

**TAXES & NOTARY BY EBONI
154 RAINBOW WAY
FAYETTEVILLE GA 30214
Office: (404) 272-1185**

**NATHANIEL COONS
426 JEFFERSON ST
GRIFFIN, GA 30223
2022 INCOME TAX RETURN**

EBONI LAMBERT
154 RAINBOW WAY
FAYETTEVILLE GA 30214
(404) 272-1185

NATHANIEL COONS
426 JEFFERSON ST
GRIFFIN GA 30223
(404) 927-3512

Preparer No.: 995
Client No. : XXX-XX-0839
Invoice Date: 01/26/2023

INVOICE

Description		Amount
PREPARATION OF 2022 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS) FORM 1040 SCHEDULE 2 (TAX) SCHEDULE C (BUSINESS PROF SCHEDULE EIC (EARNED INCO SCHEDULE SE (SELF-EMPLOYM FORM W-2 (WAGES AND TAX) (2) FORM 1099-NEC (NONEMPLOYEE COMPENSATION) FORM 8879 (E-FILE SIGNATU FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION - SIMPLIFIED) FORM 8812 (ADD. CHILD TAX FORM 8867 (EIC CHECKLIST) GA STATE RESIDENT RETURN		
These are charges for services rendered and do not include any Bank fees.	Total Invoice	\$25.00
	Amount Paid	\$0.00
	Balance Due	\$25.00

TAX YEAR: 2022
OFFICE : GA Office

PROCESS DATE: 01/26/2023

CLIENT : 253-57-0839 NATHANIEL COONS

BIRTH DATE : 02/09/1987 Age:35

ADDRESS : 426 JEFFERSON ST
: GRIFFIN GA 30223

PREPARER : 995

Home : (404) 927-3512

PREPARER FEE : 25.00

Work :

ELECTRONIC :

Cell :

TOTAL FEES : 25.00

STATUS : SINGLE

FED TYPE:

ST TYPE : Electronic Mail

EFFECTIVE RATE: 98.83%

E-MAIL : nathanielcoons64@gmail.com

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
JONATHAN MACK	10/01/2016	6	009-29-3905	SON	12
KASHON COONS	05/09/2022	0	801-30-0057	SON	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 2 (ADDITIONAL TAXES)
FORM W-2
FORM 1099-NEC (NONEMPLOYEE COMPENSATION)
SCHEDULE C (BUSINESS INCOME)
SCHEDULE EIC (EARNED INCOME CREDIT)
SCHEDULE SE (SELF EMPLOYMENT TAX)
CHILD TAX CREDIT WORKSHEET
FORM 8812 (ADDITIONAL CHILD TAX CREDIT)
FORM 8867 (DUE DILIGENCE CHECKLIST)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)
GA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	GA RESIDENT
FILING STATUS	1	1
TOTAL INCOME	16394	0
TOTAL ADJUSTMENTS	976	0
ADJUSTED GROSS INCOME	15418	15418
DEDUCTIONS	12950	5400
EXEMPTIONS	0	8700
TAXABLE INCOME	1974	1318
TAX	196	19
CREDITS	196	0
OTHER TAXES	1951	0
PAYMENTS	8102	19
REFUND	6151	0
AMOUNT DUE	0	0
EARNED INCOME CREDIT	6164	0

CLIENT : NATHANIEL COONS

253-57-0839

PREPARER : 995 DATE : 01/26/2023

* W-2 INCOME FORMS SUMMARY *

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T	SHAWMUT SERVICES LL	700	0	43	10	0
2.	T	LEAN RESOURCES & PA	1890	0	117	27	19 GA
		TOTALS.....	2590	0	160	37	19

* 1099-MISC/1099-NEC INCOME FORMS SUMMARY *

	[T/S]	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPLOYEE COMPENSATION
1.	T	TAXES & NOTARY BY EBONI	0	0	0	0	20000
		TOTALS.....	0	0	0	0	20000

		a Employee's social security number 253-57-0839		OMB No. 1545-0008	
b Employer identification number (EIN) 87-1935785			1 Wages, tips, other compensation 700		2 Federal income tax withheld
c Employer's name, address, and ZIP code SHAWMUT SERVICES LLC 90 CANAL ST STE4 BOSTON MA 02114			3 Social security wages 700		4 Social security tax withheld 43
			5 Medicare wages and tips 700		6 Medicare tax withheld 10
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. NATHANIEL COONS 426 JEFFERSON ST GRIFFIN GA 30223			11 Nonqualified plans		12a C o d e
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e
			14 Other		12c C o d e
					12d C o d e
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury — Internal Revenue Service

		a Employee's social security number 253-57-0839		OMB No. 1545-0008	
b Employer identification number (EIN) 81-4030645			1 Wages, tips, other compensation 1890		2 Federal income tax withheld
c Employer's name, address, and ZIP code LEAN RESOURCES & PARTNERS 5284 FLOYD RD FLOVILLA GA 30216			3 Social security wages 1890		4 Social security tax withheld 117
			5 Medicare wages and tips 1890		6 Medicare tax withheld 27
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. NATHANIEL COONS 426 JEFFERSON ST GRIFFIN GA 30223			11 Nonqualified plans		12a C o d e
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e
			14 Other		12c C o d e
					12d C o d e
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
GA	3263253-FT	1890	19		20 Locality name

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury — Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TAXES & NOTARY BY EBONI 154 RAINBOW WAY FAYETTEVILLE GA 30214		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>22</u>		Nonemployee Compensation
PAYER'S TIN 85-0561248	RECIPIENT'S TIN 253-57-0839	1 Nonemployee compensation \$ 20000		
RECIPIENT'S name NATHANIEL COONS Street address (including apt. no.) 426 JEFFERSON ST City or town, state or province, country, and ZIP or foreign postal code GRIFFIN GA 30223		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3 <input type="checkbox"/>		
Account number (see instructions)		4 Federal income tax withheld \$		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 State tax withheld \$	6 State/Payer's state no. \$	
		7 State income \$		

Form **1099-NEC** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ►

Taxpayer's name NATHANIEL COONS	Social security number 253-57-0839
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	15418
2	Total tax	2	1951
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	6151
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize EBONI LAMBERT to enter or generate my PIN

1	0	8	3	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
 Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 01/26/2023**Spouse's PIN: check one box only**

- ☐ I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
 Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	7	7	0	2	8	3	1	9	8	8
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ► E O N I L A M B E R T Date ► 01/26/2023

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

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 NATHANIEL	Last name COONS	Your social security number 253-57-0839
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. 426 JEFFERSON ST		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. GRIFFIN		State GA
Foreign country name		ZIP code 30223
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"/>	JONATHAN	MACK	009-29-3905	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	KASHON	COONS	801-30-0057	SON	<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 2590
	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 2590
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 13804
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 16394
	10 Adjustments to income from Schedule 1, line 26	10 976
	11 Subtract line 10 from line 9. This is your adjusted gross income	11 15418
	12 Standard deduction or itemized deductions (from Schedule A)	12 12950
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13 494
	14 Add lines 12 and 13	14 13444
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 1974

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	196
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	196
	19	Child tax credit or credit for other dependents from Schedule 8812	19	196
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	196
	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	1951
24	Add lines 22 and 23. This is your total tax	24	1951	

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	6164
	28	Additional child tax credit from Schedule 8812	28	1938
	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	8102	
33	Add lines 25d, 26, and 32. These are your total payments	33	8102	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6151
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6151
	b	Routing number 061000227 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 7057120318		
	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 checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)
	EBONI LAMBERT	404-272-1185	31988

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.)
		01/26/23	SECURITY GUARD	
	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. (404) 927-3512	Email address	nathanielcoons64@gmail.com	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	EBONI LAMBERT		01/26/23	P02196877	<input checked="" type="checkbox"/> Self-employed
	Firm's name	TAXES & NOTARY BY EBONI			Phone no. 404-272-1185
	Firm's address	154 RAINBOW WAY FAYETTEVILLE GA 30214			Firm's EIN 85-0561248

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

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

Your social security number

NATHANIEL COONS

253-57-0839

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	13804
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	13804

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

Schedule 1 (Form 1040) 2022

QNA

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	976
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	976

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
NATHANIEL COONS**Your social security number**
253-57-0839**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1951
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2022

QNA

Part II Other Taxes *(continued)*

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

1951

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

NATHANIEL COONS

Your social security number

253-57-0839

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1**
- 2 Enter amount from Form 1040 or 1040-SR, line 11 **2**
- 3 Multiply line 2 by 7.5% (0.075) **3**
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5 State and local taxes.
- a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐
- b State and local real estate taxes (see instructions)
- c State and local personal property taxes
- d Add lines 5a through 5c
- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)
- 6 Other taxes. List type and amount: _____
- 7 Add lines 5e and 6

5a 19

5b

5c

5d 19

5e 19

6

7 19

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a Home mortgage interest and points reported to you on Form 1098. See instructions if limited
- b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address
- c Points not reported to you on Form 1098. See instructions for special rules
- d Reserved for future use
- e Add lines 8a through 8c
- 9 Investment interest. Attach Form 4952 if required. See instructions .
- 10 Add lines 8e and 9

8a

8b

8c

8d

8e

9

10

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions
- 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500.
- 13 Carryover from prior year
- 14 Add lines 11 through 13

11

12

13

14

**Casualty and
Theft Losses**

- 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions

15**Other
Itemized
Deductions**

- 16 Other—from list in instructions. List type and amount: _____

16**Total
Itemized
Deductions**

- 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12
- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

17

19

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

QNA

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **09**

Name of proprietor NATHANIEL COONS		Link: 1000	Social security number (SSN) 253-57-0839
A	Principal business or profession, including product or service (see instructions) INVESTIGATION	B Enter code from instructions 5 6 1 6 0 0	
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E	Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F	Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G	Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H	If you started or acquired this business during 2022, check here <input type="checkbox"/>		
I	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J	If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	20000
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	20000
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	20000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	20000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	450	18	Office expense (see instructions)	18	408
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	291
15	Insurance (other than health)	15	1338	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1367
b	Other	16b		b	Deductible meals (see instructions)	24b	2342
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			28		28	6196
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			29		29	13804
				30		30	
				31		31	13804

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2022

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2022
Attachment
Sequence No. **17**

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

Social security number of person
with **self-employment** income

NATHANIEL COONS

253-57-0839

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 13804

3 Combine lines 1a, 1b, and 2 **3** 13804

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 12748

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 12748

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

6 Add lines 4c and 5b **6** 12748

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022 **7** 147,000

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11 **8a** 2590

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 2590

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 144410

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1581

11 Multiply line 6 by 2.9% (0.029) **11** 370

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 1951

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 976

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,060, **or (b)** your net farm profits² were less than \$6,540.

