

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Derrick A	Last name Howell	Your social security number 440-98-2504
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 408 Kiowa Ave		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Geronimo		State OK
Foreign country name		ZIP code 735439317
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	Darren A	Howell	448-23-4332	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jaylee F	Woodard	821-60-0770	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	31,920.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	31,920.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
b	Taxable interest	2b	
c	Ordinary dividends	3b	
d	Taxable amount	4b	
e	Taxable amount	5b	
f	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Other income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	31,920.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	31,920.
12	Standard deduction or itemized deductions (from Schedule A)	12	12,950.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	12,950.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	18,970.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under **Standard Deduction**, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,072.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,072.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,072.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,072.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	2,072.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,072.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	3,680.
	28	Additional child tax credit from Schedule 8812	28	1,928.
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	5,608.	
33	Add lines 25d, 26, and 32. These are your total payments	33	7,680.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,680.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,680.
	b	Routing number 0 4 1 2 1 5 6 6 3	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number 1 3 0 2 4 3 3 2 1 4 6 7 2		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Manager	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (580) 291-6425	Email address		

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

**SCHEDULE EIC
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Earned Income Credit
Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to www.irs.gov/ScheduleEIC for the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **43**

Name(s) shown on return

Derrick A Howell

Your social security number

440-98-2504

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

Before you begin:

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



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

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you have to list only three to get the maximum credit.	Darren	A Howell	Jaylee	F Woodard		
2 Child's SSN						
The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2022 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2022 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	448-23-4332		821-60-0770			
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>8</u> <i>If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>4</u> <i>If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4a Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2022?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		Daughter			
6 Number of months child lived with you in the United States during 2022	_____ 8 months <i>Do not enter more than 12 months.</i>		_____ 12 months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Name(s) shown on return

Derrick A Howell

Your social security number

440-98-2504

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	31,920.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	31,920.
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	4,000.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	2,072.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,072.

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.

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
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 1,928.
b	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 3,000.
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17 1,928.
18a	Earned income (see instructions)	18a 31,920.
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19 29,420.
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.	20 4,413.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
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. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27 1,928.
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Premium Tax Credit (PTC)

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

Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Derrick A Howell

Your social security number

440-98-2504

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	3
2a	Modified AGI. Enter your modified AGI. See instructions	2a	31,920.
b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	31,920.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	21,960.
5	Household income as a percentage of federal poverty line (see instructions)	5	145 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0.
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	0.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(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 tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	6,335.	6,670.	0.	6,670.	6,335.	6,335.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	6,335.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	6,335.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	0.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated 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	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
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



Oklahoma Individual Income Tax Declaration for Electronic Filing

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

See instructions on Page 2 to determine if you are required to send Form 511-EF to the OTC.

**2022
Form 511-EF**

Your first name and middle initial	Last name
DERRICK	A HOWELL
If a joint return, spouse's first name and middle initial	Last name
Mailing address (number and street, including apartment number, rural route or PO Box)	
408 KIOWA AVE	
City, State, ZIP	
GERONIMO	OK 73543-9317

Your social security number:

440982504

Spouse's social security number:

Filing status:

1

Total number of exemptions:

3

PART ONE - TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511-NR, Line 8)	1	31920	00
2	Oklahoma Income Tax and Use Tax (511, Line 20 or 511-NR, Line 24)	2	684	00
3	Oklahoma Income Tax Payments and Credits (511, Line 32 or 511-NR, Line 33)	3	1307	00
4	Refund (511, Line 37 or 511-NR, Line 38)	4	623	00
5	Balance Due (511, Line 42 or 511-NR, Line 43)	5	0	00

For a balance due return with an electronic payment, complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment, enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

PART TWO - DECLARATION OF TAXPAYER

6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2022 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I authorize the Oklahoma State Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Oklahoma taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2022 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign

Here:

Your Signature

Date

Spouse's Signature (If joint return, both must sign)

Date

PART THREE - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare I have reviewed the above taxpayer's return and the entries on Form 511-EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511-EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511-EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2022). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use

