

2022

Income Tax Return

Prepared For:

YURII and KATERYNA PROKOPENKO
472 BANYON TREE CIR Apt. 104
Maitland, FL 32751
(689) 227-1913

Prepared By:

Professional Services of Kissimmee
4139 W Vine Street
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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 YURII	Last name PROKOPENKO	Your social security number 786-49-4728
If joint return, spouse's first name and middle initial KATERYNA	Last name PROKOPENKO	Spouse's social security number 793-38-0551
Home address (number and street). If you have a P.O. box, see instructions. 472 BANYON TREE CIR		Apt. no. 104
City, town, or post office. If you have a foreign address, also complete spaces below. Maitland		State FL
Foreign country name		ZIP code 32751
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 ☒ NoStandard 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 alienAge/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
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	1,053.
	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	
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	1,053.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
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.	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	701.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	1,754.
	10	Adjustments to income from Schedule 1, line 26	10	50.
	11	Subtract line 10 from line 9. This is your adjusted gross income	11	1,704.
	12	Standard deduction or itemized deductions (from Schedule A)	12	25,900.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12 and 13.	14	25,900.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

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	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	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	99.
24	Add lines 22 and 23. This is your total tax	24	99.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	132.
	28	Additional child tax credit from Schedule 8812	28	
	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	132.	
33	Add lines 25d, 26, and 32. These are your total payments	33	132.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	33.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	33.
	b	Routing number 063100277	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
Direct deposit? See instructions.	d	Account number 898137974088		
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	0.
	38	Estimated tax penalty (see instructions).	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS?		<input checked="" type="checkbox"/> Yes. Complete below.	<input type="checkbox"/> No
	See instructions			

Designee's name	OLHA BOBYLOVA	Phone no.	407-729-4861	Personal identification number (PIN)	12345
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Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions.
Keep a copy for
your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (689) 227-1913	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	OLHA BOBYLOVA	OLHA BOBYLOVA	03/25/2023	P03056906	<input checked="" type="checkbox"/> Self-employed
	Firm's name	Firm's address			Firm's EIN
	Professional Services of Kissimm	4139 W Vine Street, Kissimmee, FL, 34741			(407) 729-4861 46-4511387