14 Maximum income for optional methods **14** 6,040

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) **or** \$6,040. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,540 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**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

NATHANIEL COONS

Your social security number

253-57-0839

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.	KASHON	COONS	JONATHAN	MACK		
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.	801-30-0057		009-29-3905			
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>2</u> <u>2</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>6</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. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<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. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<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		SON			
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."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

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

Schedule EIC (Form 1040) 2022

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

NATHANIEL COONS

Your social security number

253-57-0839

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	15418
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	
3	Add lines 1 and 2d	3	15418
4	Number of qualifying children under age 17 with the required social security number	4	2
5	Multiply line 4 by \$2,000	5	4000
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	
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	4000
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	200000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	
11	Multiply line 10 by 5% (0.05)	11	
12	Is the amount on line 8 more than the amount on line 11?	12	4000
<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	196
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	196

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

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

Schedule 8812 (Form 1040) 2022

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 3804
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 3000
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 3000
18a	Earned income (see instructions)	18a 15418
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 12918
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 1938

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 1938
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**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2022**Attachment
Sequence No. **55**

Name(s) shown on return

NATHANIEL COONS

Your taxpayer identification number

253-57-0839

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	INVESTIGATION	253-57-0839	12828
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	12828	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	12828	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		2566
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		2566
11	Taxable income before qualified business income deduction (see instructions)	11	2468	
12	Net capital gain (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	2468	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		494
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15		494
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

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

Form **8995** (2022)

QNA

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

OMB No. 1545-0074

For tax year
20 22Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

NATHANIEL COONS

Preparer's name

EBONI LAMBERT

Taxpayer identification number

253-57-0839

Preparer tax identification number

P02196877

Part I Due Diligence RequirementsPlease check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☒ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

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

For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (Rev. 11-2022)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

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

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

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Credit Limit Worksheet A

1.

Enter the amount from line 18 of your Form 1040, 1040-SR, or 1040-NR.

1

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2.

Add the following amounts (if applicable) from:

Schedule 3, line 1

Schedule 3, line 2

Schedule 3, line 3

Schedule 3, line 4

Schedule 3, line 6d

Schedule 3, line 6e

Schedule 3, line 6f

Schedule 3, line 6l

Form 5695, line 30

2

Enter the total.

3.

Subtract line 2 from line 1.

3

196

Complete the Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.

a. Mortgage interest credit, Form 8396.

b. Adoption credit, Form 8839.

c. Residential clean energy credit, Form 5695, Part I.

d. District of Columbia first-time homebuyer credit, Form 8859.

2. You are not filing Form 2555.

3. Line 4 of Schedule 8812 is more than zero.

4.

If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet B.

4

5.

Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13.

5

196

Dependent Information:

Name....: JONATHAN MACK
SSN.....: 009-29-3905 Relationship.....: SON
Student.: NO School Attended...:
Disabled: NO Type of Disability:
Notes...:

Dependent Information:

Name....: KASHON COONS
SSN.....: 801-30-0057 Relationship.....: SON
Student.: NO School Attended...:
Disabled: NO Type of Disability:
Notes...:

Due Diligence Notes:

Paid Preparer's Earned Income Credit Checklist

DO NOT MAIL

Taxpayer name(s) shown on return
NATHANIEL COONS

Taxpayer's social security number
253-57-0839

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

Part I All Taxpayers

1 Enter preparer's name and PTIN ► EBONI LAMBERT P02196877

2 Is the taxpayer's filing status married filing separately? ☐ Yes ☒ No

► If you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering ☒ Yes ☐ No

► If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)? ☐ Yes ☒ No

► If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2022? ☐ Yes ☒ No

► If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? ☐ Yes ☐ No

► If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

6 Is the taxpayer's **investment income** more than \$3,600? See the instructions before answering. ☐ Yes ☒ No

► If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

7 Could the taxpayer be a **qualifying child** of another person for 2022? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see instructions before answering ☐ Yes ☒ No

► If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Part II Taxpayers With a Child

Caution: If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name	KASHON COONS	JONATHAN MACK	
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Was the child unmarried at the end of 2022 ? If the child was married at the end of 2022 , see the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of 2022 ? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2022)— • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? ▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Do you or the taxpayer know of another person who could check "Yes" on lines 9, 10, 11, and 12 for the child? (If the only other person is the taxpayer's spouse, see the instructions before answering.) ▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering ▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? See the instructions before answering ▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2022 ? See instructions ▶ If you checked "No" on line 15, stop ; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Note: If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children).			

Worksheet **A**—2022 EIC—Line 27

Keep for Your Records



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


Part 1**All Filers Using Worksheet A**

1. Enter your earned income from Step 5.

1	
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2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN as defined earlier. Enter the credit here.

2	
----------	--

If line 2 is zero,  You can't take the credit.
Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

3. Enter the amount from Form 1040 or 1040-SR, line 11.

3	
----------	--

4. Are the amounts on lines 3 and 1 the same?

- ☐ **Yes.** Skip line 5; enter the amount from line 2 on line 6.
- ☐ **No.** Go to line 5.

Part 2**Filers Who Answered “No” on Line 4**

5. If you have:

- No qualifying children who have a valid SSN, is the amount on line 3 less than \$9,200 (\$15,300 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$20,150 (\$26,300 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

☐ **No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.
Look at the amounts on lines 5 and 2.
Then, enter the **smaller** amount on line 6.

5	
----------	--

Part 3**Your Earned Income Credit**

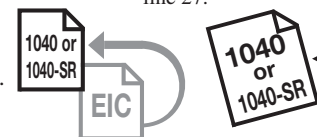
6. **This is your earned income credit.**

6	
----------	--

Enter this amount on Form 1040 or 1040-SR, line 27.

Reminder—

- ✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, *earlier*, to find out if you must file Form 8862 to take the credit for 2022.

Worksheet **B**—2022 EIC—Line 27

Keep for Your Records



Use this worksheet if you answered “Yes” to Step 5, question 2.

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

Part 1
**Self-Employed,
Members of the
Clergy, and
People With
Church Employee
Income Filing
Schedule SE**

1a. Enter the amount from Schedule SE, Part I, line 3.

1a	13804
+ 1b	
= 1c	13804
− 1d	976
= 1e	12828

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Part I, line 13.

e. Subtract line 1d from line 1c.

Part 2
**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

c. Combine lines 2a and 2b.

2a	
+ 2b	
= 2c	

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3
**Statutory Employees
Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
---	--

Part 4
**All Filers Using
Worksheet B**


Note. If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.

4a. Enter your earned income from Step 5.

4a	2590
----	------

b. Combine lines 1e, 2c, 3, and 4a. **This is your total earned income.**

4b	15418
----	-------

If line 4b is zero or less,  You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

5. If you have:

- 3 or more qualifying children who have valid SSNs, is line 4b less than \$53,057 (\$59,187 if married filing jointly)?
- 2 qualifying children who have valid SSNs, is line 4b less than \$49,399 (\$55,529 if married filing jointly)?
- 1 qualifying child who has a valid SSN, is line 4b less than \$43,492 (\$49,622 if married filing jointly)?
- No qualifying children who have valid SSNs, is line 4b less than \$16,480 (\$22,610 if married filing jointly)?

☒ **Yes.** If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.

☐ **No.**  You can’t take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

Worksheet **B**—2022 EIC—Line 27—Continued

Keep for Your Records

**Part 5****All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b.

6 15418

7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.

7 6164

If line 7 is zero,  You can't take the credit.

Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

8. Enter the amount from Form 1040 or 1040-SR, line 11.

8 15418

9. Are the amounts on lines 8 and 6 the same?

☒ **Yes.** Skip line 10; enter the amount from line 7 on line 11.☐ **No.** Go to line 10.**Part 6****Filers Who Answered "No" on Line 9**

10. If you have:

- No qualifying children who have a valid SSN, is the amount on line 8 less than \$9,200 (\$15,300 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 8 less than \$20,150 (\$26,300 if married filing jointly)?

☐ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.

☐ **No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here.
Look at the amounts on lines 10 and 7.
Then, enter the **smaller** amount on line 11.

10

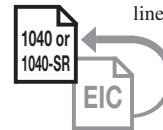
Part 7**Your Earned Income Credit**

11. This is your earned income credit.

11 6164

Reminder—

- ✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on Form 1040 or 1040-SR, line 27.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2022.

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

**** SUPPORTING NOTES FOR SCHEDULE C

253-57-0839

NATHANIEL COONS

Schedule of Advertising:

<u>Description</u>	<u>Amount</u>
WEBSITE AND FLYERS	450
Total Advertising:	<u>450</u>

Schedule of Insurance (other than health):

<u>Description</u>	<u>Amount</u>
CAR INSURANCE	1,338
Total Insurance (other than health):	<u>1,338</u>

Schedule of Office Expense:

<u>Description</u>	<u>Amount</u>
PHONE BILL	408
Total Office Expense:	<u>408</u>

PATHWARD, N.A., REFUND DISBURSEMENT SERVICE DISCLOSURES

PLEASE READ THIS IMPORTANT INFORMATION BEFORE SIGNING THE APPLICATION

If you are owed a federal tax refund, you have the right to choose how you will receive the refund. There are several options available to you. Some options are free. The Tax Refund Disbursement Service Option is not a free option, and the fees are outlined below.

You can file your tax return electronically or by paper and obtain your refund directly from the IRS for free. The IRS can send your refund either by check mailed directly to you by U.S. Mail, or by direct deposit to your bank/credit union account. Options available to you to receive your refund directly from the IRS include:

Filing Method	Disbursement	Estimated Availability of Funds *	Tax Preparation Fees
Paper Return	IRS Issued Check	6 months or more	You Pay Preparer Directly
Paper Return	IRS Direct Deposit	6 months or more	You Pay Preparer Directly
E-File	IRS Issued Check	21 to 28 days	You Pay Preparer Directly
E-File	IRS Direct Deposit	Less than 21 days	You Pay Preparer Directly

*The estimates shown above are from the IRS and do not include any additional time that may be required for your bank to make the funds available to you after the refund is deposited to your account, or for IRS mail delivery. Taxpayers who claim the Earned Income Tax Credit or the Additional Child Tax Credit may experience a refund hold.

You may also file your state tax return and obtain your refund directly from the State taxing authority for free.

You can file your federal or state tax return electronically and obtain your refund through the Refund Disbursement Service provided by Pathward, National Association (hereinafter referred to as “we,” “us,” and “our”) for a fee. If you choose to receive your refund through our Refund Disbursement Service (the “Disbursement Service” or “Service”), your tax refund will be sent by the government to a temporary special purpose deposit account with us, from which we will send you the refund amount after we have made all deductions authorized by you. The table below contains information about the Service:

Filing Method	Disbursement Options Available	IRS Estimated Availability of Funds	Tax Preparation Fees and other Authorized Disbursements
E-File	Check, Direct Deposit*, Prepaid Card**	Less than 21 days	Paid from Refund Proceeds

*Please allow additional time for direct deposit processing at your bank. ** Check with your Tax Preparer for availability.*

Fees related to the Service: If you decide to use our Service, fees vary based upon the disbursement option you select. These options and fees are set out in the chart below. A 1st refund disbursement fee is charged if you receive just one tax refund (whether federal or state). Additional disbursement fees are charged for all deposits received after the 1st Refund. If you use our Service, the disbursement fees charged will be deducted from the tax refund proceeds you receive and can reduce the amount you can expect from your tax refund.