Only

SELF-PREPARED

ERO or Paid Preparer's Signature

Date

PTIN

Paid Preparer

Use Only

SELF-PREPARED

Paid Preparer Signature

Date

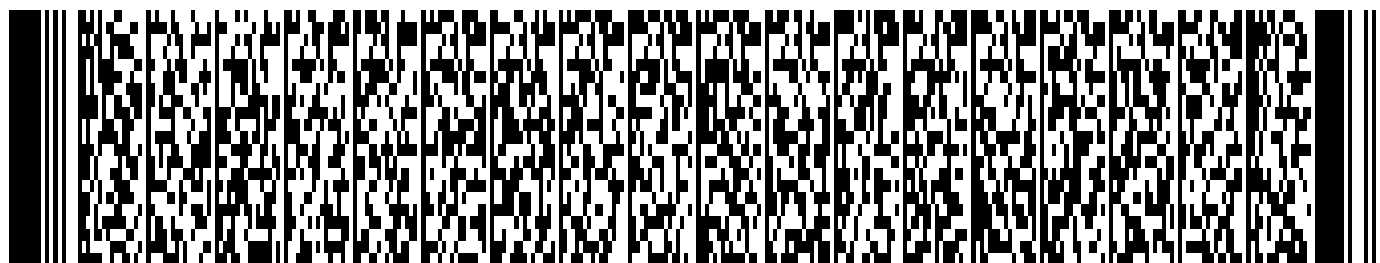
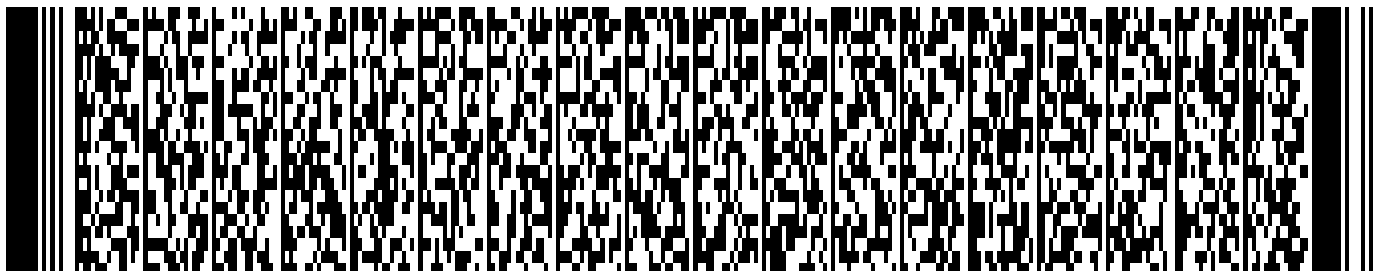
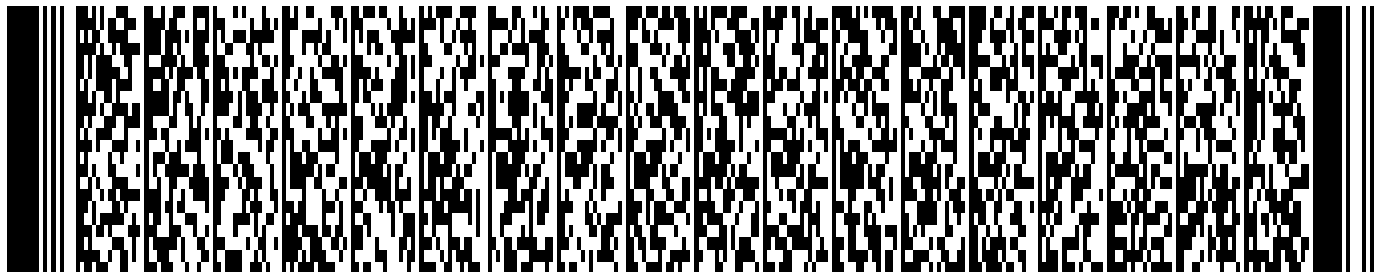
PTIN

Firm Name (or yours if self-employed):

Address and ZIP:

Phone Number: ()

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**



Note: This is to be mailed with original return. Please DO NOT attach this sheet when filing the payment voucher, Form 511V.

Oklahoma Resident Income Tax Return

Form 511
2022



Your Social Security Number

440-98-2504

Place an 'X' in this box if this taxpayer is deceased →

☐

Spouse's Social Security Number
(joint return only)

Place an 'X' in this box if this taxpayer is deceased →

☐

AMENDED RETURN!

Place an 'X' in this box if this is an amended 511. See Schedule 511-I. →

☐

Name and Address - Please Print or Type

Your First Name	Middle Initial	Last Name	If a Joint Return, Spouse's First Name	Middle Initial	Last Name	
DERRICK	A	HOWELL				
Mailing Address (Number and street, including apartment number, rural route or PO Box)			City	State	ZIP or Postal Code	Country
408 KIOWA AVE			GERONIMO	OK	735439317	

Filing Status	1	<input checked="" type="checkbox"/> Single				
	2	<input type="checkbox"/> Married filing joint return (even if only one had income)				
	3	<input type="checkbox"/> Married filing separate (If spouse is also filing, list name and SSN in the boxes)				
	<table><tr><td>Name</td><td>SSN</td></tr><tr><td></td><td></td></tr></table>		Name	SSN		
	Name	SSN				
4	<input type="checkbox"/> Head of household with qualifying person					
5	<input type="checkbox"/> Qualifying widow(er) with dependent child					
• Please list the year spouse died in box at right: <input type="text"/>						

* Note: If claiming Special Exemption, see instructions on page 9 of 511 Packet.

