the U.S. Treasury Financial Agent to terminate the processing of the electronic payment of subiness days prior to the payment (3etter Bass 333-4537. Payment cancellations involved in the processing of the electronic payment of taxes to receive and no later than 2 business days prior to the payment (3etter Bass 333-4537. Payment cancellations involved in the processing of the electronic payment of taxes to receive confidential information necessary to answerinquites and resolve issue | |
| 5 Amount you owe 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury. 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 tue, 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 returd. If applicable, I authorize the U.S. Treasury Financial Agent to theff ancial institution account 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 authorize the IU.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to the financial institution software for the payment of witherment (Adet. I also authorize the financial institution situlation requests must be received no later than 2 business days prior to the payment (Settlement) date. I also authorize the financial institution situlation 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 the income tax returm (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxas or r | |
| Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury. 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 I be IRS and to receive from the IRS (a) an acknowledgement of receipt or reason to relaxing in the US. Treasury (b) the retars on refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury to this account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of receives from the IRS (a) and the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment of must contact the U.S. Treasury Financial Agent to terminate the authorization and the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Taxayaer's PIN: check one box only I authorize IERO firm name 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 returns in field using the Practitioner PIN method. The ERO must complete Part III below: Weight and the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. ERO firm name ERO firm name ERO firm name < | |
| Under penalties of perjury. 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 reason for rejection or pettom originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt pressons 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 Erinancial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to therminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1888-353-4537. 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 takes 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. Check this box only Error five digits, but don't enter all zeros I authorize <u>NICODEME REMY</u> to enter or generate my PIN <u>03979</u> as my eignature 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 w <u>ERO firm name</u> to enter or generate my PIN <u>Enter five digits, but don't enter all zeros</u> 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 th | |
| my knówledge 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 refurnd. If applicable, authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic fund withdrawal (direct debit) partment (a 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 authorizing in to differ durit) I notify the U.S. Treasury Financial Agent to initiate an ACH electronic payment of settimenent data. I asso authorize the financial institutions involved in the processing of the electronic payment of the electronic payment of my federal taxes over on 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 I authorize <u>NICODEME REMY</u> to enter or generate my PIN <u>0.3979</u> 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 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 on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN an | |
| Taxpayer's PIN: check one box only I authorize NICODEME REMY to enter or generate my PIN 03979 as my ERO firm name signature on the income tax return (original or amended) I am now authorizing. Inter five digits, but don't enter all zeros I will enter my PIN as my 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 ▶ Spouse's PIN: check one box only I authorize I authorize ERO firm name signature on the income tax return (original or amended) I am now authorizing. as my I authorize Date ▶ I authorize ERO firm name signature on the income tax return (original or amended) I am now authorizing. as my I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Inter five digits, but don't enter all zeros 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 | |
| I authorize <u>NICODEME REMY</u> to enter or generate my PIN <u>03979</u> as my <u>ERO firm name</u> 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 ▶ as my <u>ERO firm name</u> to enter or generate my PIN <u>Enter five digits, but don't enter all zeros</u> as my <u>if you are entering for mame</u> as my <u>ERO firm name</u> signature on the income tax return (original or amended) I am now authorizing. I authorize <u>ERO firm name</u> to enter or generate my PIN <u>Enter five digits, but don't enter all zeros</u> as my <u>if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III</u> | |
| ERO firm name Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but 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 ▶ Spouse's PIN: check one box only I authorize I authorize I authorize ERO firm name to enter or generate my PIN Signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros 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 | |
| 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 ▶ Spouse's PIN: check one box only I authorize to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Inter five digits, but don't enter all zeros I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 | |
| Spouse's PIN: check one box only I authorize to enter or generate my PIN ERO firm name Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but 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 | |
| I authorize to enter or generate my PIN as my ERO firm name ERO firm name Enter five digits, but 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 | |
| I authorize to enter or generate my PIN as my ERO firm name ERO firm name Enter five digits, but 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 | |
| ERO firm name Enter five digits, but don't enter all zeros 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 | |
| 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 | |
| if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III | |
| | |
| Spouse's signature ► Date ► | |
| Practitioner PIN Method Returns Only—continue below | |
| Part III Certification and Authentication — Practitioner PIN Method Only | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 50978904518 | |
| Don't enter all zeros | |
| 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 ► Date ► | |

| ERO Must Retain This Form — Don't Submit This Form to the IRS Unl |) | |
|---|------------------|--|
| SPA For Paperwork Reduction Act Notice, see your tax return instructions. | 1037 CPTS 2USPA1 | Form 8879 (Rev. 01-2021) Page 07 |

| 1040 | | artment of the Treasury—Interr S. Individual Ir | | Return | 2022 | 2 | MB No. 1545 | -0074 | IRS Use Only | —Do not | write | or staple | e in this | space. |
|--|--------------|--|---------------------------------------|---------------|-------------------------------|------------------|--------------------------|---------|-----------------------------|--------------------|----------|-------------------------|-----------------------|-------------------------|
| Filing Status Check only one box. | | Single Married filir | | | eparately (M e. If you che | - | | | old (HOH) x, enter the c | spo | use | ng su (QSS if the | 5) | |
| | | on is a child but not you | • | | | | | | | | | | | |
| Your first name | | | Last name | | | | | | | Your so | | | - | |
| CHOUMAN: | | | CHARLES | | | | | | | 731 | | | | |
| if joint return, spo | ouse s ti | rst name and middle initial | Last name | | | | | | | Spouse | S SC | icial se | curity | number |
| Home address | (numbe | er and street). If you have a | a P.O. box, see instru | ctions. | | | | A | pt. no. | Preside | ntial | Electio | on Car | npaign |
| 8748 WI | LLI | AM SHARKEY S | ST | | | | | | 203 | Check | | | | |
| City, town, or po | ost offic | e. If you have a foreign ac | ddress, also complete | spaces below | W. | State | ZIP code | | | spouse to go to | | | | |
| ORLANDO | | | | | | FL | 328 | 19 | | box be | low | will no | t chan | • |
| Foreign country | name | | | Foreign pro | ovince/state/c | ounty | | Foreig | n postal code | your ta | x or | refunc | ł. | |
| | | | | | | | | | | | | You | | Spouse |
| Digital Assets | | ny time during 2022, die ange, gift, or otherwise | | | | | | | | | F | 7 | 37 | . |
| Standard | | | | <u> </u> | | | 0 | issel)? | | suons.) | | Yes | X | No |
| Deduction | | eone can claim: | | | Your spouse dual-status a | | lependent | | | | | | | |
| | | | <u> </u> | | | | | | | | _ | | | |
| Age/Blindness | | Were born before | e January 2, 1958 | Are b | ind Spo | use: | Was bo | rn befo | ore January | 2, 1958 | - | | blind | |
| Dependents | • | instructions): | | | | (3 | 2) Social secu number | ırity | (3) Relation | | (4) | Check for (see | the box i instruct | if qualifies tions): |
| | (1) F | irst name | Last nan | ne | | | number | | | | | hild credit | | edit for lependents |
| lf more than four | MEC | MANLEY CHAR | TEC | | | 650 | -97-37 | 700 | SON | | lax | creat | | X |
| dependents, | | MANUEI CHAR. | 0110 | | | 050 | -91-5 | 00 | SON | | L [| | | |
| see instructions and check | | | | | | | | | | | | | | |
| here |] —— | | | | | | | | | | L | | | |
| Income | 1a | Total amount from Fo | orm(s) W-2, box 1 (| see instruct | tions) | | | | | . 1a | a | | 22 | ,754 |
| | b | Household employee | wages not reporte | d on Form(| s) W-2 | . . . | | | | · 11 | b | | | |
| Attach Form(s) W-2 here, Also | С | Tip income not report | ted on line 1a (see | instructions | s) | · • · | | | | · 10 | 0 | | | |
| attach Forms | d | Medicaid waiver payr | ments not reported | on Form(s) | W-2 (see in | structio | ons) | | | · 10 | ł | | | |
| W-2G and 1099-R if tax | е | Taxable dependent c | are benefits from F | orm 2441, | line 26 | · • · | | | | . 10 | e | | | |
| was withheld. | f | Employer-provided a | • | | | | | • • | | · 1 | f | | | |
| If you did not | g | Wages from Form 89 | | | | | | • • | • • • | · 10 | 3 | | | |
| get a Form W-2, see | h | Other earned income | · · · · · · · · · · · · · · · · · · · | | | ••• | 1 | · · | • • • | · 11 | n | | | |
| instructions. | | Nontaxable combat p Add lines 1a through | • | structions) | | ••• | · · <u>1i</u> | | | | _ | | າງ | ,754 |
| Attach Sch. B | z 2a | Tax-exempt interest | 1 1 | | · · · · | h Tav | able interes | • • | • • • | · <u>1</u> ; | | | 22 | , / 54 |
| if required. | 2a 3a | Qualified dividends | · · · <u>2a</u> · · · 3a | | | | nary divide | | • • • | · 21 · 31 | | | | |
| | | IRA distributions . | · · · · 3a | | | | able amoun | | | · 31 | - | | | |
| Standard | 5a | Pensions and annuiti | | | | | able amoun | | | . 51 | - | | | |
| Deduction for— | 6a | Social security benefi | | | | b Taxa | able amoun | t | | . 61 | - | | | |
| Single or Married filing | с | If you elect to use the | | n method, c | heck here (s | ee inst | ructions). | | · · [| | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). | . Attach Schedule E | D if required | l. If not requi | red, ch | eck here . | | · · [| 7 | | | | |
| Married filing | 8 | Other income from Se | chedule 1, line 10. | | | · • · | | | | . 8 | | | 2 | ,881 |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, | 4b, 5b, 6b, 7, and 8 | 3. This is yo | our total inco | ome . | | | | . 9 | 1 | | 25 | ,635 |
| surviving spouse, \$25,900 | 10 | Adjustments to incom | ne from Schedule 1 | , line 26 . | | · • · | | | | . 10 |) | | | 204 |
| Head of | 11 | Subtract line 10 from | line 9. This is your | adjusted g | ross incom | ne. | | • • | • • • | • 1' | 1 | | | ,431 |
| household, \$19,400 | 12 | Standard deduction | | | | | | | | · 12 | 2 | | 25 | ,900 |
| If you checked any box under | 13 | Qualified business in | come deduction fro | m Form 89 | 95 or Form 8 | 3995-A | | • • | | · 1; | | | ~- | 000 |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | ••• | | • • | | · 14 | | | 25 | ,900 |
| see instructions. | 15 | Subtract line 14 from | line 11. If zero or le | ess, enter - | 0 This is yo | our tax a | able incom | e | | . 1 | 5 | _ | _ | |
| SPA For Disclo | - sure. F | Privacy Act, and Paperwo | ork Reduction Act N | otice. see se | parate instru | ctions | | 1037 | CPTS 2US011 | | | For | m 10 4 | 10 (2022) |