Disbursement Options and Costs (Fees vary)	Disbursement Fees
New FasterMoney® Discover Prepaid Card (obtained from your Tax Preparer). Refund Disbursement Fees apply. No fees for Refund Advance Loan disbursements. No in-network ATM fees when receiving Refund Advance Loan disbursement on card. No monthly fees for the first 30 days after issuance. Card will be issued to Primary Applicant in the case of a joint return. See Cardholder Agreement for complete details, including all other fees, related to use of the prepaid card.	1 st Deposit: \$39.95 Other Deposits: \$14.00
Paper Check. By selecting the paper check option, you authorize and direct us to issue a check payable to you and deliver it to your Tax Preparer or to your address. If you present your paper check for payment after December 31, 2023, or more than 90 days from its issue date, the funds will no longer be valid and may result in additional fees imposed by your bank.	1 st Deposit: \$39.95 Other Deposits: \$14.00
ACH Credit (direct deposit) to existing bank account or other prepaid card. Refund Advance Loan disbursements not available. Rejected disbursements will be disbursed via paper check and the paper check fees will apply. By selecting the option for an ACH credit (direct deposit) to an existing bank account, you authorize Pathward as of the date you sign this Agreement (defined below) to initiate a one-time ACH debit from the personal bank account designated in this Agreement if (i) your federal and state refund proceeds are not sufficient to cover the amount of fees and charges for products or services set forth in this Agreement or your refund proceeds are delayed, and (ii) your Tax Preparer (defined below) has not opted out of this option or has not opted you, specifically, out of this option. This authorized debit will cover such fees as tax preparation, document preparation, and electronic filing fees. You may also cancel this one-time ACH debit by notifying Pathward at least three (3) business days prior to the date that your account is scheduled to be debited, which will be 04/27/2023 if that date is a Friday or, if that date is not a Friday, the Friday immediately thereafter, by writing to us at: 5501 S. Broadband Lane, Sioux Falls, SD 57108. If you have questions or concerns, please contact Pathward at 888-782-0860.	1 st Deposit: \$39.95 Other Deposits: \$14.00

Other important information:

- No one can guarantee whether, when or in what amount a tax refund will be issued. Neither the IRS nor state revenue departments guarantees a specific date that a tax refund will be received by mail or deposited to a bank account, whether or not you use this Service.
- The use of our Service will not provide a speedier payment of your refund than you can obtain for yourself through electronic filing and requesting the direct deposit to your own bank or credit union account.
- If you are receiving a refund, note that decreasing your tax withholdings in a future year could increase your net pay amount (take-home pay). Consult with tax advisor for tax planning advice.
- For other low-cost deposit accounts and prepaid cards offered by Pathward, N.A., visit: www.myfastermoney.com
- Once your tax return is filed, you may visit <https://www.irs.gov/> and click on 'Get Your Refund Status' to learn information about the processing of your refund.

REFUND DISBURSEMENT SERVICE APPLICATION AND AGREEMENT

1. **Parties.** In this Refund Disbursement Service Application ("**Application**"), as well as the attached Refund Disbursement Agreement ("**Agreement**" or collectively the "**Application and Agreement**"), the terms "**you**" and "**your**" mean the person signing as the "**Applicant**" (or, if a joint return is being filed, both "**Primary Applicant**" and "**Joint Applicant**"). The terms "**Pathward**" "**we**," "**us**," and "**our**" mean Pathward, National Association.

2. **REFUND DISBURSEMENT SERVICE.** You authorize us (i) to set up a "TEMPORARY SPECIAL PURPOSE DEPOSIT BANK ACCOUNT" (the "**Account**") for you to receive a direct deposit of your tax refund(s) as well as any and all funds sent to us for disbursement from the Internal Revenue Service ("**IRS**") and/or state taxing authorities ("**Tax Refund(s)**"); (ii) to hold the Tax Refund(s) proceeds temporarily in escrow in the Account for the disbursements authorized herein; and (iii) to disburse all fees and charges, including but not limited to any Refund Disbursement Fees and tax preparation fees, and other authorized amounts (the "**Refund Disbursement Service**" or "**Service**").

3. **DEPOSITS AND AUTHORIZED DISTRIBUTIONS FROM ACCOUNT.** You agree the Account will be set up to receive the electronic direct deposit of your federal and/or state Tax Refund(s). You authorize us to distribute first from the Account all authorized deductions itemized below (including fees owing to us) and amounts owing to third parties, with the remaining balance of your Tax Refund(s), if any, to be distributed to you as directed herein. Furthermore, we will hold your Tax Refund(s) in this Account solely for your benefit and only until your Tax Refund(s) have been fully disbursed, and thereafter we will terminate and close the account. You cannot make any deposits into the Account other than your Tax Refunds. You cannot make any withdrawals from this Account except as authorized herein or take any other action with respect to the Account. The Account is non-interest bearing so you will receive no interest on funds (your Tax Refund proceeds) held in the Account.

4. **RECEIPT AND APPLICATION OF TAX REFUND(S).** You authorize your Tax Preparer (as defined below) to direct the IRS (and state taxing authority, if applicable) to disburse your Tax Refund(s) for the 2022 tax year electronically to the Account by direct deposit. You authorize Tax Preparer to submit this Application to us on your behalf. You appoint us as your agent for all purposes necessary to carrying out the Service. You acknowledge that your refund may be delayed if you have claimed the Earned Income Tax Credit or the Additional Child Tax Credit, and it may be delayed or returned to the IRS if fraud or identity theft is suspected.

5. **DISBURSEMENT OPTIONS.** After disbursing the authorized deductions itemized below (including remitting fees and loan payments, if any, owing to us) and amounts owing to third parties, the remaining balance of your Tax Refund(s) will be disbursed to you via prepaid card, paper check, or direct deposit, as you direct. **Please review the Disbursement Options listed above carefully as the fees associated with Tax Refund(s) disbursements vary depending on the option you select. You may select the option in which you wish to receive the proceeds, if any, owing to you.** If information we receive from you or your representative relating to your chosen disbursement option, such as address or bank account information, is inaccurate or incorrect, you will be responsible for any loss as a consequence of any check or funds transfer made using such erroneous information. In addition, if any transfer is rejected by your financial institution, or if a transfer cannot be accomplished for any other reason, then we will deliver the proceeds owing to you by paper check, and the applicable disbursement fees for "Paper Check" will apply.

6. **USE AND DISCLOSURE OF TAX RETURN INFORMATION.** You authorize us to use your 2022 tax return and refund information to offer the Services. You authorize us to share your 2022 tax return and refund information with (i) your Tax Preparer, (ii) any applicable service bureau, transmitter, and third parties involved in the Service, and/or (iii) others (including governmental entities) as necessary for the Service and to detect or report suspicious or fraudulent tax returns and/or possible fraudulent activity, as permitted by law. You authorize us to provide your Tax Preparer and any applicable service bureau and/or transmitter information regarding the Account and to perform any actions they deem necessary to verify the accuracy of information contained in this Agreement. You agree we may submit inquiries to the IRS and or state taxing authorities to check on the status of your Tax Refund(s). You may not revoke any of the foregoing authorizations except as permitted by applicable law. You may authorize us to share information with certain of our affiliates and non-affiliates by your separate agreement. **For further information about our privacy policies, see the Privacy Policy at the end of this Agreement.**

7. **ACKNOWLEDGEMENT REGARDING TAX PREPARER.** You acknowledge you are receiving and submitting your Application and Agreement to an independent third party authorized to prepare your tax returns (your "**Tax Preparer**"). You have the right to complete and submit your own tax return(s) to the IRS (or state taxing authority) without the use of this Service or without the use of a Tax Preparer. If you elect to use the Service, only returns transmitted to us by a Tax Preparer acceptable to us will be eligible for the Service. Your Tax Preparer is solely responsible for preparing and/or filing your tax returns, and you affirm that you have chosen the Tax Preparer for your own reasons and/or convenience, without our recommendation or endorsement. We will not verify the Tax Preparer's returns for accuracy, compliance, completeness or filing errors. You agree that your Tax Preparer (i) is fully authorized to act as your agent for all purposes necessary to effect the purpose of this Agreement, (ii) has so acted as your agent in connection with the completion and transmission of this Agreement to us, (iii) is acting as your agent to arrange and/or accept delivery of your Paper Check(s) or Prepaid Card as selected by you under this Application and Agreement, if any. You authorize us to rely upon information communicated on your behalf by the Tax Preparer. You absolve and will not hold us liable if your Tax Preparer (i) negligently or intentionally fails to give us accurate information about you, (ii) makes a mistake in the preparing of your tax return(s) or makes any other error or omission in submitting the same for filing, or (iii) fails to deliver a Paper Check or Prepaid Card to you. You also agree that if we are legally required to give you any specific notices or disclosures, we may deliver such information to your Tax Preparer as your agent.

8. **QUESTIONS AND CONCERNS.** If you have a question regarding the Account or Service, or believe an unauthorized transaction has been made, contact us IMMEDIATELY by telephone at 888-782-0860, or write to 5501 S. Broadband Lane, Sioux Falls, SD 57108 ("**Notice Address**"). Please include your name and account number, and a brief description of the issue, including the amount and date of the transaction in question. We will investigate your question or your claim. You agree to cooperate with us. If you do not contact us within a reasonable time, it may affect our ability to help.

9. **MISCELLANEOUS.** No one can, and we do not, guarantee the amount of your Tax Refund(s), if any, or the date on which any such amount may be received. Furthermore, you understand that your requests made in the Application and Agreement may be denied for any reason. By signing this Application and Agreement, you agree that we may assign, sell, or transfer all or part of our rights arising under this Agreement, in whole or in part, to a third party or to an affiliate. You may not assign your rights and responsibilities under this Agreement. You agree that any document completed and/or signed by you that is sent to us by facsimile or electronic means will be valid and binding as the original of the document in question. This Agreement shall be governed by the laws of the State of South Dakota and applicable federal laws; except that the **Arbitration Provision** and **Jury Trial Waiver Provision** set forth below shall be governed solely by federal law. The provisions of this Agreement, including but not limited to the Arbitration Provision, shall survive the termination or assignment of this Agreement and/or the completion of the transactions contemplated herein, including the disbursement to you of your net Tax Refund proceeds and/or the filing for protection of the bankruptcy courts by any party to this Agreement. Except as set forth in the Arbitration Provision, if any provision of this Application and Agreement is deemed invalid or prohibited by applicable law, such provision shall be ineffective to the extent of such invalidity or prohibition; but the remainder of such provisions or the remaining provisions of this Agreement will remain enforceable. Any headings or captions are intended solely for convenience or reference purposes and shall not constitute part of this Agreement.