Exemptions		Regular	* Special	Blind		
	Yourself	1	+		+	
	Spouse	0	+		+	
	Number of dependents					
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:						

1	(a)
0	(b)
2	(c)
3	

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) ☐ Yourself ☐ Spouse

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME

Round to Nearest Whole Dollar

1	Federal adjusted gross income (from Federal 1040 or 1040-SR).....	1	31920	00
2	Oklahoma Subtractions (provide Schedule 511-A)	2		00
3	Line 1 minus line 2	3	31920	00
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions)	4b		00
5	Line 3 minus line 4b	5	31920	00
6	Oklahoma Additions (provide Schedule 511-B).....	6		00
7	Oklahoma adjusted gross income (line 5 plus line 6)	7	31920	00
(If line 7 is different than line 1, provide a copy of your Federal return.)				

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS

8	Oklahoma Adjustments (provide Schedule 511-C)	8		00
9	Oklahoma income after adjustments (line 7 minus line 8)	9	31920	00

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.



Name(s) Shown
on Form 511: DERRICK A HOWELL

Your Social
Security Number: 440-98-2504

PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued

10	Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350).....	10	6350	00
11	Exemptions: Enter the total number of exemptions claimed on page 1..... 3 X \$1,000.....	11	3000	00
12	Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5).....	12	9350	00
13	Oklahoma Taxable Income (line 9 minus line 12)	13	22570	00
14	(a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 14	14a	884	00
	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14	14b		00
	Oklahoma Income Tax (line 14a plus line 14b)	14	884	00
STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G.				
15	Oklahoma child care/child tax credit (see instructions).....	15	200	00
16	Credit for taxes paid to another state (provide Form 511TX).....	16		00
17	Form 511CR - Other Credits Form. List 511CR line number claimed here:.....	17		00
18	Income Tax (line 14 minus lines 15-17) Do not enter less than zero	18	684	00
DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42.				

PART THREE: TAX, CREDITS AND PAYMENTS

19	Use tax due on Internet, mail order, or other out-of-state purchases..... (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: X	19		00
20	Balance (add lines 18 and 19)	20	684	00
21	Oklahoma withholding (provide all W-2s, 1099s or other withholding statements) ..	21	1024	00
22	2022 estimated tax payments (qualified farmer <input type="checkbox"/>)	22		00
23	2022 payment with extension	23		00
24	Low Income Property Tax Credit (provide Form 538-H).....	24		00
25	Sales Tax Relief Credit (provide Form 538-S).....	25	120	00
26	Natural Disaster Tax Credit (provide Form 576).....	26		00
27	Credit from Form 578	27		00
28	Oklahoma earned income credit (see instructions).....	28	163	00
29	Amount paid with original return plus additional paid after it was filed (amended return only).....	29		00



Name(s) Shown
on Form 511: **DERRICK A HOWELL**

Your Social
Security Number: **440-98-2504**

PART THREE: TAX, CREDITS AND PAYMENTS continued

30	Payments and credits (add lines 21-29 from page 2).....	30	1307	00
31	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only).....	31		00
32	Total payments and credits (line 30 minus line 31)	32	1307	00

PART FOUR: REFUND

33	If line 32 is more than line 20, subtract line 20 from line 32. This is your overpayment.....	33	623	00
34	Amount of line 33 to be applied to 2023 estimated tax (original return only) (For further information regarding estimated tax, see page 5 of the 511 Packet.)	34		00

Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H

35	Donations from your refund (total from Schedule 511-H).....	35		00
36	Total deductions from refund (add lines 34 and 35).....	36		00
37	Amount to be refunded to you (line 33 minus line 36)	37	623	00

Direct Deposit Note:

Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a **debit card**. See the 511 Packet for direct deposit and debit card information.

Is this refund going to or through an account that is located outside of the United States? ☐ Yes ☒ No

Deposit my refund in my:

☒ **Checking Account**

Routing Number: 041215663

☐ **Savings Account**

Account Number: 1302433214672

PART FIVE: AMOUNT YOU OWE

38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due.....	38		00
39	Donation: Public School Classroom Support Fund (original return only).....	39		00
40	Underpayment of estimated tax interest (annualized installment method) .. (If you have an underpayment of estimated tax (line 40) & overpayment (line 33), see instructions.)	40		00
41	For delinquent payment add penalty of 5% \$ plus interest of 1.25% per month \$	41		00
42	Total tax, donation, penalty and interest (add lines 38-41)	42	0	00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer..... ☐

Taxpayer's Signature	Date
Taxpayer's Occupation MANAGER	
Daytime Phone (optional)	

Spouse's Signature	Date
Spouse's Occupation	
Daytime Phone (optional)	

Paid Preparer's Signature	Date
SELF-PREPARED	
Paid Preparer's Address and Phone Number	
Paid Preparer's PTIN	

Do not staple documentation to this form. To attach items, please use a paper clip.

Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

Note: Provide this page ONLY if you have an amount shown on a schedule.Name(s) Shown
on Form 511: DERRICK A HOWELLYour Social
Security Number: 440-98-2504**Schedule 511-A: Oklahoma Subtractions** See instructions on pages 16-19.