Page 08

| Form 1040 (2022 | 2) | | | | | | | | | Page 2 |
|---|-----|---|-------------------------|------------------|---------------------|-------------------|-------------------|--------------|-----------|-------------------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form(| s): 1 881 | 4 2 4972 | 3 | | | 16 | |
| Credits | 17 | Amount from Schedule 2, lin | | | | | • • • | [| 17 | 2 |
| | 18 | Add lines 16 and 17 | | | | | | · · [| 18 | 2 |
| | 19 | Child tax credit or credit for o | other dependent | s from Schedu | le 8812 | | | [| 19 | 2 |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | [| 20 | |
| | 21 | Add lines 19 and 20 | | | | | | · · [| 21 | 2 |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | [| 22 | |
| | 23 | Other taxes, including self-er | mployment tax, t | from Schedule | 2, line 21 | | | 🗆 | 23 | 407 |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | [| 24 | 407 |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| 5 | а | Form(s) W-2 | | | | 25a | 1, | ,584 | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | : | 25d | 1,584 |
| If you have a | 26 | 2022 estimated tax payment | s and amount a | pplied from 202 | 21 return | | | 🗆 | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | 2 | ,887 | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | m Schedule 881 | 2 | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | , line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | e15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | r total other pa | ayments and refu | Indable c | redits | | 32 | 2,887 |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | otal payments | | | | [| 33 | 4,471 |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is the amour | nt you ove | rpaid . | | 34 | 4,064 |
| | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | is attached, chec | k here | | | 35a | 4,064 |
| Direct deposit? | b | Routing number 063100 | 277 | | с Туре: 🛛 🛛 | Checking | g 🗌 Sa | vings | | |
| See instructions. | d | Account number 898066 | 720442 | | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2023 estimate | ed tax | 36 | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, go | | • | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | - | | | 38 | | · · - | 3/ | |
| Third Party Designee | Do | you want to allow another pe | rson to discuss t | this return with | | | Yes. Com | | | No |
| Designee | | signee's | | Phone | | · [] | | l identifica | - | |
| | | ^{me} NICODEME REM | Y | no. | 407-692-8 | 3145 | number | | 4! | 5218 |
| Sign | | der penalties of perjury, I declare the ief, they are true, correct, and comp | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | If the IF | RS sent y | ou an Identity |
| | | C C | | | | | | | | enter it here |
| Joint return? | | | | | WORKER | | | (see ins | , | |
| See instructions. Keep a copy for your records. | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's occupation | on | | | Protecti | our spouse an on PIN, enter it here |
| | Ph | one no. | | Email address | 1 | | | 1 | | |
| | | eparer's name | Preparer's signat | | | Date | P | TIN | | Check if: |
| Paid | | | | | | | |)1492 | 2537 | X Self-employed |
| Preparer | Fir | m's name NIKY ACCO | UNTING P | TUS | | 1 | ``` `` | | | 7-692-814 |
| Use Only | | m's address 6900 SILV | | | NDO FL 32 | 2818 | | Firm's I | | $\frac{-3712724}{-3712724}$ |
| SPA Go to www | | ov/Form1040 for instructions and | | | 1037 CPTS | | | | | Form 1040 (2022) |

US RET 1040 Earned Income Credit Wks

| Name(s) Tax Ider | | | | |
|------------------|--|---------------------------------|-------|-------------------|
| CHOUM | ANE CESAR CHARLES | 73 | 1-83- | 3979 |
| | | | | |
| | | | | |
| 1 | Amount from Form 1040, line 1z • • • • • • • • • • • • • • • • • • | | | |
| 1. 2. | | 22,754 | | |
| ۷. | Medicaid waver payments excluded from income, (Sch 1, L8s) | | | |
| | unless you choose to include these amounts in earned | | | |
| 0 | | | | |
| 3. | | 22,754 | | |
| 4. | Self-employment income 4. | 2,677 | | |
| 5a. | Earned Income (Excluding combat pay) • • • • • • • • • • • • • • • • • • • | 25,431 | | |
| 5b. | Nontaxable Combat pay | | 5h | |
| 55. 6. | Earned Income (Including combat pay) | | | |
| 0. | | •••• | 0 | |
| 7. | EIC based on lines 5a and 6 · · · · · · · · · · · · · · · · · · | <u> 2,887 </u> | 7h | |
| 7. 8. | Adjusted gross income •••••••••••••••••••••••••••••••••••• | <u>,88/</u> _ <u>_25,431</u> | | 25,431 |
| 0. 9. | EIC on lines 8A and 8B if different from 7A & 7B · · · · · · · · · · · · · · · · · · | <u></u> | | <u></u> |
| 9. | | <u> </u> | 90 | <u> 2,887 </u> |
| | | | | |
| 10 | Within Investment Income Limit? Y Earned income credit | | 10 | |
| 10. | | •••• | 10 | <u> 2,887 </u> |
| Disque | lified Investment Income (\$10.200 imit) | | | |
| | Ilified Investment Income (\$10,300 Limit) Interest (including tax-exempt) · · · · · · · · · · · · · · · · · · · | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | Net capital gain income 4. | | | |
| 5. | | | _ | |
| 6. | Total disqualified income | | 6 | |
| Line 4 | Worksheet - Self Employment Income | | | |
| Line 4 | If filing Schedule SE: | | | |
| | 5 · | 0 0 0 1 | | |
| | | <u>2,881</u> | | |
| | | | | |
| | Add lines ta and 10 C | <u>2,881</u> | | |
| | | 204_ | 0 | |
| e. | Subtract line 1d from line 1c · · · · · · · · · · · · · · · · · · | | е | <u> 2,677 </u> |
| 2. | If not required to file Schedule SE: | | | |
| | • | | | |
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | Add lines 2a and 2b | | | |
| 3. | Statutory employee | | | |
| 4. | Add lines 1e, 2c, and 3 ••••••••••••••••••••••••••••••••••• | •••• | 4 | <u> 2,677 </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Attachment Sequence No. 01 Your social security number 731-83-3979

| Name(s) shown | on Form | 1040, 1040-SR, | or 1040-NR |
|---------------|---------|----------------|------------|
| CHOUMANE | CESAR | CHARLES | |

| Par | t I Additional Income | | | |
|-------|--|------------|----------|-----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | 2,881 |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | | 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 | <u> </u> | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | <u> </u> | |
| 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 | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| ο | 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 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SI | | 10 | 2,881 |
| SPA F | or Paperwork Reduction Act Notice, see your tax return instructions. 1037 C | PTS 2US0A1 | Schedu | le 1 (Form 1040) 2022 |