10. **LIABILITY RELEASE AND DAMAGE LIMITATION.** By signing this Application and Agreement, you agree that we are not responsible to reimburse you for any payment or disbursement which is made by us in accordance with this Agreement, and you hereby release us from any such liability for having made such payment or disbursement. You agree that we are not liable or responsible to you or joint recipients of your Tax Refund(s), for (i) a taxing authority's failure to make a Tax Refund payment or disburse a Tax Refund in a complete or timely fashion, (ii) a taxing authority's allowance of an off-set against your Tax Refund(s), or paying your Tax Refund(s) to an improper taxpayer or account, or (iii) a Tax Preparer's acts, errors or omission of in (a) preparing and/or filing your return, (b) handling or delivering of any check or Prepaid Card as required herein, or (c) complying with its duties under this Agreement. Subject to the foregoing, we will not be liable to you under the Agreement or Service, except for our own and unilateral failure to exercise ordinary care in carrying out the Service and except for violations of law where you are granted a private right of action by the controlling law. We shall not be in violation of the obligation of "ordinary care" by a mistake in fact or judgment based upon our honesty-in-fact reasoned belief and conduct. You further agree that clerical error, inadvertence or oversight, absent proven willful intent, will not be oppression, fraud or malice or a wrongful, intentional or grossly negligent act, error or omission. If we are found to have breached this Agreement or otherwise acted negligently with respect to the Service, you will be entitled to recover your direct losses and damages; but in no event will you be entitled to recover from us any indirect, consequential, punitive, reliance, exemplary or special damages, including but not limited to attorney fees or court costs, even if the same damage(s) were reasonably foreseeable or we had been advised in advance by you of same. We will not be liable for physical or legal circumstances beyond our control (such as fire, flood, intervening conduct of others, etc.), or for delay that results if the contemplated disbursements to you are delayed because of defect or interruption of any system associated with the transfer.

DO NOT SIGN THIS AGREEMENT UNTIL YOU READ ALL OF THE TERMS (INCLUDING THE ARBITRATION PROVISION) AND THE APPLICATION FOLLOWING THIS AGREEMENT. THE SERVICE IS COMPLETELY OPTIONAL, NOT REQUIRED IN ORDER TO FILE YOUR TAXES OR RECEIVE A TAX REFUND, AND PROVIDED IN EXCHANGE FOR YOU PAYING A FEE. CALL (888) 782-0860 IF YOU STILL HAVE QUESTIONS ABOUT THE APPLICATION AND AGREEMENT.

11. **ARBITRATION PROVISION.** By signing this Application and Agreement, you agree to this Arbitration Provision, which will have a substantial impact on how legal claims among you, us and certain related parties are resolved. In arbitration, a neutral third-party Arbitrator resolves Disputes in a private informal hearing, **without a judge or a jury**. Pre-hearing fact finding is limited. Appeals are limited.

THIS ARBITRATION PROVISION AND THE JURY TRIAL WAIVER SET FORTH BELOW DO NOT APPLY IF, AS OF THE DATE OF THIS AGREEMENT, YOU ARE A MEMBER OF THE ARMED FORCES OR A DEPENDENT OF SUCH MEMBER COVERED BY THE FEDERAL MILITARY LENDING ACT.

Right to Opt Out. If you do not want this Arbitration Provision to apply, send a written (not electronic) notice to our Notice Address within 60 calendar days after your first disbursement. Include your name, address and Social Security Number and state that you opt out of the Arbitration Provision. These procedures must be followed to opt out. Opting out will not affect any other provisions of this Agreement.

This Arbitration Provision governs you, us and "Related Parties": (1) our parents, subsidiaries, affiliates, and their successors and assigns; (2) our employees, directors, officers, shareholders, members and representatives; and (3) any person or entity that is involved in a Dispute you pursue at the same time you pursue a related Dispute with us.

"Disputes" broadly includes all claims, disputes or controversies, whether past, present or future, which arise from or relate to your Application, this Agreement, the Service or the relationships resulting therefrom, including claims based on constitution, statute, regulation, ordinance, contracts, torts, negligence, fraud or other intentional wrongs and equity. It includes data breach claims and claims related to the validity in general of this Agreement. However, disputes about the validity, coverage or scope of this Arbitration Provision or any part thereof are for a court (not an Arbitrator) to decide. Moreover, small claims court actions by you, us or a Related Party are not subject to arbitration, unless they are transferred, removed or appealed to a different court.

Administration. Arbitrations are conducted by, and under the applicable rules of, either the American Arbitration Association ("AAA"), 120 Broadway, 21st Floor, New York, NY 10071, www.adr.org; JAMS, 620 Eighth Avenue, 34th Floor, New York, NY 10018, www.jamsadr.com; or any other administrator agreed to by the parties. If none of these options is available, a court with jurisdiction will pick the administrator or arbitrator, who must abide by the terms of this Arbitration Provision. The Arbitrator must be a lawyer with at least ten years of experience or a retired judge unless you and we otherwise agree. The AAA and JAMS Rules explain how to start an arbitration.

Election. If a party asserts a Dispute in court and the other party elects arbitration, the Dispute shall be arbitrated. Even if all parties have opted to litigate a Dispute in court, you, we or a Related Party may elect arbitration with respect to any Dispute made by a new party or any Dispute later asserted by a party in that lawsuit or in any related or unrelated lawsuit (including a Dispute initially asserted on an individual basis but modified to be asserted on a class, representative, or multi-party basis), without waiving any rights under this Arbitration Provision.

Class Action Waiver. If a Dispute is arbitrated, no party will have the right: (a) to participate in a class action, private attorney general action or other representative action in court or in arbitration, either as a class representative or class member; or (b) to join or consolidate Disputes with Disputes of any other persons or entities. No Arbitrator shall have authority to conduct any arbitration in violation of this provision or to issue any relief that applies to any person or entity other than you, us and/or Related Parties individually.

Governing Law. The Federal Arbitration Act ("FAA") governs this Arbitration Provision. The Arbitrator must follow applicable substantive law, consistent with the FAA, and honor statutes of limitation and privilege rights. The arbitrator may award any damages or other relief that would apply under applicable law to an individual action brought in court, including, without limitation, punitive damages (governed by Constitutional standards employed by courts) and injunctive, equitable and declaratory relief (but only in favor of the individual party seeking relief and only to the extent necessary to provide relief warranted by that party's individual claim). In the event of any conflict or inconsistency between this Arbitration Provision and the administrator's rules or the Agreement, this Arbitration Provision will govern.

Costs, Hearing, Award. We will pay all filing, administrative, hearing and Arbitrator fees if you act in good faith, cannot get a waiver of such fees, and ask us to pay. If you win an arbitration, we will pay the reasonable fees and costs for your attorneys, experts and witnesses. We will also pay these amounts if required under applicable law or the administrator's rules or if payment is required to enforce this Arbitration Provision. Any in-person arbitration hearing will be held at a place reasonably convenient to you. The Arbitrator's award will be final and binding, except for any appeal rights under the FAA. Any court with jurisdiction may enter judgment upon the Arbitrator's award. No arbitration award involving the parties will have any preclusive effect as to issues or claims in any dispute involving anyone who is not a party to the arbitration, nor will an arbitration award in prior disputes involving other parties have preclusive effect in an arbitration between the parties to this Agreement.

Severability: If any portion of this Arbitration Provision is held to be invalid or unenforceable, the remaining portions shall nevertheless remain in force, subject to two exceptions: (1) If a determination is made that the Class Action Waiver is unenforceable, and that determination is not reversed on appeal, then the Arbitration Provision shall be void in its entirety; and (2) if a determination is made that a public injunctive relief claim may proceed notwithstanding the Class Action Waiver, and that determination is not reversed on appeal, then the public injunctive relief claim will be decided by a court, any individual claims will be arbitrated, and the parties will ask the court to stay the public injunctive relief claim until the other claims have been finally concluded.

12. JURY TRIAL WAIVER. TO THE EXTENT PERMITTED BY LAW, IF A DISPUTE IS NOT ARBITRATED, YOU AND WE KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO TRIAL BY JURY IN THE EVENT OF COURT LITIGATION ARISING OUT OF OR RELATED TO THIS APPLICATION AND AGREEMENT.

For questions complaints and concerns, call (888) 782-0860.

REFUND DISBURSEMENT SERVICE APPLICATION

In accordance with the attached Refund Disbursement Service Agreement and as indicated in this Application, upon receipt of your federal and/or state refund(s), you authorize Pathward to disburse your refund(s) as indicated below:

DISBURSEMENT METHOD FOR REFUND AMOUNTS TO YOU

Disbursement Selection – Please check one box on left to indicate your selection.		Refund Disbursement Fees	
<input type="checkbox"/>	New FasterMoney® Discover Prepaid Card (obtained from your Tax Preparer). Refund Disbursement Fees apply. No fees for Refund Advance Loan disbursements. No in-network ATM fees when receiving Refund Advance Loan disbursement on card. No monthly fees for the first 30 days after issuance. Card will be issued to Primary Applicant in the case of a joint return. See Cardholder Agreement for complete details, including all other fees, related to use of the prepaid card. Card Envelope Number: _____	1 st Deposit:	\$39.95
		Other Deposits:	\$14.00
<input type="checkbox"/>	Paper Check. Refund Disbursement Fees apply. No fees for Refund Advance Loan disbursements. By selecting the paper check option, you authorize and direct us to issue a check payable to you and deliver it to your Tax Preparer or mail it to your address. If you present your paper check for payment after December 31, 2023, or more than 90 days from its issue date, the funds will no longer be valid and may result in additional fees imposed by your bank.	1 st Deposit:	\$39.95
		Other Deposits:	\$14.00
<input checked="" type="checkbox"/>	ACH Credit (direct deposit) to existing bank account or other prepaid card. Refund Disbursement Fees apply. If disbursement is rejected for any reason such as incorrect account information provided by you, we will disburse via paper check and the paper check fees will apply. By selecting the option for an ACH credit (direct deposit) to an existing bank account, you authorize Pathward as of the date you sign this Agreement (defined below) to initiate a one-time ACH debit from the personal bank account designated in this Agreement if (i) your federal and state refund proceeds are not sufficient to cover the amount of fees and charges for products or services set forth in this Agreement or your refund proceeds are delayed, and (ii) your Tax Preparer (defined below) has not opted out of this option or has not opted you, specifically, out of this option. This authorized ACH debit will cover such fees as tax preparation, document preparation, and electronic filing fees. You may also cancel this one-time ACH debit by notifying Pathward at least three (3) business days prior to the date that your account is scheduled to be debited, which will be 04/27/2023 if that date is a Friday or, if that date is not a Friday, the Friday immediately thereafter, by writing to us at: 5501 S. Broadband Lane, Sioux Falls, SD 57108. If you have questions or concerns, please contact Pathward at 888-782-0860. Bank Routing Number: 061000227 Account Number: 7057120318 Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1 st Deposit:	\$39.95
		Other Deposits:	\$14.00

Estimated Itemization of Deductions (excluding Refund Advance Loan Payment, if Applicable) and Refund Amount Paid to You

Expected Refund Amount*	\$ 6,151.00
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Authorized Fees and Payments Disbursed from Refund		
(1) Tax Preparation Fees paid to Tax Preparer [(1a) + (1b) + (1c)]	\$	25.00
a. Tax Preparation Fees	\$	25.00
b. E-File Fees	\$	0.00
c. Other Tax Office Payment	\$	0.00
(2) Service Bureau Fee paid to Service Bureau	\$	25.00
(3) Transmitter Fee paid to Transmitter	\$	80.00
(4) Disbursement Fee(s) [†] paid to Pathward	\$	39.95
(5) Audit Fee paid to	\$	0.00
(6) Other Authorized Deductions	\$	0.00

Estimated Total Deductions** [(1)+(2)+(3)+(4)+(5)+(6)]	- \$ 169.95
Estimated Refund Amount Paid to You^{††}	\$ 5,981.05

* **Expected Refund Amount** is an estimate based upon the tax information to be filed with the IRS and/or state taxing authority by your Tax Preparer.