1	Interest on U.S. government obligations	1		00
2	Social Security benefits taxed on your Federal Form 1040 or 1040-SR	2		00
3	Federal civil service retirement in lieu of social security	3		00
	Retirement Claim Number: Taxpayer <input type="text"/> Spouse <input type="text"/>			
4	Military Retirement	4		00
5	Oklahoma government or Federal civil service retirement (see instructions for limitation)	5		00
6	Other retirement income (see instructions for limitation)	6		00
7	U.S. Railroad Retirement Board benefits	7		00
8	Oklahoma depletion	8		00
9	Oklahoma net operating loss (provide schedules)..... Loss Year(s) <input type="text"/>	9		00
10	Exempt tribal income (see instructions for qualifications)	10		00
11	Gains from the sale of exempt government obligations	11		00
12	Oklahoma Capital Gain Deduction (provide Form 561)	12		00
13	Income Tax Refund (Federal Form 1040 or 1040-SR, Schedule 1, line 1)	13		00
14	Oklahoma income distributed by an electing PTE	14		00
15	Miscellaneous: Other subtractions (enter number in box for type of deduction)..... <input type="text"/>	15		00
16	Total subtractions (add lines 1-15, enter total here and on line 2 of Form 511)	16		00

Schedule 511-B: Oklahoma Additions See instructions on pages 20-21.

1	State and municipal bond interest.....	1		00
2	Out-of-state losses (describe _____) Enter as a positive number	2		00
3	Lump sum distributions (not included in your Federal Adjusted Gross Income)	3		00
4	Federal net operating loss - Enter as a positive number	4		00
5	Recapture of depletion claimed on a lease bonus or add back of excess Federal depletion	5		00
6	Recapture of Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	6		00
7	Oklahoma loss distributed by an electing PTE	7		00
8	Miscellaneous: Other additions (enter number in box for type of addition)..... <input type="text"/>	8		00
9	Total additions (add lines 1-8, enter total here and on line 6 of Form 511)	9		00

Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) Shown

on Form 511: DERRICK A HOWELL

Your Social

Security Number: 440-98-2504

Schedule 511-C: Oklahoma Adjustments See instructions on pages 21-24.

1	Military pay exclusion - Active Duty, Reserve and National Guard (not retirement income)	1		00
2	Qualifying disability deduction	2		00
3	Qualified adoption expense	3		00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	4		00
5	Deduction for providing foster care	5		00
6	Miscellaneous: Other adjustments (enter number in box for type of deduction) <input type="text"/>	6		00
7	Total adjustments (add lines 1-6, enter total here and on line 8 of Form 511)	7		00

Schedule 511-D: Oklahoma Itemized Deductions See instructions on page 24.

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17	1		00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)....	2		00
3	Line 1 minus line 2	3		00
4	Medical and Dental expenses from Federal Sch. A, line 4	4		00
5	Gifts to Charity from Federal Sch. A, line 14	5		00
6	Line 3 minus lines 4 and 5	6		00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 and 10. Go to line 11.			
8	Maximum amount allowed for itemized deductions. (exception, lines 9 and 10)	8	17,000	00
9	Medical and Dental expenses from Federal Sch. A, line 4	9		00
10	Gifts to Charity from Federal Sch. A, line 14	10		00
11	Oklahoma Itemized Deductions If you responded YES on line 7: Add lines 8, 9 and 10 If you responded NO on line 7: enter the amount from line 3	11		00

Enter your Oklahoma Itemized Deductions on line 10 of Form 511 unless you have income from out-of-state on line 4 of Form 511. If you have an amount on line 4 of Form 511, complete Schedule 511-E "Deductions and Exemptions" to determine the amount to enter on line 12 of Form 511.

**Note: Provide this page ONLY if you have an amount shown on a schedule.**

Name(s) Shown

on Form 511: DERRICK A HOWELL

Your Social

Security Number: 440-98-2504

Schedule 511-E: Deductions and Exemptions See instructions on pages 24-25.

Use this schedule if you have income from out-of-state (Form 511, line 4). Your exemptions and deductions must be prorated on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income reduced by allowable adjustments except out-of-state income. If you claimed itemized deductions on your federal return, complete Schedule 511-D before completing this schedule.

1	Oklahoma itemized deductions (Schedule 511-D, line 11) or Oklahoma standard deduction.....	1		00
2	Exemptions (\$1,000 x number of exemptions claimed at top of Form 511).....	2		00
3	Total (add lines 1 and 2).....	3		00
4	Divide the amount on line 7 of Form 511 by the amount on line 3 of Form 511 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	4		%
5	Total allowable deductions and exemptions. Multiply line 3 by percentage on line 4, enter total here and on line 12 of Form 511. (Leave lines 10 - 11 of Form 511 blank.).....	5		00

Schedule 511-F: Child Care/Child Tax Credit See instructions on page 25.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code.

or

- 5% of the child tax credit allowed by the IRS Code.

This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income.

If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed.

Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit.....	1		00
2	Multiply line 1 by 20%	2		00
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit)	3		00
4	Multiply line 3 by 5%	4		00
5	Enter the larger of line 2 or line 4	5		00
6	Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 15 of Form 511	7		00

Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) Shown

on Form 511: DERRICK A HOWELL

Your Social

Security Number: 440-98-2504

Schedule 511-G: Earned Income Credit See instructions on page 25.