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| Par | t II Adjustments to Income | | | | | | | |
|--------|---|------------|------|-----|---|---|-----|---|
| 11 | Educator expenses | | | | | | 11 | Τ |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis | s gov | ernr | nen | t | | | Τ |
| | 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 | Jury duty pay (see instructions) | 24a | | | | | _ | |
| b | Deductible expenses related to income reported on line 8l from the | | | | | | | |
| | rental of personal property engaged in for profit | 24b | | | | | 4 | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | | | |
| -1 | and USOC prize money reported on line 8m | 24c | | | | | - | |
| d | Reforestation amortization and expenses | 24d | | | | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24e | | | | | - | |
| - | Contributions by certain chaplains to section 403(b) plans | 24f | | | | | - | |
| g h | Attorney fees and court costs for actions involving certain unlawful | 24g | | | | | - | |
| h | discrimination claims (see instructions) | 246 | | | | | | |
| i | Attorney fees and court costs you paid in connection with an award | 24h | | | | | - | |
| | from the IRS for information you provided that helped the IRS detect | | | | | | | |
| | tax law violations | 24: | | | | | | |
| i | Housing deduction from Form 2555 | 24i 24i | | | | | | |
| j k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 24] | | | | | | |
| n | 1041) | 24k | | | | | | |
| | | 124K | 1 | | | | | |

 z
 Other adjustments. List type and amount:
 24z
 24z

 25
 Total other adjustments. Add lines 24a through 24z
 24z
 25

 26
 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a
 26
 204

SPA

1037 CPTS 2US0A2

Schedule 1 (Form 1040) 2022

US RET SCH 1 Taxable State/Local Refunds

| | Taxable State/Local Refunds | | | | | | |
|--------|--|---------------------------|--|--|--|--|--|
| Nam | e(s) | Tax Identification Number | | | | | |
| | OUMANE CESAR CHARLES | 731-83-3979 | | | | | |
| | | | | | | | |
| A. | Did you itemize deductions in 2021? | | | | | | |
| | Yes. Did you deduct state or sales taxes? | | | | | | |
| | State Taxes. Enter amount from 2021 Schedule A, line 5a | | | | | | |
| | \underline{X} _ General Sales Tax. Stop here unless received a refund of sales tax | | | | | | |
| _ | No. Stop here. None of the refund is taxable | | | | | | |
| В. | General sales taxes allowable on Schedule A, line 5 in 2021 | | | | | | |
| | (1) Excess of income taxes deducted over sales taxes | •••••• | | | | | |
| | (2) Enter sales tax reimbursements you received related to line B | | | | | | |
| | above during 2022 | | | | | | |
| | (3) Smaller of line A, or the sum of lines B(1) and B(2) | | | | | | |
| Part I | State and Local Tax Refunds from 2021 returns | | | | | | |
| 1. | Gross state or local refund (YTY or manual entry) | | | | | | |
| 2. | State refundable credits (YTY or manual entry) | | | | | | |
| 3. | State/local refund reported on Form 1099-G or calculated* | | | | | | |
| | *The results from line 1 minus line 2 will be calculated on line 3 instead if no Form 1099-G is reported on return. Otherwise, Form 1099-G amounts entered on return will be calculated. | | | | | | |
| Part 2 | Recovery Amount | | | | | | |
| 4. | Enter amount from line B(3) above | | | | | | |
| 5. | Recovery amount. Enter smaller of line 3 or line 4 | •••••• | | | | | |
| | Recovery Exclusion Recovery exclusion from sales tax, state/local tax limitation and standard deduction: | | | | | | |
| 6a. | Enter amount from 2021 Schedule A, line 17 (line M above) | ····· <u> </u> | | | | | |
| 6b. | Allowable itemized deductions, refigured by excluding recovery amount: | | | | | | |
| | (1). Refigured state/local income tax deduction (Sch A, line 5a): | | | | | | |
| | (a). Refigured state income tax deduction (L4 - L5) • • • • • • • • • • • • • • • • • • • | | | | | | |
| | (b). Sales tax deduction (B - B(2)) | | | | | | |
| | (c). Refigured deduction. Larger of (a) or (b) | | | | | | |
| | (2). Refigured total itemized deductions. From Line 45 | | | | | | |
| | (3). Refigured allowable itemized deductions from line 6b(2) • • • • • • • • • • • • • • • • • • • | ····· <u> </u> | | | | | |
| 6c. | Standard deduction based on 2021 filing status and deductions | ······ <u>25,100</u> | | | | | |
| 6d. | Larger of lines 6b(3) or 6c | ······ <u>25,100</u> | | | | | |
| 6e. | Subtract line 6d from line 6a | | | | | | |
| 6f. | Subtract line 6e from line 5 | ••••• | | | | | |
| 7. | Recovery exclusion from negative taxable income. If 2021 taxable | | | | | | |
| | income was negative, enter here as a positive number | ••••• | | | | | |
| 8. | Recovery exclusion from AMT. If no AMT in 2021, enter zero, | | | | | | |
| | otherwise enter amount from line 23 • • • • • • • • • • • • • • • • • • | ••••• | | | | | |
| 9. | Recovery exclusion from unused tax credits. If no unused tax credits | | | | | | |
| 10. | in 2021, enter zero, otherwise enter amount from line 34 | | | | | | |
| | Taxable State Refund | | | | | | |
| | The recovery amount less the recovery exclusion is the taxable state refund | | | | | | |
| 11. | Taxable state refund from 2021. Line 5 less line 10 ··································· | | | | | | |
| 12. | Total taxable state refunds from pre-2021 | | | | | | |
| 13. | Total taxable state refunds. Add lines 11 and 12, to Sch 1, line 1 | | | | | | |
| | | | | | | | |

US RET SCH 1 Taxable State/Local Refunds

Name(s)

CHOUMANE CESAR CHARLES

Tax Identification Number 731-83-3979

| Part 5 | Recovery Exclusion From Alternative Minimum Tax | |
|--------|--|-----|
| | • | |
| | Complete only if AMT was paid in 2021 Enter AMT from 2021 Form 1040, Sch 2, line 1 (line F above) | |
| 14. | · · · · · · · · · · · · · · · · · · · | |
| 15. | Enter excess APTC from 2021 Form 1040, Sch 2, line 2 (line G above) · · · · · · · · · · · · · · · · · · · | |
| | | |
| 16. | Enter regular tax from 2021 Form 1040, line 16 (line E above) | |
| 17. | Add lines 14, 15 and 16. If line 14 is zero, skip lines 18 through 21 | |
| | and enter line 5 on line 22 | |
| 18a. | | |
| 18b. | Enter the recomputed excess APTC | |
| 19. | Recomputed AMT plus excess APTC. Add lines 18a and 18b | |
| 20. | Enter recomputed regular tax | |
| 21. | Total recomputed tax. Add lines 19 and 20 · · · · · · · · · · · · · · · · · · | |
| 22. | If line 17 equals/is greater than line 21, enter zero. If line 17 is less | |
| | than line 21, enter amount of recovery that reduced total tax $\cdots \cdots \cdots$ | |
| 23. | Recovery exclusion. Line 5 less line 22 | |
| Part 6 | Recovery Exclusion From Unused Tax Credits | |
| | Complete only if there were unused credits in 2021 | |
| 24. | Original unused credits •••••••••••••••••••••••••••••••••••• | |
| 25. | Original tax after credits from 2021 Form 1040, line 22 | |
| | (line I above) | |
| | If line 24 is zero, skip lines 26 through 30 and enter 100% on line 31 | |
| 26. | Enter recomputed tax before credits | |
| 27. | Original tax before credits from 2021 Form 1040, line 18 | |
| | (line H above) • • • • • • • • • • • • • • • • • • • | |
| 28. | Increase in tax before credits. Line 26 less line 27 | |
| 29. | Enter recomputed tax after credits | |
| 30. | Enter recomputed unused credits | |
| 31. | Percent. Line 29 divided by line 28 · · · · · · · · · · · · · · · · · · | |
| 32. | Enter recovery amount from line 5 • • • • • • • • • • • • • • • • • • | |
| 33. | Enter amount of the recovery that reduced tax | |
| 34. | Recovery exclusion. Line 32 less line 33 | |
| Part 7 | Refigured Itemized Deductions | |
| 35. | State and local income taxes from 2021 Sch A, line 5a | |
| 36. | State and local income tax refunds from 2021 (line 3 above) | |
| 37. | Subtract line 36 from line 35 · · · · · · · · · · · · · · · · · · | |
| 38. | Allowable general sales taxes (line B - B(2)) | 301 |
| 39. | Greater of state and local income (line 37) or sales taxes (line 38) | 301 |
| 40. | State or local real estate taxes (line J above) | |
| 41. | State and local personal property taxes (line K above) | |
| 42. | Add lines 39, 40 and 41 | |
| 43. | Smaller of line 42 or \$10,000 (\$5,000 if MFS) | 301 |
| 44. | Schedule A lines 4, 6, 10, 14 and 16 (line L above) | |
| 45. | Refigured itemized deductions. Add lines 43 and 44 | |
| | Carry to line 6b(2) | |

| SCHEDULE | 2 |
|-------------|---|
| (Form 1040) | |

Additional Taxes

OMB No. 1545-0074 202

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

| | nent of the Treasury Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | 1 | Attachment Sequence No. 02 |
|-----|---|---|---|---|--------------------------------------|
| | | rm 1040, 1040-SR, or 1040-NR AR CHARLES | | | security number 83-3979 |
| Pa | rtl Tax | | | | |
| 1 | Alternative r | ninimum tax. Attach Form 6251 | | 1 | |
| 2 | Excess adva | ance premium tax credit repayment. Attach Form 8962 | | 2 | 2 |
| 3 | Add lines 1 | and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 1 | 7 | 3 | 2 |
| Par | rt II Other | Taxes | | | |
| 4 | Self-employ | ment tax. Attach Schedule SE | | 4 | 407 |
| 5 | | ity and Medicare tax on unreported tip income.5 | | | |
| 6 | Uncollected Form 8919 | social security and Medicare tax on wages. Attach 6 | | | |
| 7 | Total additic | nal social security and Medicare tax. Add lines 5 and 6 | | 7 | |

| 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 \ldots | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000. | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |
| | | continued on | page 2) |
| SPA | For Paperwork Reduction Act Notice, see your tax return instructions. 1037 CPTS 2US0B1 | Schedule 2 (Form | 1040) 2022 |