† **Disbursement Fee(s)** include the applicable fees in connection with your selected disbursement option. This amount may be higher if you receive a second deposit, and we only anticipated one deposit (in which case the fees for a second disbursement in connection with your disbursement selection will apply).

** **Estimated Total Deductions** are a good-faith estimate of associated fees and payments to be disbursed from your Tax Refund, but do **not** include the loan payment to Pathward for any approved Refund Advance Loan. All deductions, including any Refund Advance Loan payment, will be paid upon commencement of disbursement services.

†† **Estimated Refund Amount Paid to You** equals the **Expected Refund Amount** less the **Estimated Total Deductions** and may be made in multiple disbursements. The amount paid to you may be higher or lower if the refund amounts from the IRS or state taxing authorities differ from the **Expected Refund Amount**. PLEASE NOTE IF YOU ARE APPROVED FOR A REFUND ADVANCE LOAN, THEN THE AMOUNT PAID TO YOU WILL BE REDUCED BY THE LOAN PAYMENT DUE AND OWING TO PATHWARD. PLEASE ALSO NOTE IF YOU RECEIVED A REFUND ADVANCE LOAN FROM US DURING A PRIOR YEAR AND ANY SUCH LOAN(S) WAS NOT REPAID IN FULL, THEN WE MAY OFFSET SUCH OUTSTANDING AMOUNTS USING YOUR 2022 TAX REFUND(S), UNLESS PROHIBITED BY APPLICABLE LAW.

CERTIFICATIONS:

By signing this Application, you, the Primary Applicant (and Joint Applicant if applicable), hereby certify:

1. The information you have provided is true and accurate.
2. You are at least eighteen (18) years old (or older as required by applicable state law), and have presented to Tax Preparer one of the following valid forms of Picture ID: Driver's License, BMV/DMV State ID, Military ID, Passport, Resident Alien ID, or other Government-Issued Picture ID.
3. **You understand that the Refund Disbursement Service is (i) an optional product offered in exchange for payment of a fee, (ii) not a loan or an extension of credit, (iii) not required in order to file your taxes or receive a Tax Refund, and (iv) not required to apply for a Refund Advance Loan.**
4. You received a completed copy of this Application and Agreement, and you have carefully read and considered all of the provisions of this Application and Agreement.
5. You agree that the "Expected Refund Amount," "Authorized Fees and Payments Disbursed from Refund," "Estimated Total Deductions," and "Estimate Refund Amount Paid to You" are good-faith estimates based upon the amount of your tax return filings, but do **NOT** include the loan payment to Pathward for any approved Refund Advance Loan. Therefore, if you are approved for a Refund Advance Loan, then the estimated amount paid to you will be reduced by the loan payment due and owing to Pathward.
6. You authorize that we make each disbursement specified on the "Authorized Fees and Payments Disbursed from Refund" prior to disbursing the remaining proceeds to you. If you are approved for a Refund Advance Loan, you authorize that we disburse payment of the loan prior to disbursing the remaining proceeds to you.
7. You have selected the disbursement option above to receive the remaining proceeds from your Tax Refund(s), if any.
8. You have authorized your Tax Preparer to submit this Application on your behalf.
9. You have read, understand, and agree to all of the terms of this Application and Agreement, including the **ARBITRATION PROVISION AND JURY TRIAL WAIVER, unless you are a covered borrower under the federal Military Lending Act.**
10. You understand and agree to be bound by the terms of the Refund Disbursement Service Agreement.

x _____
Primary Applicant Signature Date

x _____
Joint Applicant Signature Date
(Joint Applicant signature required if filing joint return.)

USA PATRIOT ACT DISCLOSURE: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: In an effort to protect you and our country, the USA PATRIOT Act was signed into law. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a new account. As such, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask for a driver's license or other identifying documents. We will share certain of this information with third parties as necessary to fulfill our obligations and as disclosed in this Application and Agreement.

For questions, complaints and concerns, call toll free at (888) 782-0860.

FACTS

WHAT DO PATHWARD FINANCIAL, INC. AND PATHWARD, NATIONAL ASSOCIATION DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

Social Security number and income
Account balances and transaction history
Credit history and assets

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Pathward Financial, Inc. and Pathward, National Association choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Pathward share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	No	We do not share
For our affiliates' everyday business purposes— information about your creditworthiness	No	We do not share
For our affiliates to market to you	No	We do not share
For nonaffiliates to market to you	No	We do not share

Questions?

Call 833-898-0023 or go to www.pathwardprivacypolicy.com

Who we are

Who is providing this notice?

Pathward Financial, Inc., and Pathward, National Association (together, "Pathward").

What we do

How does Pathward protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate

How does Pathward collect my personal information?

We collect your personal information, for example, when you
Open an account or apply for a loan
Make deposits or withdrawals from your account or
provide account information
Make a wire transfer
We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only
Sharing for affiliates' everyday business purposes—information about your creditworthiness
Affiliates from using your information to market to you
Sharing for nonaffiliates to market to you
State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.
Pathward does not share with affiliates.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Pathward does not share with nonaffiliates so they can market to you.

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
Our joint marketing partner(s) include nonaffiliated financial companies that we may partner with to jointly market financial products or services to you.

Other important information

For California and Vermont Residents: We will not share personal information we collect about you with affiliated and nonaffiliated third parties, except as permitted by law, including, for example, for our own marketing purposes, our everyday business purposes, or with your consent.

For Vermont Residents: We will not share your credit information or information about your creditworthiness, transactions, or experience, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

For Nevada Residents: We are providing you this notice under state law. You may be placed on our internal Do Not Call List by contacting the Privacy Department and requesting an Opt Out of Marketing. If you would like more information about our telemarketing practices and the Nevada Law, you may contact us at Pathward, N.A., Attn: Privacy Department, 5501 S. Broadband Lane, Sioux Falls, South Dakota 57108, and phone number: 833-898-0023. For more information on this law, you may contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Ave., Suite 3900, Las Vegas, NV 89101; phone number: 702.486.3132; email: aginfo@ag.nv.gov.

REFUND ADVANCE LOAN DISCLOSURE

Customer Service Contact Information (Subject to Change Upon Notice to You):

Pathward, National Association, Attn: Refund Advance, PO Box 91607, Sioux Falls SD 57109 ("Customer Service Address") Customer Service Calls may be made to our Servicer (888) 782-0860 ("Customer Service Number")

Pathward, National Association ("Pathward") offers a Refund Advance Loan for qualified customers starting January 2, 2023. Pathward's Refund Advance Loan is available to qualifying customers in 6 different loan options based upon your expected tax refund, with pricing that includes both no-cost (interest free) options and interest-bearing options. The amount of a Refund Advance Loan may be \$250, \$500, \$1,000, 25% of your expected tax refund, 50% of your expected tax refund, or 75% of your expected refund. Refund Advance Loans arranged for \$250, \$500 or \$1,000 are offered at no cost to you. Refund Advance Loans arranged for 25%, 50% or 75% of your expected tax refund are interest-bearing with an estimated APR of 36%. Unless you request only the \$250, \$500 and \$1,000 no-cost amounts, Pathward will underwrite you for all 6 separate loan amounts (decisioning you for the highest amount) and will notify you of its decision. Pathward cannot make a final decision on your loan application until your Tax Preparer has been provided with the tax forms necessary to prepare your tax return, and your tax return is completed. To be approved for a Refund Advance Loan, you must meet all of our underwriting criteria. Your Refund Advance Loan payment will be deducted from your Tax Refund proceeds and will reduce the amount you can expect to receive from a Tax Refund. Outlined below are the Refund Advance Loans offered to qualified customers:

\$250 Refund Advance Loan	Loan Amount set at \$250	No interest is charged.
\$500 Refund Advance Loan	Loan Amount set at \$500	No interest is charged.
\$1,000 Refund Advance Loan	Loan Amount set at \$1,000	No interest is charged.
Refund Advance Loan set at 25% of expected refund	Minimum Loan Amount \$1,250 Maximum Loan Amount \$6,000	Interest accrues daily, and the estimated APR is 36%.
Refund Advance Loan set at 50% of expected refund	Minimum Loan Amount \$1,250 Maximum Loan Amount \$6,000	Interest accrues daily, and the estimated APR is 36%.
Refund Advance Loan set at 75% of expected refund	Minimum Loan Amount \$1,250 Maximum Loan Amount \$6,000	Interest accrues daily, and the estimated APR is 36%.