You are allowed a credit equal to 5% of the federal earned income credit calculated using the same requirements for calculating the earned income tax credit for federal income tax purposes in effect for the 2020 income tax year. The credit must be prorated on the ratio of Oklahoma Adjusted Gross Income to Federal Adjusted Gross Income. **Provide** a copy of your Federal return.

1	Federal earned income credit	1	3267	00
2	Multiply line 1 by 5%	2	163	00
3	Divide the amount on line 7 of Form 511 by the amount on line 1 of Form 511			
	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 10px;">31920</div> <div style="margin: 0 5px;">÷</div> <div style="border: 1px solid black; padding: 2px 10px;">31920</div> </div>			
	Enter the percentage from the above calculation here (do not enter more than 100%)	3	100	%
4	Oklahoma earned income credit (multiply line 2 by line 3, enter total here and on line 28 of Form 511).....	4	163	00

Schedule 511-H: Donations from Refund (Original Return Only)

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized, and mailing addresses are shown in Schedule 511-H Information. If you are not receiving a refund, but would like to make a donation to one of these organizations, Schedule 511-H Information lists the mailing address to mail your donation to the organization. If you are not receiving a refund and wish to donate to Public School Classroom Support Fund, see line 39 of Form 511.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right. When you carry your figure back to line 35 of Form 511, please list the line number of the organization to which you donated. If you donate to more than one organization, please write a "99" in the box at line 35 of Form 511.

See Packet 511, pages 25 and 26 for Schedule 511-H Information.

1	Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children.....	\$2	\$5	\$		1		00
2	Y.M.C.A. Youth and Government Program	\$2	\$5	\$		2		00
3	Support Wildlife Diversity Fund	\$2	\$5	\$		3		00
4	Support of Programs for Regional Food Banks in Oklahoma	\$2	\$5	\$		4		00
5	Public School Classroom Support Fund.....	\$2	\$5	\$		5		00
6	Oklahoma Pet Overpopulation Fund	\$2	\$5	\$		6		00
7	Support the Oklahoma AIDS Care Fund	\$2	\$5	\$		7		00
8	Support Oklahoma Silver Haired Legislature and Alumni Association Program	\$2	\$5	\$		8		00
9	Total donations (add lines 1-8, enter total here and on line 35 of Form 511)					9		00

Name(s) Shown
on Form 511: DERRICK A HOWELL

Schedule 511-I: Amended Return Information

Yes

9

No

9

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason. If more space is needed, provide a separate schedule.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



State of Oklahoma

Earned Income Credit Worksheet

FORM **511-EIC** 2022

Name as shown on Form 511 or Form 511-NR:

DERRICK A HOWELL

Social Security Number:

440-98-2504

General Information

Effective for tax year 2022 and subsequent years, the Oklahoma Earned Income Credit (EIC) must be calculated using the same requirements for computing the EIC for federal income tax purposes in effect for the **2020 income tax year**. The 2022 Oklahoma EIC is based on your earned income for either tax year 2021 or 2022. The Oklahoma EIC is refundable beginning with tax year 2022. Complete Form 511-EIC using the attached EIC Table and **provide** a copy of Form 511-EIC with your income tax return.

Part I – Use the following worksheet to calculate your earned income. Or, use the worksheet provided in Part II of the Form 511-EIC if you were self-employed at any time during the applicable tax year, if you are filing Schedule SE because you were a member of the clergy or you had church employee income, or if you are filing Schedule C as a statutory employee.

		Tax Year 2021	Tax Year 2022
1	For tax year 2021, enter the amount from Form 1040 or 1040-SR, line 1. For tax year 2022, enter the amount from Form 1040 or 1040-SR, line 1z.....	480000	1 3192000
2	For tax year 2021, enter any amount included on Form 1040 or 1040-SR, line 1, that is taxable scholarship or fellowship grant not reported on a Form W-2.....	00	2 000
3	For tax year 2021, enter any amount included on Form 1040 or 1040-SR, line 1, that you received for work performed while an inmate in a penal institution	00	3 000
4	For tax year 2021, enter any amount included on Form 1040 or 1040-SR, line 1, that you received as a pension or annuity from a nonqualified deferred compensation plan or nongovernmental section 457 plan.....	00	4 000
5	Enter any amount included on your 2021 Form 1040 or 1040-SR, line 1, or on your 2022 Form 1040 or 1040-SR, line 1z, that is a Medicaid waiver payment you excluded from income. If you choose to include this amount in earned income, enter "0"	00	5 000
6	Add lines 2, 3, 4 and 5.....	00	6 000
7	Subtract line 6 from line 1.....	480000	7 3192000
8	Enter all your nontaxable combat pay if you elect to include it in earned income	00	8 000
9	Add lines 7 and 8. This is your earned income	480000	9 3192000
10	Look up the amount on line 9 in the EIC Table and enter the credit here.....	193000	10 3267000
11	Enter the amount from Form 1040 or 1040-SR, line 11.....	00	11 3192000
12	Are the amounts on lines 9 and 11 the same? If YES, skip line 13; enter the amount from line 10 on line 14. If NO, go to line 13.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13	If you have: • No qualifying children, is the amount on line 11 less than \$8,800 (\$14,700 if married filing jointly)? • One or more qualifying children, is the amount on line 11 less than \$19,350 (\$25,250 if married filing jointly)? If YES, leave line 13 blank and enter the amount from line 10 on line 14. If NO, look up the amount on line 11 in the EIC Table and enter the credit here ... Enter the smaller amount of lines 10 or 13 on line 14.	Tax Year 2021 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 00	Tax Year 2022 <input type="checkbox"/> YES <input type="checkbox"/> NO 13 000
14	Enter the larger amount of line 14 on Form 511, Schedule 511-G, line 1 or on Form 511-NR, Schedule 511-NR-F, line 1	193000	14 3267000