Part II Other Taxes (continued)

| 17 | Other additional taxes: | | | |
|-----|---|---------------|----|-------------------------------|
| а | Recapture of other credits. List type, form number, and amount: | | | |
| | | 17a | | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | | |
| с | Additional tax on HSA distributions. Attach Form 8889 | 17c | | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | | |
| е | Additional tax on Archer MSA distributions. Attach Form 8853 . | 17e | | |
| f | Additional tax on Medicare Advantage MSA distributions. AttachForm 8853 | 17f | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | |
| j | Section 72(m)(5) excess benefits tax. | 17j | | |
| k | Golden parachute payments | 17k | | |
| Т | Tax on accumulation distribution of trusts | 171 | - | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | |
| 0 | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 170 | | |
| 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 | | |
| z | Any other taxes. List type and amount: | | | |
| | | 17z | | |
| 18 | Total additional taxes. Add lines 17a through 17z | | 18 | |
| 19 | Reserved for future use | | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . | | | 405 |
| SPA | 1037 CPTS 2US0B2 | • • • • • • • | 21 | 407 ule 2 (Form 1040) 2022 |

| SCHEDULE | С |
|-------------|---|
| (Form 1040) | |

Department of the Treasury Internal Revenue Service

Profit or Loss From Business (Sole Proprietorship)

| | OMB No. 1545-0074 |
|------------|--------------------------------------|
| | 2022 |
| 5 . | Attachment Sequence No. 09 |

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

| | of proprietor HOUMANE CESAR CH | אסד המ | 2 | | | | -83 - 3979 |
|--------|--|-------------|-------------------------------|-----------|--|-----------|------------------------------------|
| | Principal business or profession | | | o inotri | uctiono) | | r code from instructions |
| А U | NNAMED ACTIVITY | | rig product of service (se | | icions) | D Linto | 621610 |
| С | Business name. If no separate | busines | s name, leave blank. | | | D Empl | oyer ID number (EIN), (see instr.) |
| E | Business address (including s | uite or roo | om no.) | | | | |
| | City, town or post office, state, | | | | | | |
| F | | X Cash | | 3) | Other (specify) | | |
| G | - | | | | 2022? If "No," see instructions for limi | t on loss | ses X Yes No |
| н | | | | | | | |
| I | Did you make any payments ir | n 2022 th | at would require you to file | e Form | (s) 1099? See instructions | | 🗌 Yes 🗌 No |
| J | If "Yes," did you or will you file | required | Forms 1099? · · · | | | | · · · Yes 🗌 No |
| Part | I Income | | | | | | |
| 1 | | | | | this income was reported to you on | 1 | 7,105 |
| 2 | Returns and allowances . | | | | L | 2 | ., |
| 3 | | | | | | 3 | 7,105 |
| 4 | Cost of goods sold (from line 4 | . (2) | | | | 4 | ., |
| 5 | - | | | | | 5 | 7,105 |
| 6 | • | | | | efund (see instructions) | 6 | ., |
| 7 | | | | | | 7 | 7,105 |
| Part | | enses fo | r business use of your | home | only on line 30. | | • |
| 8 | Advertising . | 8 | | 18 | Office expense (see instructions) | 18 | |
| 9 | Car and truck expenses (see | | | 19 | Pension and profit-sharing plans | 19 | |
| | instructions) | 9 | 3,211 | 20 | Rent or lease (see instructions): | | |
| 10 | Commissions and fees | 10 | | а | Vehicles, machinery, and equipment | 20a | |
| 11 | Contract labor (see instructions) | 11 | | b | Other business property | 20b | |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | 21 | |
| 13 | Depreciation and section 179 | | | 22 | Supplies (not included in Part III) . | 22 | |
| | expense deduction (not included in Part III) (see | | | 23 | Taxes and licenses | 23 | |
| | instructions). | 13 | | 24 | Travel and meals: | | |
| 14 | Employee benefit programs | | | а | Travel | 24a | |
| | (other than on line 19) . | 14 | | b | Deductible meals (see | | |
| 15 | Insurance (other than health) | 15 | | | instructions) | 24b | |
| 16 | Interest: (see instructions): | | | 25 | Utilities | 25 | |
| а | Mortgage (paid to banks, etc.) | 16a | | 26 | Wages (less employment credits). | 26 | |
| b | Other | 16b | | 27a | Other expenses (from line 48) | 27a | 763 |
| 17 | Legal and professional services | 17 | 250 | b | Reserved for future use | 27b | |
| 28 | Total expenses before expen | | | | 3 through 27a · · · · · · . | 28 | 4,224 |
| 29 | Tentative profit or (loss). Subtr | | | | | 29 | 2,881 |
| 30 | - | • | • | pense | s elsewhere. Attach Form 8829 | | |
| | unless using the simplified me | | | | | | |
| | Simplified method filers only | | | f: (a) yo | | | |
| | and (b) the part of your home | | | | . Use the Simplified | | |
| | Method Worksheet in the instru- | | 0 | er on lir | ne 30 | 30 | |
| 31 | Net profit or (loss). Subtract | | | | <u>.</u> | | |
| | If a profit, enter on both Sched box on line 1, see instructions). E | • | | | | 31 | 2,881 |
| | • If a loss, you must go to line | ə 32. | | | J | <u></u> . | , |
| 32 | If you have a loss, check the b | ox that d | escribes your investment | in this | activity. See instructions. | | |
| | • If you checked 32a, enter th | ne loss on | both Schedule 1 (Form | 1040), | line 3, and on Schedule SE, | <u></u> | |
| | line 2. (If you checked the box | on line 1 | , see the line 31 instruction | ons). Es | states and trusts, enter on | 32a | All investment is at risk. |
| | Form 1041, line 3. | | | | [| 32b | Some investment is not |
| | If you checked 32b, you mu | ist attach | Form 6198. Your loss m | nay be | limited. | | at risk. |

| | DUMANE CESAR CHARLES | | 731-83 | 3-3979 |
|----------|---|-----------|--------------------|---------------|
| Part | III Cost of Goods Sold (see instructions) | | | Page 2 |
| 1 410 | | | | |
| 33 | Method(s) used to value closing inventory: a Cost b Lower of cost or market c | Othe | er (attach explana | ation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation | y? | . Yes | 🗌 No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | | |
| 38 | Materials and supplies | 38 | | |
| 39 | Other costs | 39 | | |
| 40 | Add lines 35 through 39 | 40 | | |
| 41 | Inventory at end of year | 41 | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. | 42 | | |
| Part | IV Information on Your Vehicle. Complete this part only if you are claiming car o and are not required to file Form 4562 for this business. See the instructions for li file Form 4562. | | | |
| 43 | When did you place your vehicle in service for business purposes? (month/day/year) $01/02/2$ | 2021 | | |
| 44 | Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your v | | | |
| а | | Other | | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | 🏾 Yes | No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | Yes | No |
| 47a | Do you have evidence to support your deduction? | | Yes | No |
| b | | | Yes | No |
| Part | | 1e.30 | | |
| <u> </u> | | 10 00 | | |
| | | | | |
| | | | | |
| PI | HONE | | | 311 |
| D | RY CLEANER | | | 452 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 48 | Total other expenses. Enter here and on line 27a | 48 | | 763 |
| SPA | | | Schedule C (Fo | |