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT REFUND ADVANCE LOANS

Is the money received from Pathward the customer's actual tax refund or a loan?	The money you receive from Pathward is a loan and is <u>not</u> your actual tax refund. The Loan is a single advance of funds and not to be used on a long-term basis. The loan must be repaid according to the contract terms. You may consult the IRS Web site (www.irs.gov) or the applicable tax authority for information about tax refund processing.
Who is making and underwriting the loan?	Pathward N.A., member FDIC, headquartered at 5501 South Broadband Lane, Sioux Falls, South Dakota 57108.
What kind of Refund Advance Loans ("Loans") are offered?	We offer no-cost (interest free) Loans and interest-bearing Loans.
What are the amounts of the no-cost (interest free) Loans?	\$250, \$500 or \$1,000. There are no fees, setup costs, transaction costs or interest for the no-cost Loans.
What are the amounts of interest-bearing Loan amounts?	We offer interest-bearing Loan amounts to qualifying customers set at 25%, 50% or 75% of your expected refund, with a minimum loan amount of \$1,250 and a maximum loan amount of \$6,000.
How much does the interest-bearing Loan cost?	Our interest-bearing Loans have an estimated Annual Percentage Rate (APR) of 36%. See your contract documents for specific terms and conditions.
Can I apply for <u>only</u> a no-cost (interest free) Loan?	Yes. You may apply for <u>only</u> the no-cost Loan of \$250, \$500 or \$1,000. If approved, you will only receive one no-cost Loan.
Can I get both a no-cost (interest free) Loan and an interest-bearing Loan?	No. Qualified customers may receive <u>either</u> a no-cost Loan <u>or</u> an interest-bearing Loan.
How does the application process work if I only want the no-cost (interest free) Loan?	The application will ask if you want to apply only for a no-cost Loan or if you also want to apply for both a no-cost Loan and an interest-bearing Loan. If you want to apply for only the no-cost Loan, then you will sign and submit an application as well as a conditional Refund Advance Loan agreement.
What happens if a Loan request for the no-cost (interest free) Loan is denied?	If you request only a no-cost Loan and are denied, then Pathward will send you a letter about its decision.
How does the application process work if I want an interest-bearing Loan?	Customers applying for an interest-bearing Loan will sign and submit an application for the no-cost Loan (available for \$250, \$500 and \$1,000) and the interest-bearing Loan (available for 25%, 50% and 75% of your expected tax refund) and will sign a conditional Loan agreement that contains provisions for both the interest-bearing Loan and the no-cost Loan as we do not know for which Loan or what Loan amount will you qualify at this point. Upon approval, which will be for the highest amount for which you qualify, Pathward will fund either the interest-bearing Loan or the no-cost Loan.
What happens if a Loan request for an interest-bearing Loan is denied?	If you request an interest-bearing Loan and are denied, but you qualify for a no-cost Loan, Pathward will fund the no-cost Loan. If you are not approved for either the interest-bearing Loan or the no-cost Loan, then Pathward will send you a letter about its decision.
When will the Loan be due and how will it be repaid?	If approved, the Loan is due on the earlier of when you receive your federal and/or state Tax Refund(s) or April 30, 2023. The Loan amount will be automatically deducted from the bank account receiving the Tax Refund(s), along with tax preparation fees and other amounts you authorize. If the amount of the first Tax Refund is insufficient to pay your obligations in full, then the outstanding balance owing will be paid upon receipt of any subsequent Tax Refund, if applicable and permitted by state law.
Can I prepay an interest-bearing Loan?	Yes, you can always make prepayments and will <u>never</u> incur any additional charges. Each prepayment you make will be applied first to accumulated interest and then to principal, potentially reducing the amount of interest you will pay. You can call customer service at (888) 782-0860 to request a payoff amount.

Are there any fees and charges, other than interest disclosed as a "finance charges," associated with the Loan?	No. The no-cost Loan and the interest-bearing Loan do not charge additional fees or charges. Fees for other optional products, third-party services, or product features may apply.
What is a "refund transfer"?	Our Refund Disbursement Service is a "refund transfer" product. The Refund Disbursement Service is an optional service in which Pathward establishes a limited-purpose bank account in your name to electronically receive your Tax Refunds from the IRS and state taxing authority. Pathward pays your tax preparation fees and other amounts you authorize from that account, disbursing any remaining Tax Refund amount to you in the manner you chose during tax preparation. <u>You are not required to purchase a refund transfer to apply for or receive a Loan; it is optional.</u> For a description of our low-cost deposit accounts and prepaid access cards, visit: www.myfastermoney.com .
If I don't get a refund transfer product, can I still get a loan?	If you applied for a Loan and did not choose the Refund Disbursement Service during tax preparation, Pathward will provide you with a bank account at no cost to receive your Tax Refund(s), take out the Loan repayment amounts owed to Pathward, and disburse any remaining amount to you in the manner you chose during tax preparation. This account is called a Tax Refund Deposit Account.
If I am approved for a Loan, does the cost of my tax return preparation increase?	No. The cost to prepare your tax return does not increase if you are approved for a Loan.
Is a Loan required in order to have my tax return completed and filed?	No. A Loan is <u>optional</u> . You are <u>not</u> required to apply for a Loan to have your tax return completed and filed. The IRS and state taxing authorities can issue Tax Refunds directly to you without your having to incur any additional costs from Pathward.
Does getting a Loan affect how quickly I receive my Tax Refund from the IRS and state taxing authorities?	No. Obtaining a Loan has <u>no</u> effect on when you will receive your Tax Refund(s) from the IRS and state taxing authorities.
If my tax filing status is "married filing jointly," is my spouse personally liable for the Loan?	No. However, any Tax Refund from your jointly filed income tax return(s) is used to repay the Loan.
If I apply for a Loan between January 2, 2023 and the date upon which the IRS begins to accept tax returns, how will I know if Pathward approves my application?	Depending upon underwriting, Pathward may approve your Loan application before the IRS accepts your tax return, or delay making a decision on your application until after the IRS accepts your tax return. Upon approval, Pathward will notify you by text or email (whichever you select) and disburse the Loan amount to you. If IRS acceptance of your tax return is required before approval, you will receive a notice that your application is not complete until such acceptance occurs.
If I apply after the IRS begins accepting tax returns, then how will I know if Pathward approves my application?	If you apply after the IRS begins accepting tax returns, then we cannot approve your application until the IRS accepts your tax returns. Upon approval, Pathward will notify you by text or email (whichever you select) and disburse the Loan amount to you.
How will I get my Loan proceeds?	During the application process, you can select to receive Loan proceeds via a paper check, direct deposited into your personal bank account, or electronically via a prepaid card.
Is there a free way I can electronically file my tax return?	Possibly. Some taxpayers meeting certain adjusted gross income level thresholds may qualify for free software. For more information visit https://www.irs.gov/uac/free-file-do-your-federal-taxes-for-free
Can I file a tax return electronically and receive my refund within a similar time frame and without paying the additional fees associated with a Tax Refund-related product if I have an existing account into which a Tax Refund can be directly deposited?	Yes. If you have an existing deposit account or product into which a Tax Refund can be directly deposited, you can file a tax return electronically and receive your refund within a similar time frame and without paying the additional fees associated with a Tax Refund-related product. Obtaining a Loan from Pathward or purchasing a Tax Refund-related product has <u>no</u> effect on the timing of your Tax Refund. No bank products are ever required to file your tax return directly with the IRS or state taxing authorities.
What are my options for receiving my refund from the IRS?	The IRS can send your refund either by check mailed to you through U.S. Mail, by direct deposit to your bank/credit union account, to a prepaid card, or by other methods permitted by law. For estimated availability of funds, see the table above.

FOR FEDERAL TRUTH IN LENDING PURPOSES, THIS TABLE IS AN “ADVERTISEMENT” SHOWING REPRESENTATIVE EXAMPLES OF AVAILABLE CREDIT TERMS FOR PATHWARD REFUND ADVANCE LOANS

Please note that your Refund Advance Loan amount depends primarily upon the amount of your expected federal tax refunds. See your loan documents for the estimated amount of your loan.

EXPECTED REFUND AMOUNT* 6,151.00	ESTIMATED ANNUAL PERCENTAGE RATE	ESTIMATED FINANCE CHARGE	Amount Financed	Estimated Total of Payments**
Option #1 -- \$250 Refund Advance Loan	0%	\$0.00	\$250	\$250
Option #2 -- \$500 Refund Advance Loan	0%	\$0.00	\$500	\$500
Option #3 -- \$1,000 Refund Advance Loan	0%	\$0.00	\$1,000	\$1,000
Option #4 -- 1,537.75 Refund Advance Loan (25% of Expected Tax Refund)	36%	\$43.98	\$1,537.75	\$1,581.73
Option #5 -- 3,075.50 Refund Advance Loan (50% of Expected Tax Refund)	36%	\$87.97	\$3,075.50	\$3,163.47
Option #6 -- 4,613.25 Refund Advance Loan (lesser of 75% of Expected Tax Refund or \$6,000)	36%	\$131.95	\$4,613.25	\$4,745.20

***Expected Refund Amount** is an estimate based upon the tax information to be filed with the IRS and/or state taxing authority by your Tax Preparer.

****Terms of Repayment** – **Option #1, Option #2, Option #3, Option #4, Option #5, and Option #6** Refund Advance Loan examples reference a loan with one payment in the amount of the Estimated Total of Payments due on the earlier of the day you receive your 2022 federal (and state, if applicable and permitted by state law) tax refund(s), which we estimate is 29 days from electronic filing.

For **Option #4, Option #5, and Option #6** Refund Advance Loan examples, please note:

- (i) the Finance Charge and Total of Payments will be lower if paid in full earlier than 29 days from electronic filing, and will be greater if paid in full later than 29 days from electronic filing;
- (ii) interest ceases to accrue after 60 days;
- (iii) the minimum loan amount is \$1,250 and the maximum loan amount is \$6,000; and
- (iv) not all **options** will be available for you and will be marked “**N/A**” if not applicable to you.

REFUND ADVANCE LOAN APPLICATION AND LOAN AGREEMENT

APPLICANT: NATHANIEL COONS

SSN: xxx-xx-0839

Definitions and Loan Decision. The words "Pathward," "we," "us," and "our" mean Pathward, National Association, member FDIC, regulated by the Office of the Comptroller of Currency, and headquartered at 5501 South Broadband Lane, Sioux Falls, South Dakota 57108. The words "you," and "your," mean the borrower signing below.

Selection of loan type—interest-bearing or no-cost Refund Advance Loan. You can choose whether to apply for an **interest-bearing Refund Advance Loan** set at 25%, 50% or 75% of your expected refund, subject to a minimum loan amount of \$1,250 and maximum amount of \$6,000 **OR** a **no-cost Refund Advance Loan** in the amount of \$250, \$500 or \$1,000. If we approve your interest-bearing loan request, then we will advise you by text or email (as previously selected) of your exact Refund Advance Loan amount. If Pathward approves you for a no-cost loan amount, then we will fund such no-cost (interest free) loan amount to you. Please note that if you have a prior outstanding debt with us and you are approved for a Refund Advance Loan, you will only be eligible for the minimum loan amount available.

Please mark your selection below:

☒ **You request and are applying to Pathward to underwrite you for the highest interest-bearing Refund Advance Loan amount we offer.** *Also note, if Pathward cannot approve you for an interest-bearing loan amount, but we can approve a no-cost loan amount of \$250, \$500 or \$1,000, then we will fund such no-cost (interest free) loan amount to you.*

OR

☐ **You request and are applying to Pathward to underwrite you only for a no-cost Refund Advance Loan amount of \$250, \$500 or \$1,000.**

1. **Representations.** By signing below, you hereby agree as follows: (i) We have received tax information which estimates the amount of your expected tax refund(s) to be \$6,151.00; (ii) You are requesting and applying to Pathward to underwrite you as selected above; (iii) Pathward may deny your Application for a loan. Pathward may:

- if selected, approve your Application for an **interest-bearing Refund Advance Loan** in the amount of: \$1,538.00 (25% of your expected tax refund), \$3,076.00 (50% of your expected tax refund), or \$4,613.00 (75% of your expected tax or \$6,000, whichever is less). Note any interest-bearing loan option marked "N/A" is not applicable to you. *Also note, if we deny you for an interest-bearing loan amount, but we can approve a no-cost loan amount, then we will fund such no-cost loan amount to you.*
- if selected, approve your application for a **no-cost Refund Advance Loan** in the amount of \$250, \$500 or \$1,000.