Oklahoma Earned Income Credit Worksheet

Name as shown on Form 511 or Form 511-NR: DERRICK A HOWELL	Social Security Number: 440-98-2504
--	---

Part II – Use the following worksheet if you were self-employed at any time during the applicable tax year, if you are filing Schedule SE because you were a member of the clergy or you had church employee income, or if you are filing Schedule C as a statutory employee.

		Tax Year 2021		Tax Year 2022
1	For tax year 2021, enter the amount from Form 1040 or 1040-SR, line 1. For tax year 2022, enter the amount from Form 1040 or 1040-SR, line 1z.....	<div><div></div><div>00</div></div>	1	<div><div></div><div>00</div></div>
2	For tax year 2021, enter any amount included on Form 1040 or 1040-SR, line 1, that is taxable scholarship or fellowship grant not reported on a Form W-2.....	<div><div></div><div>00</div></div>	2	<div><div>0</div><div>00</div></div>
3	For tax year 2021, enter any amount included on Form 1040 or 1040-SR, line 1, that you received for work performed while an inmate in a penal institution	<div><div></div><div>00</div></div>	3	<div><div>0</div><div>00</div></div>
4	For tax year 2021, enter any amount included on Form 1040 or 1040-SR, line 1, that you received as a pension or annuity from a nonqualified deferred compensation plan or nongovernmental section 457 plan.....	<div><div></div><div>00</div></div>	4	<div><div>0</div><div>00</div></div>
5	Enter any amount included on your 2021 Form 1040 or 1040-SR, line 1, or on your 2022 Form 1040 or 1040-SR, line 1z, that is a Medicaid waiver payment you excluded from income. If you choose to include this amount in earned income, enter "0"	<div><div></div><div>00</div></div>	5	<div><div></div><div>00</div></div>
6	Add lines 2, 3, 4 and 5.....	<div><div></div><div>00</div></div>	6	<div><div></div><div>00</div></div>
7	Subtract line 6 from line 1.....	<div><div></div><div>00</div></div>	7	<div><div></div><div>00</div></div>
8	Enter all your nontaxable combat pay if you elect to include it in earned income	<div><div></div><div>00</div></div>	8	<div><div></div><div>00</div></div>
9	Add lines 7 and 8.....	<div><div></div><div>00</div></div>	9	<div><div></div><div>00</div></div>
10	Enter the amount from Schedule SE, Part 1, line 3.....	<div><div></div><div>00</div></div>	10	<div><div></div><div>00</div></div>
11	Enter any amount from Schedule SE, Part 1 line 4b and line 5a	<div><div></div><div>00</div></div>	11	<div><div></div><div>00</div></div>
12	Combine lines 10 and 11	<div><div></div><div>00</div></div>	12	<div><div></div><div>00</div></div>
13	Enter the amount from Schedule SE, Part 1, line 13.....	<div><div></div><div>00</div></div>	13	<div><div></div><div>00</div></div>
14	Subtract line 13 from line 12.....	<div><div></div><div>00</div></div>	14	<div><div></div><div>00</div></div>
15	Enter any net farm profit or (loss) from Schedule F, line 34; and Schedule K-1 (Form 1065), box 14, code A*.....	<div><div></div><div>00</div></div>	15	<div><div></div><div>00</div></div>
16	Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, Code A (other than farming)*	<div><div></div><div>00</div></div>	16	<div><div></div><div>00</div></div>
17	Combine lines 15 and 16.....	<div><div></div><div>00</div></div>	17	<div><div></div><div>00</div></div>

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part 1. Reduce the Schedule K-1 amounts as described in the Partner's instructions for Schedule K-1.

Note: For lines 15 -17, don't include any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as a result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.