US SCH C 1040 Profit Sharing Plan Contribution Wks

| | IANE CESAR CHARLES | Tax Identification Number 731-83-3979 |
|------|---|--|
| 1001 | IANE CESAR CHARLES | /31-03-39/9 |
| | Profit Sharing Plan Contribution Worksheet | |
| 1. | Net profit from Schedule C, line 31; Schedule F, line 34; Schedule K-1 | |
| | (Form 1065), box 14, code A | 2,88 |
| 2. | Self-employment tax deduction from Schedule 1 (Form 1040), line 15 | 20 |
| 3. | Net earnings from self-employment. Subtract step 2 from step 1 | 2,67 |
| 4. | Reduced contribution rate | % 0 <u>20.0000</u> |
| 5. | Multiply step 3 by step 4 | 53 |
| 6. | Multiply \$305,000 by your plan contribution rate (not the reduced rate) | <u> </u> |
| 7. | Enter the smaller of step 5 or step 6 | 53 |
| 8. | Contribution dollar limit | 61,00 |
| 9. | Enter your allowable elective deferrals (including designated Roth contributions) | |
| | made to your self-employed plan during 2022. Do not enter more than \$20,500 | |
| 10. | Subtract step 9 from step 8 | 61,00 |
| 11. | Subtract step 9 from step 3 | 2,67 |
| 12. | Enter one-half of step 11 | 1,33 |
| 13. | Enter the smallest of step 7, 10, or 12 | 53 |
| 14. | Subtract step 13 from step 3 | 2,14 |
| 15. | Enter the smaller of step 9 or step 14 | |
| 16. | Subtract step 15 from step 14 | 2,14 |
| 17. | Enter your catch-up contributions, if any. Do not enter more than \$6,500 | |
| 18. | Enter the smaller of step 16 or step 17 | |
| 19. | Add steps 13, 15, and 18. | 53 |
| 20. | Enter the amount of designated Roth contributions included on lines 9 and 17 | |
| 21. | Subtract step 20 from step 19. This is your maximum deductible contribution. | 53 |
| 22. | This is your maximum deductible contribution per this Sch C | 53 |

SCHEDULE SE (Form 1040)

Self-Employment Tax

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

| OMB No. 1545-0074 |
|-------------------|
| 2022 |
| Attachment |
| Sequence No. 17 |

| • | ent of the Treasury Revenue Service | Attach to Form 1040, 1040-SR, or 10 | 40-NR. | | Attachment Sequence No. 17 |
|----------|--|---|---------------------------------------|----------|--------------------------------------|
| Name of | f person with self-e | mployment income (as shown on Form 1040, 1040-SR, or 1040-NR) | Social security number of pers | son | |
| CHOU | JMANE CES | SAR CHARLES | with self-employment income | | 731-83-3979 |
| Part | I Self-En | nployment Tax | | | |
| | | come subject to self-employment tax is church employee in church employee income. | come, see instructions for h | now to | o report your income |
| Α | | inister, member of a religious order, or Christian Science pra- of other net earnings from self-employment, check here and | | 4361 | l, but you had |
| Skip lii | nes 1a and 1b | if you use the farm optional method in Part II. See instruction | S. | | |
| 1a | Net farm profit box 14, code | t or (loss) from Schedule F, line 34, and farm partnerships, Sc A | hedule K-1 (Form 1065), | 1a | |
| b | | social security retirement or disability benefits, enter the amount of ents included on Schedule F, line 4b, or listed on Schedule K-1 (Fo | | 1b | () |
| Skip lii | ne 2 if you use | the nonfarm optional method in Part II. See instructions. | | | |
| 2 | | ss) from Schedule C, line 31; and Schedule K-1 (Form 1065), bo nstructions for other income to report or if you are a minister or n | | 2 | 2,881 |
| 3 | | s 1a, 1b, and 2 | | 3 | 2,881 |
| 4a | | e than zero, multiply line 3 by 92.35% (0.9235). Otherwise, e is less than \$400 due to Conservation Reserve Program payments or | | 4a | 2,661 |
| b | If you elect on | e or both of the optional methods, enter the total of lines 15 a | and 17 here | 4b | |
| С | | 4a and 4b. If less than \$400, stop ; you don't owe self-employ) and you had church employee income, enter -0- and contir | | 4c | 2,661 |
| 5a | | urch employee income from Form W-2. See instructions of church employee income | 5a | | |
| b | Multiply line 5 | a by 92.35% (0.9235). If less than \$100, enter -0 | | 5b | |
| 6 | Add lines 4c a | ind 5b | | 6 | 2,661 |
| 7 | | ount of combined wages and self-employment earnings subje ortion of the 7.65% railroad retirement (tier 1) tax for 2022 | ect to social security tax | 7 | 147,000 |
| 8a | W-2) and railr | ecurity wages and tips (total of boxes 3 and 7 on Form(s) oad retirement (tier 1) compensation. If \$147,000 or es 8b through 10, and go to line 11 | 8a 22,754 | | |
| b c | | os subject to social security tax from Form 4137, line 10 | 8b 8c | | |
| d | Add lines 8a, | - | | 8d | 22,754 |
| 9 | | d from line 7. If zero or less, enter -0- here and on line 10 an | d go to line 11 | 9 | 124,246 |
| 10 | Multiply the si | maller of line 6 or line 9 by 12.4% (0.124) | | 10 | 330 |
| 11 | Multiply line 6 | by 2.9% (0.029) | | 11 | 77 |
| 12 | Self-employn | nent tax. Add lines 10 and 11. Enter here and on Schedule | 2 (Form 1040), line 4 . | 12 | 407 |
| 13 | Deduction fo | r one-half of self-employment tax. | 1 1 | | |
| | | 2 by 50% (0.50). Enter here and on Schedule 1 (Form | | | |
| | 1040), line 15 | | 13 204 | | |
| Part | | al Methods To Figure Net Earnings (see instructions) | | | <u> </u> |
| \$9,060 |), or (b) your n | od. You may use this method only if (a) your gross farm inc et farm profits ² were less than \$6,540. | ome' wash t more than | | |
| 14 | | ome for optional methods | | 14 | 6,040 |
| 15 | | aller of: two-thirds (²/ȝ) of gross farm income¹ (not less than ze nount on line 4b above | | 15 | |
| | | thod. You may use this method only if (a) your net nonfarm profi | | | |
| | | 89% of your gross nonfarm income, ⁴ and (b) you had net earning | | | |
| | | the prior 3 years. Caution : You may use this method no more tha | in live times. | | |
| 16 | | 15 from line 14 | · · · · · · · · · · · · · · · · · · · | 16 | |
| 17 | line 16. Also, | aller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less that include this amount on line 4b above | | 17 | |
| | | . , | h. C, line 31; and Sch. K-1 (Forn | | • |
| | | In Sch. K-1 (Form 1065), box 14, code A—minus the amount \int^4 From Sc I on line 1b had you not used the optional method. | h. C, line 7; and Sch. K-1 (Form | 1065), | box 14, code C. |

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

Schedule SE (Form 1040) 2022

1037 CPTS 2US171

SCHEDULE EIC (Form 1040)

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074

2022

| | | Complete and | lattach to Farm | 1040 1040 | | | a I | ZUZZ |
|----|---|---|--|---|---|---|---|---|
| | partment of the Treasury rmal Revenue Service | • | | n 1040 or 1040-SF ov/ScheduleEIC fo | • • | ve a qualifying chil ormation. | α. | Attachment Sequence No. 43 |
| | me(s) shown on return HOUMANE CES. | AR CHARLES | | | | | | ocial security number - 83-3979 |
| | | om your spouse, filing a | a separate retur | m, and meet the r | equirements to | claim the EIC (se | | |
| B | efore you be | a qualify • Be sure security the child • If you ha | ving child. the child's name card. Otherwise 's social security we a child who n | e on line 1 and soc , at the time we pr y card is not correc neets the condition | tial security nun ocess your retu t, call the Socia s to be your qua | nber (SSN) on line 2 rn, we may reduce y I Security Administr | agree with our EIC. If ation at 800 | the name or SSN on 0-772-1213. ming the EIC, but that |
| G | If your ch If you take It will take | t claim the EIC for a cl ild doesn't have an S the EIC even though you us longer to process yo | SN as defined are not eligible, y our return and is | in the instruction ou may not be allov ssue your refund | is for Form 10 ved to take the c if you do not fill | 40, line 27, see th redit for up to 10 year in all lines that app | s. See the ir | nstructions for details. n qualifying child. |
| Q | ualifying Chi | Id Information | <u>i</u> Ch | ild 1 | Cł | nild 2 | | Child 3 |
| 1 | | han three qualifying to list only three to credit. | First name WESMANL CHARLES | | First name | Last name | First name | e Last name |
| 2 | in the instructions for 27, unless the child in 2022 or you are of EIC (see instruction born and died in 20 an SSN, enter "Die attach a copy of the | was born and died claiming the self-only ns). If your child was 22 and did not have d" on this line and e child's birth ertificate, or hospital | 6509' | 73700 | | | | |
| 3 | Child's year of I | birth | If born after 200 | D 0 5 D3 and the child is ou (or your spouse, skip lines 4a and | Year If born after 20 younger than y if filing jointly), 4b; go to line 5 | 03 and the child is rou (or your spouse, skip lines 4a and | vounger th | r 2003 and the child is an you (or your spouse, tly), skip lines 4a and ne 5. |
| 4a | | er age 24 at the end , and younger than se, if filing jointly)? | Go to line 5. | No. Go to line 4b. | Go to line 5. | No. Go to line 4b. | Go to line 5. | s. No. Go to line 4b. |
| b | Was the child pern disabled during an | nanently and totally y part of 2022? | Go to | No. The child is not | Go to | No. The child is not | Go to | s. No. |
| _ | | | line 5. | a qualifying | line 5. | a qualifying | line 5. | a qualifying |
| 5 | Child's relation: (for example, son, grandchild, | | SON | | | | | |
| 6 | | United States with you for more out less than 7 porn or died in 2022 is the child's home the time he or she | | 2 months more than 12 | Do not ente months. | months r more than 12 | _ Do not e months. | months nter more than 12 |