2. **Loan Proceeds.** If approved, you will receive your loan proceeds via one of the following methods:

<input type="checkbox"/>	New Prepaid Debit Card (obtained in your Tax Preparer's office). Card Envelope Number: _____
<input type="checkbox"/>	Paper Check. If you present your paper check for payment after December 31, 2023, or more than 90 days from its issue date, the funds will no longer be valid and may result in additional fees imposed by your bank.
<input checked="" type="checkbox"/>	ACH Credit (direct deposit) Bank Routing Number: <u>061000227</u> Account Number: <u>7057120318</u> Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

3. **Optional Interest-Bearing Loan.** You acknowledge that the Refund Advance Loan is an optional credit product and is not required in order to file your taxes or receive a tax refund. You understand that **YOU WILL INCUR INTEREST CHARGES FOR THE INTEREST-BEARING REFUND ADVANCE LOAN, AND THAT YOU COULD HAVE CHOSEN TO APPLY SOLELY FOR A NO-COST (INTEREST FREE) LOAN AMOUNT.** You have reviewed the costs of the interest-bearing Refund Advance Loan, which has an estimated **ANNUAL PERCENTAGE RATE (APR) of 36%**, and compared it with the costs of other sources of credit, and consider the interest-bearing Refund Advance Loan to be consistent with your personal needs and financial circumstances.

4. **Optional No-Cost Loan and Denial of Interest-Bearing Loan Application.** You acknowledge that the no-cost Refund Advance Loan is an optional credit product and is not required in order to file your taxes or receive a tax refund. You understand that although you will not incur interest charges on the outstanding principal balance of the no-cost Refund Advance Loan and that you will be charged \$0.00 in fees, charges or points in connection with this loan, a tax refund-related credit product may cost more in some cases than other sources of credit. You have reviewed the costs of the no-cost Refund Advance Loan and compared it with the costs of other sources of credit, and consider the no-cost Refund Advance Loan to be consistent with your personal needs and financial circumstances. If you do not qualify for an interest-bearing Refund Advance Loan, then, by signing below and meeting Pathward's underwriting criteria, Pathward may fund a no-cost Refund Advance Loan, subject to the terms set forth herein.

5. **Third-Party Fees.** You may pay fees to other parties for other products that you choose, including (a) fees to your tax preparer for tax preparation and filing, (b) fees for a Refund Transfer (if you choose one), or (c) fees for other third-party services such as fees to your prepaid debit card provider under your cardholder agreement.

6. **Free Filing Options.** Some taxpayers meeting certain adjusted gross income level thresholds may qualify for free tax filing software. For more information visit <https://www.irs.gov/filing/free-file-do-your-federal-taxes-for-free>.

7. **Authorization to Verify Information and Obtain Credit Reports.** You understand and agree that you are authorizing us to obtain credit reports and related information about you from one or more commercial or consumer credit reporting agencies and to verify any information you provide us in connection with your application including, but not limited to, your employment and income. We reserve the right to conduct such verification through third parties. You agree we may contact third parties without further notice to you to verify any such information. We may use your credit reports to authenticate your identity, to make credit decisions, and for other related purposes. You authorize us to obtain your credit reports (at our discretion), including (i) each time you request a loan, (ii) during the processing or closing of a loan to you, or (iii) at various times during the term of your loan in connection with the servicing, monitoring, collection or enforcement of the loan.

8. **Your Expected 2022 Tax Refund(s).** You acknowledge and agree that your tax preparer has prepared your 2022 tax return, and that you have delivered to your tax preparer true and accurate financial information regarding your taxable income and tax situation for 2022. You understand that purchase of a Refund Transfer is not required for you to apply for, or be approved for, a Refund Advance Loan. Choices made pursuant to a Refund Transfer Agreement will not change or affect the terms of your Refund Advance Loan. **You acknowledge that receiving this Refund Advance Loan has no impact or effect upon the timing of receiving your tax refund.**

9. **Repayment and Refund Processing.** You agree that your federal (and state, if applicable and allowable under state law) Tax Refund(s) may be used to repay the Refund Advance Loan. You may consult the IRS Web site (<https://www.irs.gov/refunds>) or the applicable tax authority for information about Tax Refund processing.

10. **Status of Application; Approval and Funding of Loan.** The amount of the loan for which you will qualify will depend, in part, on the amount of your estimated income tax refund. ***We have not yet committed to make any loan. We will only be committed to make a loan if and when we issue loan proceeds to you in the manner set forth below.*** Based on your representations made during the application process and in this Loan Agreement, we agree as follows. If your application is approved and all conditions to funding are met, we will advise you of the final approved amount of your Refund Advance Loan. We will deliver the approved loan amount to you via the disbursement option you chose during your tax preparation—(i) prepaid debit card, or (ii) a check issued in your tax preparer's office, or (iii) an ACH credit (direct deposit) to an existing bank account or prepaid card.

11. **Promise to Pay.** You promise to pay us the principal amount of the loan advanced to you, plus, if applicable, simple interest calculated on the outstanding principal balance as set forth herein. If state law does not permit repayment of the Refund Advance Loan from the state Tax Refund or you do not receive a state Tax Refund, then the Refund Advance Loan shall be repaid solely from your federal Tax Refund. If state law allows repayment of the Refund Advance Loan from the state Tax Refund and the amount of the first Tax Refund you receive is insufficient to pay your obligations in full under this Loan Agreement, then you agree to pay the outstanding balance owing upon receipt of any subsequent Tax Refund. Therefore, you promise to pay the outstanding balance or the amount of your first Tax Refund, whichever is less, on the earlier of (i) the day you receive your 2022 state Tax Refund(s), only if applicable and permitted by state law; (ii) the day you receive your 2022 federal Tax Refund, or (iii) April 30, 2023. If (a) you will receive more than one Tax Refund, (b) the first Tax Refund you receive is insufficient to pay your loan in full, and (c) state law permits repayment from your state Tax Refund, then a second payment in the amount of the outstanding balance is due on the earlier of the day you receive your second Tax Refund or April 30, 2023. If you receive any Tax Refund(s) directly from a federal or state taxing authority, you agree to repay the amount of the Refund Advance Loan to us immediately.

- a. **Interest for the Interest-Bearing Refund Advance Loan. THE PROVISIONS OF THIS SECTION 11a ONLY APPLY TO LOANS IN THE AMOUNT OF \$1,250 OR GREATER.** We earn interest at the daily rate of 0.09863% on the outstanding principal balance, beginning on the date that the loan proceeds are disbursed to you, and continuing thereafter for 60 calendar days. Early payment and partial payments may decrease the amount of interest you owe. Late Payments may increase the amount of interest you owe; however, the interest earned hereunder will cease to accrue after 60 days. If a partial payment is received, such payment will be applied first to unpaid interest, then to principal. We have made our estimated "Amount Financed" disclosure in good faith based upon the amount we believe

you will receive in loan proceeds. In addition, we estimate that U.S. Department of Treasury or State Taxing Authority will disburse your 2022 tax refund within 29 days of electronically filing and disbursement of the loan proceeds. Therefore, we have made the estimated "Annual Percentage Rate, Finance Charge, Total of Payments and Payment Schedule" disclosures assuming in good faith that we will receive payment for the total principal and interest owing in one payment 29 days from disbursement of the loan proceeds.

- b. **No Interest for the No-Cost Refund Advance Loan. THE PROVISIONS OF THIS SECTION 11b ONLY APPLY TO LOANS IN THE AMOUNT OF \$250, \$500 OR \$1,000. No interest accrues on the outstanding principal balance. We charge \$0.00 in fees, charges or points in connection with the no-cost Refund Advance Loan.** However, you may pay fees for other products that you choose, including fees to your tax preparer for your tax preparation and filing, fees for a Refund Transfer (if you choose to purchase one), or fees for other third-party services.

12. **Security.** You grant us a security interest in your 2022 Tax Refunds (as defined below) as well as any Tax Refunds from any subsequent years, if applicable and permitted by state law. *If your 2022 Tax Refunds are insufficient to repay the loan in full after applying such Tax Refund amount(s) to the outstanding balance of the loan, as additional security we may apply your Tax Refund(s) from any subsequent years, if your Tax Refunds are again processed by Pathward, to repay any difference, unless prohibited by applicable law.* Repayment of this Refund Advance Loan solely from your 2022 Tax Refunds thereby reduces the amount you can expect to receive from such Tax Refunds. If you have any other outstanding debts with us as of the time you sign this Agreement or that accrues at any time before the issuance of your tax refund(s), we may deduct such amounts owed from your 2022 tax refund(s), unless prohibited by law.

13. **Right to Rescind, Prepayment, and Default.** You will not incur a fee, charge or penalty if you request to rescind on or before the close of business on the third day after obtaining the loan proceeds. If you rescind, then you must return the Refund Advance Loan proceeds, and we will rebate and refund to your account any interest we have earned. To rescind or prepay, call (888) 782-0860 to make such arrangements. Thereafter, you may prepay this loan in full or in part and will not incur an addition charge or fee. You will be in default if you break any promise in this Loan Agreement. We may at any time and in our sole discretion delay enforcing or choose not to enforce any of our rights or remedies under this Loan Agreement or under applicable law without losing any of those or any other rights or remedies. Even if we do not enforce our rights or remedies at any one time, we may enforce them at a later date.

14. **Account-Related Communication.** You authorize us to contact you using automatic telephone dialing systems, artificial or prerecorded voice message systems, text messaging systems and automated email systems in order to provide you with information about your loan. You authorize us to make such contacts using any telephone numbers (including wireless, landline and VOIP numbers) or email addresses you supply to us in connection with your loan application or loan agreement, the servicing of amounts you owe, or any other loan-related matter. Message and data rates may be imposed by your mobile, wireless, or Internet carrier. To stop text messages, you can simply reply "STOP" to any text message we send you. To stop emails, you can follow the opt-out instructions included at the bottom of the emails.

15. **Privacy Policy.** We respect your privacy of information relating to the Refund Advance Loan and encourage you to read our Privacy Policy, provided above. Changes may be made to our Privacy Policy from time to time and we will provide you with any notice of such changes required by applicable law. Our current Privacy Policy is also available at www.pathward.com/privacy-policy.

16. **Arbitration Provision and Jury Trial Waiver.** You agree that the Arbitration Provision and Jury Trial Waiver set forth above is incorporated herein by reference and governs disputes or claims between us as set forth therein, unless you are a covered borrower under the federal Military Lending Act.

17. **Representations and Acknowledgements.** You are not a debtor under any proceeding in bankruptcy and have no intention to file a petition for relief under any chapter of the United States Bankruptcy Code. You are at least 18 years of age (or 19 in Nebraska and Alabama). You have read, understand, and agree to all of the terms of this Application. You certify that the information you have provided to us and your tax preparer prior to signing this Application is true and accurate. You acknowledge that you are applying for the Refund Advance Loan of your own free will and are not relying on any recommendation from your tax preparer or any other party as to its suitability for your financial situation. You affirm that you have chosen your tax preparer for your own reasons and/or convenience, without our recommendation or endorsement. You absolve us and will not hold us liable should your tax preparer make a mistake in the computation of your tax return(s) or make any other error or omission in submitting the same.