Oklahoma Earned Income Credit Worksheet

Name as shown on Form 511 or Form 511-NR: DERRICK A HOWELL	Social Security Number: 440-98-2504
--	---

Part II (continued)

		<u>Tax Year 2021</u>		<u>Tax Year 2022</u>
18	Enter the amount from Schedule C, line 1, that you are filing as a statutory employee	00	18	00
19	Combine lines 9, 14, 17 and 18. This is your total earned income	00	19	00
20	If you have: <ul style="list-style-type: none"> • No qualifying children, is the amount on line 19 less than \$15,820 (\$21,710 if married filing jointly)? • One qualifying child, is the amount on line 19 less than \$41,756 (\$47,646 if married filing jointly)? • Two qualifying children, is the amount on line 19 less than \$47,440 (\$53,330 if married filing jointly)? • Three qualifying children, is the amount on line 19 less than \$50,954 (\$56,844 if married filing jointly)? If YES, continue on line 20. If NO, you can't take the credit.	<u>Tax Year 2021</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Tax Year 2022</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	
20	Look up the amount on line 19 in the EIC Table and enter the credit here.....	00	20	00
21	Enter the amount from Form 1040 or 1040-SR, line 11.....	00	21	00
22	Are the amounts on lines 19 and 21 the same? If YES, skip line 23; enter the amount from line 20 on line 24. If NO, go to line 23.	<u>Tax Year 2021</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Tax Year 2022</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	
23	If you have: <ul style="list-style-type: none"> • No qualifying children, is the amount on line 21 less than \$8,800 (\$14,700 if married filing jointly)? • One or more qualifying children, is the amount on line 21 less than \$19,350 (\$25,250 if married filing jointly)? If YES, leave line 23 blank and enter the amount from line 20 on line 24. If NO, look up the amount on line 21 in the EIC Table and enter the credit here ... Enter the smaller amount of lines 20 or 23 on line 24.	<u>Tax Year 2021</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Tax Year 2022</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	
24	Enter the larger amount of line 24 on Form 511, Schedule 511-G, line 1 or on Form 511-NR, Schedule 511-NR-F, line 1.....	00	24	00

Claim for Credit/Refund of Sales Tax



Taxpayer's Social Security Number:

440-98-2504

If died in 2022 or 2023,
enter date of death:Instructions on page 3.
Please read carefully as
an incomplete form may
delay your refund.

FORM

538-S

2022

Spouse's Social Security Number:

If died in 2022 or 2023,
enter date of death:

Taxpayer's First Name	Middle Initial	Last Name	Spouse's First Name (If a Joint Return)	Middle Initial	Last Name
DERRICK	A	HOWELL			
Mailing Address (Number and street, including apartment number, or rural route)			City	State	ZIP
408 KIOWA AVE			GERONIMO	OK	73543-9317

PART 1: TAXPAYER INFORMATION

Physical Address in 2022 (If different than shown in mailing address section):

814 WISCONSIN GERONIMO OK 73543

☐

Place an 'X' if you or your spouse have a physical disability constituting a substantial handicap to employment (submit proof)

☐

Place an 'X' if you or your spouse are 65 years of age or over

Oklahoma resident for the entire year?

☒

yes

☐

no

PART 2: DEPENDENT Note: Do not enter the taxpayer or spouse as a dependent.

1. Dependents (first name, middle initial, last name) If you have additional dependents, provide schedule.	2. Age	3. Social Security Number	4. Relationship	5. Yearly Income	EXEMPTION INFORMATION QUALIFIED EXEMPTIONS...
Darren A Howell	14	448-23-4332	SON	0	
Jaylee F Woodard	8	821-60-0770	DAUGHTER	0	B. Spouse.....
					C. Number of dependents..... 2
					D. Total exemptions claimed (add A-C)..... 3

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2022.

See "Total gross household income" definition on page 3 for examples of income.

YEARLY INCOME YOU MAY NOT ENTER NEGATIVE AMOUNTS.	
1 Enter total wages, salaries, fees, commissions, bonuses, and tips (including nontaxable income from your W-2s)	1 31920 00
2 Enter total interest and dividend income received	2 00
3 Total of all dependents' income (from Part 2, column 5).....	3 0 00
4 Social Security payments (total including Medicare)	4 00
5 Railroad Retirement benefits	5 00
6 Other pensions, annuities and IRAs	6 00
7 Alimony	7 00
8 Unemployment benefits	8 00



Name(s) Shown on Form 538-S:

DERRICK A HOWELL

Your Social Security Number:

440-98-2504

PART 3: GROSS INCOME: Enter taxable and nontaxable gross income and assistance received by ALL members of your household in the year 2022.

See "Total gross household income" definition on page 3 for examples of income.

		YEARLY INCOME YOU MAY NOT ENTER NEGATIVE AMOUNTS.	
9	Earned Income Credit (EIC) received in 2022.....	9	0 00
10	Nontaxable sources of income (specify)	10	0 00
11	Enter gross (positive) income from rentals, royalties, partnerships, estates & trusts, and gains from the sale or exchange of property (taxable & nontaxable) (provide Federal return including schedules)....	11	0 00
12	Enter gross (positive) income from business and farm (provide Federal return including schedules).....	12	0 00
13	Other income-including income of others living in your household (specify).....	13	0 00
14	Total gross household income (Add lines 1-13)	14	31920 00

If line 14 is over income limits shown in steps 2 and 3 on page 3, no credit is allowed.