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

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

| | | • | | |
|---------------|-----------|---------|-----------|----|
| Attach to For | m 1040. 1 | 040-SR. | or 1040-N | R. |

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

Attachment Sequence No. 47

202

| Internal | Go to www.irs.gov/Schedule8812 for instructions and the latest information. | | | | Sec | quence No. 47 |
|----------|---|---|----------------------|---------|----------|----------------------|
| Name(s | s) shown on return | | | Your se | ocial se | ecurity number |
| CHO | UMANE CES | AR CHARLES | | 7 | 31-8 | 33-3979 |
| Pai | rt I Child Ta | ax Credit and Credit for Other Dependents | | | | |
| 1 | Enter the amo | unt from line 11 of your Form 1040, 1040-SR, or 1040-NR | | | 1 | 25,431 |
| 2a | Enter income f | rom Puerto Rico that you excluded | 2a | | | |
| b | Enter the amo | unts from lines 45 and 50 of your Form 2555 | 2b | | | |
| С | Enter the amo | unt from line 15 of your Form 4563 | 2c | | | |
| d | Add lines 2a th | nrough 2c | | | 2d | |
| 3 | Add lines 1 an | d 2d | | | 3 | 25,431 |
| 4 | Number of qua | lifying children under age 17 with the required social security number | 4 | | | |
| 5 | Multiply line 4 | by \$2,000 | | | 5 | |
| 6 | Number of ot | her dependents, including any qualifying children who are not | | | | |
| | under age 17 d | or who do not have the required social security number | 6 1 | | | |
| | | ot include yourself, your spouse, or anyone who is not a U.S. citize | n, U.S. national, c | or | | |
| | U.S. resident a | alien. Also, do not include anyone you included on line 4. | | | | |
| 7 | Multiply line 6 | by \$500 | | | 7 | 500 |
| 8 | Add lines 5 an | d7 | | | 8 | 500 |
| 9 | Enter the amo | unt shown below for your filing status. | | | | |
| | Married filing | g jointly—\$400,000 | | | | |
| | All other filing | g statuses—\$200,000 🖌 | | | 9 | 200,000 |
| 10 | Subtract line 9 | from line 3. | | | | |
| | If zero or less | , | 1 | | | |
| | | tero 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 | Multiply line 10 | | | | 11 | |
| 12 | Is the amount | on line 8 more than the amount on line 11? | | | 12 | 500 |
| | | . You cannot take the child tax credit, credit for other dependents, c | r additional child t | ax | | |
| | | Parts II-A and II-B. Enter -0- on lines 14 and 27. | | | | |
| | | act line 11 from line 8. Enter the result. | | | | |
| 13 | Enter the amo | unt from the Credit Limit Worksheet A | | | 13 | 2 |

13 Enter the amount from the Credit Limit Worksheet A 13 . Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents . 14 14 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.

SPA For Paperwork Reduction Act Notice, see your tax return instructions. 1037 CPTS 2US471 Schedule 8812 (Form 1040) 2022

2

Schedule 8812 (Form 1040) 2022

| Ochedu | | | Page Z |
|----------------------|---|----------|-------------|
| 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 -C |)- on li | ne 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 | 498 |
| b | Number of qualifying children under 17 with the required social security 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 TIP: The number of children you use for this line is the same as the number of children you used for line | 16b | |
| 17 18a b 19 | Enter the smaller of line 16a or line 16b 16b 18a 25,431 Earned income (see instructions) 18a 25,431 Nontaxable combat pay (see instructions) 18b 18b Is the amount on line 18a more than \$2,500? 18b 18b No. Leave line 19 blank and enter -0- on line 20. 19 | 17 | |
| 20 Part | Multiply the amount on line 19 by 15% (0.15) and enter the result | 20 | 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 23 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13Add lines 21 and 2223 | - | |
| 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 26 | Subtract line 24 from line 23. If zero or less, enter -0 | 25 26 | |
| | II-C Additional Child Tax Credit | 07 | |
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | 27 | |

SPA

1037 CPTS 2US472

Schedule 8812 (Form 1040) 2022

US SCH 8812 Credit Limit Worksheet A

| Name(s) | | Tax Identification Number | |
|---------|---|---------------------------|----|
| CHOU | MANE CESAR CHARLES | 731-83-3979 | |
| | | | |
| 1. | Amount from line 18 of Form 1040 or 1040-NR | •••••• 1. | 2_ |
| 2. | Enter the amount shown below for your filing status | | |
| a. | Amount from Schedule 3, line 1a. | | |
| b. | Amount from Schedule 3, line 2 | | |
| c. | | | |
| d. | Amount from Schedule 3, line 4 | | |
| e. | Amount from Schedule 3, line 6d · · · · · · · · · · · · · · · · · · | | |
| f. | Amount from Schedule 3, line 6e | | |
| g. | Amount from Schedule 3, line 6fg. | | |
| h. | | | |
| i. | Amount from Form 5695, line 30 • • • • • • • • • • • • • • • • • • | | |
| | Total of lines a through i | •••••• 2. | |
| 3. | Subtract line 2 from line 1 | ••••• 3. | 2_ |
| | Complete the Credit Limit Worksheet B only if all of the following are met: | | |
| | 1. You are claiming one or more of the following credits: | | |
| | Form 8396, Form 8839, Form 8859 and Form 5695, Part I | | |
| | 2. You are not filing Form 2555 | | |
| | 3. Line 4 of Schedule 8812 is more than zero | | |
| 4. | If you are not completing Credit Limit Worksheet B, enter -0-; | | |
| | otherwise, enter the amount from the Credit Limit Worksheet B • • • • • • • • • • • • • • • • • • | ••••••4. | |
| 5. | Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 | ••••• 5 | 2_ |

| Form 8995 | |
|------------------|--|
|------------------|--|

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

| Gotov | ww.irs.gov/For | m8995 for instr | uctions and th | e latest information | n |
|-------|--------------------|------------------|----------------|----------------------|---|
| | www.iii3.gov/i oii | 100000 101 11100 | uctions and th | | |

OMB No. 1545-2294

2022 Attachment Sequence No. 55

Your taxpayer identification number

731-83-3979

Name(s) shown on return

CHOUMANE CESAR CHARLES

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 ncome or (loss) |
|-------------|--|------------------------------------|-------|---------------------------------------|
| i | UNNAMED ACTIVITY | 731-83-3979 | | 2,677 |
| ii | | | | |
| iii | | | | |
| iv | | | | |
| v | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 2,677 | | |
| 3 4 5 | Qualified business net (loss) carryforward from the prior year | 3 () 4 2,677 | 5 | 535 |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 () | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and | 1 | 10 | 535 |
| 11 | | 11 (469 |) | |
| 12 | | 12 | | |
| 13 | | 13 | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 | |
| 15 | the applicable line of your return (see instructions) | | 15 | |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than | zero, enter -0 | 16 | () |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7 | 7. If greater than | _ | , |
| | zero, enter -0 | | 17 (|) |
| SPA F | or Privacy Act and Paperwork Reduction Act Notice, see instructions. 1037 CPTS | 2USQA1 | | Form 8995 (2022) |

US RET 1040 Qualified Business Income Activities

| Name(s) | Tax Ident | tification Number |
|--|-----------|-------------------|
| CHOUMANE CESAR CHARLES | 731-83- | -3979 |
| | | |
| Trade or Business Name: | UNNAMED | ACTIVITY |
| Taxpayer Identification Number: | | |
| Business Income | | 2,881 |
| Allocated Deduction for One-Half of Self-Employment Ta | ax | (204) |
| Qualified Business Income | | 2,677 |