PART 4: SALES TAX CREDIT COMPUTATION (For households with gross income below allowable limits, see steps 2 and 3 on page 3.)

15	Total qualified exemptions claimed in Box D on page 1	3	x \$40 (credit claimed).....	15	120 00
----	---	---	------------------------------	----	--------

DIRECT DEPOSIT OPTION: For those NOT filing a Form 511. See page 3 for Refund Information.

If you are filing a Form 511, carry the credit to Form 511, line 25.

If the OTC may discuss this return with your tax preparer, place an 'X' here:

☐

Is this refund going to or through an account that is located outside of the United States?

Yes ☐No ☐

Deposit my refund in my:

☐ Checking Account

Routing Number:

☐ Savings Account

Account Number:

Under penalty of perjury, I declare the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Taxpayer's Signature and Date	Spouse's Signature and Date
Occupation	Occupation
MANAGER	

Preparer's Signature and Date

SELF-PREPARED

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Derrick A	Last name Howell	Your social security number 440-98-2504
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 408 Kiowa Ave		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Geronimo		State OK
Foreign country name		ZIP code 735439317
Foreign province/state/county		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	Darren A	Howell	448-23-4332	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jaylee F	Woodard	821-60-0770	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 31,920.	
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h 0.	
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h	1z 31,920.	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest 2a	2b Taxable interest 2b	
	3a Qualified dividends 3a	b Ordinary dividends 3b	
	4a IRA distributions 4a	b Taxable amount 4b	
	5a Pensions and annuities 5a	b Taxable amount 5b	
	6a Social security benefits 6a	b Taxable amount 6b	
	c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>	7
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	7
	8 Other income from Schedule 1, line 10	8	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 31,920.	
	10 Adjustments to income from Schedule 1, line 26	10	
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 31,920.	
	12 Standard deduction or itemized deductions (from Schedule A)	12 12,950.	
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14 12,950.	
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 18,970.	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,072.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,072.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,072.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,072.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	2,072.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,072.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	3,680.
	28	Additional child tax credit from Schedule 8812	28	1,928.
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	5,608.	
33	Add lines 25d, 26, and 32. These are your total payments	33	7,680.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,680.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,680.
	b	Routing number 0 4 1 2 1 5 6 6 3	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number 1 3 0 2 4 3 3 2 1 4 6 7 2		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Manager	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (580) 291-6425	Email address		

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

**SCHEDULE EIC
(Form 1040)**Department of the Treasury
Internal Revenue Service**Earned Income Credit**
Qualifying Child Information**Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
Go to www.irs.gov/ScheduleEIC for the latest information.

OMB No. 1545-0074

2022Attachment
Sequence No. **43**

Name(s) shown on return

Derrick A Howell

Your social security number

440-98-2504

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

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



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

Qualifying Child Information**Child 1****Child 2****Child 3****1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name

Last name

Darren A Howell

First name

Last name

Jaylee F Woodard

First name

Last name

2 Child's SSN

The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2022 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2022 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

448-23-4332

821-60-0770

3 Child's year of birthYear 2 0 0 8*If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*Year 2 0 1 4*If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*

Year _____

*If born after 2003 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.***4a** Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?☐

Yes.

☐

No.

*Go to line 5.**Go to line 4b.*☐

Yes.

☐

No.

*Go to line 5.**Go to line 4b.*☐

Yes.

☐

No.

*Go to line 5.**Go to line 4b.***b** Was the child permanently and totally disabled during any part of 2022?☐

Yes.

☐

No.

Go to line 5.

The child is not a qualifying child.

☐

Yes.

☐

No.

Go to line 5.

The child is not a qualifying child.

☐

Yes.

☐

No.

Go to line 5.

The child is not a qualifying child.

5 Child's relationship to you

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

Son

Daughter

6 Number of months child lived with you in the United States during 2022

- If the child lived with you for more than half of 2022 but less than 7 months, enter "7."
- If the child was born or died in 2022 and your home was the child's home for more than half the time he or she was alive during 2022, enter "12."

8 months

Do not enter more than 12 months.

12 months

Do not enter more than 12 months.

 months

Do not enter more than 12 months.

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Name(s) shown on return

Derrick A Howell

Your social security number

440-98-2504

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	31,920.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	31,920.
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	4,000.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	2,072.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	2,072.

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.

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
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 1,928.
b	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b 3,000.
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17 1,928.
18a	Earned income (see instructions)	18a 31,920.
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19 29,420.
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.	20 4,413.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
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. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27 1,928.
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Premium Tax Credit (PTC)

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

Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Derrick A Howell

Your social security number

440-98-2504

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size. See instructions	1	3
2a	Modified AGI. Enter your modified AGI. See instructions	2a	31,920.
b	Enter the total of your dependents' modified AGI. See instructions	2b	
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	31,920.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	21,960.
5	Household income as a percentage of federal poverty line (see instructions)	5	145 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0.
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	0.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(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 tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	6,335.	6,670.	0.	6,670.	6,335.	6,335.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	6,335.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	6,335.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	0.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated 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	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
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