| Form | 8962 | | Premi | um Tax | Cred | dit (PTC | C) | | | OMB No. 1545-0074 |
|-----------------|---------------------------------------|--|---|---|---------------------|--|---|---|-----------|--|
| | | | Attach to Form 1040, 1040-SP, or 1040-NP | | | | | | | 2022 |
| | ment of the Treas I Revenue Servic | e Go | to www.irs.gov/Form | | | | | nation. | | Attachment Sequence No. 73 |
| Name | shown on you | ır return | | | | | | ial security numbe | r | |
| СНО | UMANE C | | | | | | | 33-3979 | | |
| Α. | | | status is married filing se | | you qual | ify for an exce | otion. See i | nstructions. If you qu | ualify, o | check the box |
| Par | | | Contribution An | | | | | | | 2 |
| 1 | , | | mily size. See instructi d AGI. See instruction | | | · · · | 2a | 25,431 | 1 | 2 |
| 2a b | | , | s' modified AGI. See in | | | | 2a 2b | 23,131 | | |
| 3 | | <i>y</i> 1 | unts on lines 2a and 2 | | tions . | | | | 3 | 25,431 |
| 4 | | | deral poverty line amo | | | 2, or 1-3. See | e instructio | ons. Check the | | |
| • | | | overty table used. a | | b 🗌 Ha | | | 3 states and DC | 4 | 17,420 |
| 5 | Household in | ncome as a percenta | ige of federal poverty l | ine (see instru | ctions) . | | | | 5 | 145 % |
| 6 | Reserved fo | | | | | | | | | |
| 7 | | | 5 percentage, locate | your "applicab | - | | | | 7 | |
| 8a | | ution amount. Multiply lir to nearest whole dollar a | | | | • | | . Divide line 8a ble dollar amount | 8b | |
| Par | | | Claim and Reco | nciliation o | | | | | | dit |
| 9 | | | s with another taxpaye | | | | | | | |
| | Yes. Skip | to Part IV, Allocation of | Policy Amounts, or Part \ | /, Alternative Ca | lculation fo | or Year of Marr | iage. X | No. Continue to | line 1 | 10. |
| 10 | | | e if you can use line 11 | • | | - | 23. | _ | | |
| | | ntinue to line 11. Co tinue to line 24. | mpute your annual PT | C. Then skip li | nes 12–2 | 23 | | | | 12–23. Compute d continue to line 24. |
| | Annual alculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A)(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)(c) Annual contribution amount (line 8a)(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)(e) Annual premium ta credit allowed (smaller of (a) or (d)) | | | | 1 | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) | | | |
| 11 | Annual Totals | 14,309 | 14,074 | | | | 4,074 | 14,0 | 74 | 14,076 |
| | | (a) Monthly enrollment | (b) Monthly applicable | (c) Mont | • | (d) Monthly r | maximum | | | (f) Monthly advance |
| | Monthly alculation | premiums (Form(s) 1095-A, lines 21–32, column A) | SLCSP premium (Form(s) 1095-A, lines 21–32, column B) | contribution a (amount from or alternative r monthly calcu | line 8b narriage | premium as (subtract (c) f zero or less, | sistance from (b); if | (e) Monthly premium credit allowed (smaller of (a) or (a) | ľ | payment of PTC (Form(s) 1095-A, lines 21–32, column C) |
| 12 | January | | | monthing ballo | | | | | | |
| 13 | February | | | | | | | | | |
| 14 | March | | | | | | | | | |
| 15 | April | | | | | | | | | |
| 16 | Мау | | | | | | | | | |
| 17 | June | | | | | | | | | |
| <u>18</u> 19 | July August | | | | | | | | | |
| 20 | September | | | | | | | | | |
| 21 | October | | | | | | | | | |
| 22 | November | | | | | | | | | |
| 23 | December | | | | | | | | | 14 074 |
| 24 | • | | ne amount from line 11 | () | • • • | • | | | 24 | 14,074 14,076 |
| 25 | Advance pay | yment of PTC. Enter | the amount from line 1 | 1(f) or add lin | es 12(f) | through 23(f) | and ente | r the total here | 25 | 14,070 |
| 26 | • | | is greater than line 25 9. If line 24 equals line | , | | | | | | |
| | | e blank and continue | | | | | | | 26 | |
| Part | | | ss Advance Payn | | | | | | | · |
| 27 | Excess adva | nce payment of PTC. | If line 25 is greater that | n line 24, subtr | act line 2 | 4 from line 25 | . Enter the | e difference here | 27 | 2 |
| 28 | | limitation (see instrue | , | | | | | | 28 | 650 |
| 29 | | | edit repayment. Enter t | | | | | | 29 | 2 |

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Part IV **Allocation of Policy Amounts** Complete the following information for up to four policy amount allocations. See instructions for allocation details Allocation 1 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpaver (c) Allocation start month 30 (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage applied to monthly Percentage amounts Allocation 2 31 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (f) SLCSP Percentage (e) Premium Percentage Percentage applied to monthly amounts Allocation 3 32 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (g) Advance Payment of the PTC Allocation percentage (e) Premium Percentage (f) SLCSP Percentage Percentage applied to monthly amounts Allocation 4 33 (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month (a) Policy Number (Form 1095-A, line 2) Allocation percentage (g) Advance Payment of the PTC (f) SLCSP Percentage (e) Premium Percentage applied to monthly Percentage amounts 34 Have you completed all policy amount allocations? Ves. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and nonallocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12-23, columns (a), (b), and (f). Compute the amounts for lines 12-23, columns (c)-(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

| 35 | Alternative entries for your SSN | (a) | Alternative family size | | Alternative monthly tribution amount | (c) | Alternative start month | (d) | Alternative stop month |
|----|---|-----|-------------------------|------------|---|-----|-------------------------|-----|------------------------|
| 36 | Alternative entries for your spouse's SSN | (a) | Alternative family size | (b) con | Alternative monthly tribution amount | (c) | Alternative start month | (d) | Alternative stop month |

SPA

1037 CPTS 2US682

Form 8962 (2022)

US FRM 8962 Form 8962 Line 2a - Taxpayer's Modified AGI Worksheet

| Name(s) | Tax Identification Number |
|--|---|
| CHOUMANE CESAR CHARLES | 731-83-3979 |
| | |
| | |
| | |
| | |
| 1. Enter your adjusted gross income from Form 1040 or 1040-NR, line 11 | · • • • • • • • ^{1.} <u>25,431</u> |
| 2. Enter any tax-exempt interest from Form 1040 or 1040-NR, | |
| line 2a • • • • • • • • • • • • • • • • • • | |
| 3. Enter any amounts from Form 2555, lines 45 and 50 | |
| 4. Enter the excess, if any, of Form 1040, line 6a over line 6b | |
| 5. Add lines 1 through 4 and enter on Form 8962, line 2a ••••••••••••••••••••••••••••••••••• | · · · · · · · · 5. <u>25,431</u> |

| EIC | Checklist | |
|-----|-----------|--|
| | | |

▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Attachment Sequence No. 70

OMB No. 1545-1629

| тахраует папі | e(s) shown on retur | |
|---------------|---------------------|---------|
| CHOUMAI | NE CESAR | CHARLES |

For the definitions of Qualifying Child and Earned Income, see Pub. 596.

Part I All Taxpayers Taxpayer's name: CHOUMANE CESAR CHARLES 1. 2. Is the taxpayer's filing status married filing separately? Yes X No If checked "YES" on line 2, continue to line 2a a. Did you live apart from your spouse for the last 6 months of 2022? Yes No If checked "NO" on line 2a, continue to line 2b b. Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance AND you did NOT live in the same household as your spouse at the end of 2022? Yes No ▶ If checked "NO" on line 2b,STOP. EIC cannot be taken Does the taxpayer (and spouse, if MFJ) have a social security number (SSN) that allows 3. him or her to work or is valid for EIC purposes? X Yes No ▶ If checked "NO" on line 3, STOP. EIC cannot be taken X No 4. Is the taxpayer filing Form 2555? Yes ▶ If checked "YES" on line 4, STOP. EIC cannot be taken **5a.** Was the taxpayer a nonresident alien for any part of 2022? Yes X No ▶ If checked "YES" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6. **b.** Is the taxpayer's filing status married filing jointly? Yes No ▶ If checked "YES" on line 5a and "NO" on line 5b, STOP. EIC cannot be taken X No Yes 6. Is the taxpayer's investment income more than \$10,000? ▶ If you checked "YES" on line 6, STOP. EIC cannot be taken Yes X No 7. Could the taxpayer be a qualifying child of another person for 2022? ▶ If checked "YES" on line 7, STOP. EIC cannot be taken. Otherwise, go to Part II or Part III, whichever applies Form 8867 (2022) For Paperwork Reduction Act Notice, see separate instructions. 2USEI1

Department of the Treasury Internal Revenue Service

731-83-3979

Taxpayer's social security number

| Part | II Taxpayers With a Qualifying Child | | | |
|------|---|--------------------------|---------------------------|-------------------------|
| | | Child 1 | Child 2 | Child 3 |
| 8. | Child's name | WESMANLEY | | |
| 9. | Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them? | XYes 🗌 No | Yes No | □Yes □No |
| 10. | Is either of the following true? - The child is unmarried, or - The child is married, can be claimed as the taxpayer's dependent, and | | | |
| | is not filing a joint return (or is only filing to claim a refund) | XYes 🗌 No | ☐Yes ☐No | ☐Yes ☐No |
| 11. | Did the child live with the taxpayer in the United States for over half of the year? | 🖾 Yes 🗌 No | □Yes □ No | □Yes □No |
| 12. | Was the child (at the end of the year) - under age 19 and younger than the taxpayer, or - under age 24, a full-time student, and younger than the taxpayer, or - any age and permanently and totally disabled? | XYes 🗌 No | □Yes □No | □Yes □No |
| 13a. | Could any other person check "Yes" on lines 9, 10, 11 and 12 for the child? | ∐Yes ⊠ No | ☐Yes ☐ No | □Yes □No |
| b. | Enter child's relationship to the other person | | | |
| C. | If the tie-breaker rules applied, is the child treated as the taxpayer's qualifying child? | ☐Yes ☐ No ☐Don't know | ☐Yes ☐No / ☐Don't know | ☐Yes ☐No ☐Don't know |
| 14. | Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? | ∑Yes ☐No | □Yes □No | ☐Yes ☐No |
| | If you checked "YES" on line 14, continue. Otherwise, STOP. No credit is allowe | d. | | |
| 15. | Are the taxpayer's earned income and adjusted gross income less than the limit that applies to the taxpayer for this year? | | | ⊠Yes |

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| Page 3 |
|---------------|
|---------------|

| Part | III Taxpayers Without a Qualifying Child | | |
|------|---|------|----|
| 16 | Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) See the instructions before answering. | Yes | No |
| | ▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue. | | |
| 17 | Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2022? See the instructions before answering | ∐Yes | No |
| | ▶ If you checked "No" on line 17, stop ; the taxpayer cannot take the EIC. Otherwise, continue. | | |
| 18 | Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2022? If the taxpayer's filing status is married filing jointly, check "No" | Yes | No |
| | ▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue. | | |
| 19 | Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2022? See instructions | Yes | No |
| | ▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20. | | |

8867 Form

| (Rev. November 2022) |
|----------------------------|
| Department of the Treasury |

Paid Preparer's Due Diligence Checklist Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information

OMB No. 1545-0074 For tax year

| Attachment | |
|------------|--|
| | |
| | |
| | |

| Internal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information. | | | | | | |
|--|-------------------|-------------------|--|--|--|--|
| Taxpayer name(s) shown on return | Taxpayer identifi | cation number | | | | |
| CHOUMANE CESAR CHARLES | 731-83- | 3979 | | | | |
| Enter preparer's name and PTIN | Preparer tax ider | tification number | | | | |
| NICODEME REMY | P014925 | 37 | | | | |

Part I **Due Diligence Requirements**

| Please check the appropriate box for the credit(s) and/or HOH filing | status claimed | on the return and comp | plete the related | l Parts I-V foi |
|--|----------------|------------------------|-------------------|-----------------|
| the benefit(s) claimed (check all that apply). | X EIC | X CTC/ACTC/ODC | AOTC | НОН |

| 1 | Did you complete the return based on information for the applicable tax year provided by the taxpayer or | Yes | No | N/A |
|----------|--|-----|----|----------|
| | reasonably obtained by you? (See instructions if relying on prior year earned income.) | X | | |
| 2 | If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the | | | |
| | same information, and all related forms and schedules for each credit claimed? | X | | |
| 3 | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. | | | |
| | Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. | | | |
| | • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) | X | | |
| 4 | Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," | | _ | |
| | answer questions 4a and 4b. If "No," go to question 5.) | | Χ | |
| a | Did you make reasonable inquiries to determine the correct, complete, and consistent information? | | | |
| b | Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the | | | |
| | information had on your preparation of the return.) | | | |
| 5 | Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) | | | |
| | of the credit(s) | X | | |
| | List those documentsv provided by the taxpayer, if any, that you relied on: SCHOOL RECORDS OR STATEMENT | | | |
| | NO DISABLED CHILDREN | | | |
| | FORMS 1099 | | | |
| c | | | | |
| 6 | Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | X | | |
| 7 | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? | X | | Π |
| - | (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | | | <u> </u> |
| а | Did you complete the required recertification Form 8862? | | | |
| 8 | If the taxpaver is reporting self-employment income, did you ask questions to prepare a complete and | | | <u> </u> |

| 8 | If the taxp | ayer is | reporting | self-em | oloy | men | t in | con | ne, | did | you | ı ask | qu | esti | ons | to | pre | pare | а | com | ple | te a | а |
|---|-------------|---------|-----------|---------|------|-----|------|-----|-----|-----|-----|-------|----|------|-----|----|-----|------|---|-----|-----|------|---|
| | correct Sc | - | | | - | | | | | | - | | | | | | - | - | | | | | |

SPA For Paperwork Reduction Act Notice, see separate instructions.

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CHOUMANE CESAR CHARLES Form 8867 (Rev. 11-2022)

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|-----------|---|----------|----------|----------|
| Part | II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | to Part | III.) | |
| 9a | Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children | Yes | No | N/A |
| | claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC | | | |
| | and does not have a qualifying child, go to question 10.) | Χ | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer | | | |
| | has supported the child the entire year? | X | | |
| С | Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of | | | |
| | more than one person (tiebreaker rules)? | Х | | |
| Part | \mathbf{c} | laim C | TC, A | CTC, |
| | or ODC, go to Part IV.) | | - | i |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent | Yes | No | N/A |
| | who is a citizen, national, or resident of the United States? | X | | |
| 11 | Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived | | | |
| | with the child for over half of the year, even if the taxpayer has supported the child, unless the child's | | | |
| | custodial parent has released a claim to exemption for the child? | X | | |
| 12 | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or | | | |
| | separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar | | | |
| | statement to the return? | Х | | |
| Part | IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC |), go to | Part \ | /.) |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualifier | эd | Yes | No |
| | tuition and related expenses for the claimed AOTC? | | | |
| Part | V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status | s, go to | Part \ | /I.) |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax y | ear | Yes | No |
| | and provided more than half of the cost of keeping up a home for the year for a qualifying person? | | | |
| Part | VI Eligibility Certification | | | |
| | You will have complied with all due diligence requirements for claiming the applicable credit(s) a | nd/or H | OH fili | ng |
| | status on the return of the taxpayer identified above if you: | | | - |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respon- | ses on f | the retu | rn or in |
| | your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) a | | | |

- status and to compute the amount(s) of the credit(s);B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and | Yes | No |
|----|---|-----|----|
| | complete? | Х | |

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1037 CPTS 2USEJ2

Form 8867 (Rev. 11-2022)

| A. Which documents below, if any, did you rely on to detern | aina EIC/CEC/ACEC aligibility for the gualifying abild/rap) | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| on the return? Check all that apply. KEEP A COPY OF | Line 5 - List of Documents for EIC and CTC/ACTC A. Which documents below, if any, did you rely on to determine EIC/CTC/ACTC eligibility for the qualifying child(ren) on the return? Check all that apply. KEEP A COPY OF ANY DOCUMENTS YOU RELIED ON. If there is no qualifying child, check box a. If there is no disabled child, check box o. | | | | | | | | |
| Residency of Qual | ifying (Child(ren) | | | | | | | | |
| a No qualifying child b School records or statement c Landlord or property management statement d Health care provider statement e Medical records f Child care provider records g Placement agency statement h Social service records or statement i Place of worship statement | j Indian tribal official statement k Employer statement I Other m Did not rely on documents, but made notes in file n Did not rely on converted | | | | | | | | |
| i Place of worship statement Disability of Qual | n Did not rely on any documents | | | | | | | | |
| | · • · · · | | | | | | | | |
| o No disabled child p Doctor statement q Other health care provider statement r Social services agency or program statement | s Other t Did not rely on documents, but made notes in file u Did not rely on any documents | | | | | | | | |
| B. If a Schedule C is included with this return, which documen existence of the business and to figure the amount of Scheall that apply. KEEP A COPY OF ANY DOCUMENTS YOU | dule C income and expenses reported on the return? Check | | | | | | | | |
| Documents or Ot | her Information | | | | | | | | |
| a No Schedule C b Business license c Forms 1099 d Records of gross receipts provided by taxpayer e Taxpayer summary of income f Records of expenses provided by taxpayer g Taxpayer summary of expenses h Bank statements | i Reconstruction of income and expenses j Other k Did not rely on documents, but made notes in file l Did not reply on any documents | | | | | | | | |
| Line 5 - List of Documents for AOTC | | | | | | | | | |
| Check all that apply. KEEP A COPY OF ANY DOCUME | nine AOTC eligibility for the qualifying education expenses? ENTS YOU RELIED ON. If there is no AOTC, check box a. | | | | | | | | |
| Documents or Ot | her Information | | | | | | | | |
| a No American Opportunity Credit b Form 1098-T from college or university c Form 1099-Q for distributions d College or university bursar statement e Taxpayer summary of expenses | f Other g Did not rely on documents, but made notes in file h Did not rely on any documents | | | | | | | | |
| Line 5 - List of Documents for Head of Household | | | | | | | | | |
| A. Which documents below, if any, did you rely on to determ KEEP A COPY OF ANY DOCUMENTS YOU RELIED C | N. If not filing Head of Household, check box a. | | | | | | | | |
| Documents or Ot | ther Information | | | | | | | | |
| a Not Head of Household b Divorce decree c Separation agreement d Bank statements e Property tax bills f Rent statements g Utility bills | h Other i Did not rely on documents, but made notes in file j Did not rely on any documents | | | | | | | | |