18. **Application Denial.** We may decline your Application based on our underwriting standards including without limitation a review of information from the Internal Revenue Service or US Department of Treasury, Bureau of the Fiscal Service, such as if you, and if applicable your spouse, have delinquent child support or outstanding unpaid taxes, student loans, or other federal debt or a review of information contained in your credit report(s) or an inability to verify your identity. We will notify you of our decision in writing.

19. **Military Lending Act.** The Military Lending Act provides protections for certain members of the Armed Forces and their dependents ("Covered Borrowers"). The provisions of this section apply to Covered Borrowers as defined by 32 C.F.R. § 232.3(g).

Statement of MAPR: Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

Oral Disclosures: To hear a statement of the MAPR and a clear description of your payment obligation, please call 844-549-7937.

Covered Borrower Savings Clause: If any contract provision not identified herein is contrary to the rights and protections afforded to Borrower by Federal law pursuant to 10 U.S.C. § 987 and its implementing regulations, including but not limited to 32 C.F.R. § 232.8, then the conflicting provisions or proscribed terms are inoperative, and shall have no force and effect. However, all remaining contract terms and provisions not proscribed or prohibited shall remain in full force and effect.

DO NOT SIGN THIS REFUND ADVANCE LOAN APPLICATION AND LOAN AGREEMENT UNTIL YOU READ ALL OF THE TERMS. REVIEW EACH OF THE FREQUENTLY ASKED QUESTIONS ABOVE. CALL (888) 782-0860 IF YOU STILL HAVE QUESTIONS ABOUT THIS LOAN. YOU ACKNOWLEDGE AND AGREE THAT, IF YOU APPLY AND ARE APPROVED FOR AN INTEREST-BEARING REFUND ADVANCE LOAN, YOU ARE RECEIVING A LOAN WHICH CHARGES INTEREST. THE MONEY YOU RECEIVE FROM A REFUND ADVANCE LOAN IS NOT YOUR TAX REFUND. YOU FURTHER ACKNOWLEDGE THAT RECEIVING A LOAN FROM US HAS NO EFFECT ON THE TIMING FOR RECEIVING YOUR TAX REFUND. THAT IS, YOU WILL NOT RECEIVE YOUR TAX REFUND "FASTER" OR "QUICKER" BY OBTAINING A LOAN FROM US. IF YOUR APPLICATION IS DENIED, YOU WILL STILL RECEIVE YOUR TAX REFUND IN THE MANNER YOU CHOSE DURING TAX PREPARATION. NOTE THAT ANY FEES YOU PAID TO YOUR TAX PREPARER FOR YOUR TAX PREPARATION WILL NOT BE REFUNDED.

Borrower's Signature: _____
Date: 01/26/2023 Borrower's SSN: XXX-XX-0839

Print Name: NATHANIEL COONS

NOTE: If a joint tax return is being filed, the Joint Filer must sign the Spouse Agreement and Joint Filer Authorization for Release of Information on the following pages.

Authorization for Release of Information

By signing below, you authorize Pathward, National Association, and its service providers to contact the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program call center on your behalf in connection with our review of your application for a Loan, and to use and disclose the information you have provided in the application to the US Department of Treasury, Bureau of the Fiscal Service, and to obtain any and all information related to debt owed by you or the Joint Filer to the United States Government, to a State, or any debt enforced by a State, including child support obligations and/or any payments made or due to you by a Federal or State agency, and/or any tax return information disclosed to the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. §6331(h), and to conduct tax refund offset under 26 U.S.C. §6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to your debt(s) or payment(s), including your tax refund payment(s). You authorize the U.S. Department of the Treasury, Bureau of the Fiscal Service to disclose the information described above to Pathward, National Association, and its service providers. This authorization extends to any automated system or by any other written, electronic or telephonic means. You agree to complete and sign all documents necessary to obtain such information from the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program. You understand that the US Department of the Treasury, Bureau of the Fiscal Service, its employees, agents, and contractors, are not required to inform you of disclosures made under this authorization. This authorization authorizes the use and disclosure of information described above from any tax year. This authorization will be valid for 6 months from the date of signing, unless sooner revoked by you in writing and the revocation is received and processed by the US Department of Treasury, Bureau of Fiscal Service at this address: Supervisor, TOP Call Center, P.O. Box 1686, Birmingham, Alabama 35201-1686.

Borrower's Signature: _____ Date 01/26/2023

Print Name: NATHANIEL COONS Borrower's SSN (last 4): 0839

LIMITED PURPOSE MARRIED JOINT TAX FILER AGREEMENT

For purposes of this LIMITED PURPOSE MARRIED JOINT TAX FILER AGREEMENT ("SPOUSE AGREEMENT"), the words "we", "us" and "our" mean Pathward, National Association. The words "you" and "your" mean the spouse of the tax preparation customer applying for the Refund Advance Loan and signing above. Please review this SPOUSE AGREEMENT and sign and complete the information requested on the lines below if your filing status is married filing jointly and your spouse is applying for the Refund Advance Loan (a "Joint Filer"). By signing below, you acknowledge and agree that:

- You are not applying for the Refund Advance Loan;
- You are not agreeing to be, and will not be held, personally liable for the Refund Advance Loan received by your spouse;
- If your spouse's application is approved, then any Tax Refund from your jointly filed income tax return(s) may be used to repay the Refund Advance Loan;
- You grant us a security interest in any 2022 federal and, if applicable and permitted by state law, state Tax Refund(s), as well as any Tax Refunds from any subsequent years, along with any information from your jointly filed tax return to repay the Refund Advance Loan received by your spouse;
- You agree that you have received a copy of our Privacy Policy; and
- The **Arbitration Provision and Jury Trial Waiver** set forth above is incorporated herein by reference and governs disputes or claims against us relating to this SPOUSE AGREEMENT, unless you are a covered borrower under the federal Military Lending Act.

Joint Filer's Signature: _____ Joint Filer's SSN: XXX-XX-_____

Print Joint Filer's Name: _____

Joint Filer Authorization for Release of Information

By signing below, you authorize Pathward, National Association, and its service providers to contact the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program call center on your behalf in connection with our review of your spouse's application for a Refund Advance Loan, and to use and disclose the information provided in your spouse's application to the US Department of Treasury, Bureau of the Fiscal Service, and to obtain any and all information related to debt owed by you to the United States Government, to a State, or any debt enforced by a State, including child support obligations and/or any payments made or due to you by a Federal or State agency, and/or any tax return information disclosed to the Internal Revenue Service in order to collect tax debt through the levy process under 26 U.S.C. §6331(h), and to conduct tax refund offset under 26 U.S.C. §6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to your debt(s) or payment(s), including your tax refund payment(s). You authorize the U.S. Department of the Treasury, Bureau of the Fiscal Service to disclose the information described above to Pathward, National Association and its service providers. This authorization extends to any automated system or by any other written, electronic or telephonic means. You agree to complete and sign all documents necessary to obtain such information from the US Department of Treasury, Bureau of the Fiscal Service Treasury Offset Program. You understand that the US Department of the Treasury, Bureau of the Fiscal Service, its employees, agents, and contractors, are not required to inform you of disclosures made under this authorization. This authorization authorizes the use and disclosure of information described above from any tax year. This authorization will be valid for 6 months from the date of signing, unless sooner revoked by you in writing and the revocation is received and processed by the US Department of Treasury, Bureau of Fiscal Service at this address: Supervisor, TOP Call Center, P.O. Box 1686, Birmingham, Alabama 35201-1686.

Joint Filer's Signature: _____ Joint Filer's SSN: XXX-XX-_____

Print Joint Filer's Name: _____

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name: NATHANIEL COONS	Date of Birth: 2/9/1987	Social Security Number: XXX-XX-0839
----------------------------------	----------------------------	--

Reason for authorizing consent: (Please select one)

- | | | |
|---|---|--|
| <input type="checkbox"/> To apply for a mortgage | <input checked="" type="checkbox"/> To apply for a loan | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account | <input type="checkbox"/> To open a retirement account | <input type="checkbox"/> Other |
| <input type="checkbox"/> To apply for a credit card | <input type="checkbox"/> To apply for a job | |

With the following company ("the Company"):

Company Name: Pathward, N.A.

Company Address: 5501 S. Broadband Ln., Sioux Falls, SD 57108

The name and address of the Company's Agent (if applicable):

Agent's Name: N/A

Agent's Address: N/A

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified. I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:	Date Signed: 01/26/2023
------------	-------------------------

Relationship (if not the individual to whom the SSN was issued):

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent. We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Pathward

PO Box 91607
Sioux Falls, SD 57109
1-888-782-0860

01/26/2023

Notice of Incomplete Application and Request for Additional Information

Dear Applicant,

Thank you for your application for a Refund Advance Loan. The following information is needed to make a decision on your application:

We need to receive information from your tax preparer or the Internal Revenue Service (IRS) confirming the IRS's acceptance of your tax return.

We need to receive this information by 2/28/2023 . If we do not receive it by that date, we will regrettably be unable to give further consideration to your credit request.

Regards,

Pathward Lending Department

FEDERAL TRUTH-IN-LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE^(e)	FINANCE CHARGE^(e)	Amount Financed^(e)	Total of Payments^(e)
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.
36%	\$87.97	\$3,075.50	\$3,163.47

Payment Schedule:^(e) One payment in the amount of the first 2022 Tax Refund you receive or the Total of Payments, whichever is less, is due on the earlier of (i) the day you receive your 2022 state Tax Refund(s), only if applicable and permitted by state law; (ii) the day you receive your 2022 federal Tax Refund, or (iii) April 30, 2023. However, if (i) you will receive more than one Tax Refund, (ii) the first Tax Refund you receive does not pay your loan in full, and (iii) state law permits repayment from your state Tax Refund, then a second payment in the amount of the outstanding balance is due on the earlier of the day you receive your second Tax Refund or April 30, 2023. We estimate you will receive your refund(s) within 29 days from electronic filing.

Security: You are giving us a security interest in your 2022 federal and, to the extent applicable and permitted by state law, state Tax Refund(s), as well as any Tax Refunds from any subsequent years.

Prepayment: If you pay off early, you will not have to pay a penalty. A prepayment penalty may not be imposed for paying all or part of the principal balance before the date on which the principal is due.

See your contract documents for any additional information about nonpayment, default, and any required repayment in full before the scheduled date, and prepayment refunds and penalties.

^(e)means an estimate

Itemization of Estimated Amount Financed of \$3,075.50

Amount given to you directly: \$3,075.50

CONSENT TO USE OF TAX RETURN INFORMATION

For the purposes of this consent form, "we," "us," and "our" mean

TAXES & NOTARY BY EBONI

(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage in our tax return preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you do not consent, you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into an arrangement with third parties to provide qualifying taxpayers with the opportunity to apply for an Electronic Refund Disbursement Service and/or Loan product. To determine whether these products may be available to you, we will need to use your tax return information in order to calculate the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provide to us during the preparation of your 2022 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer: NATHANIEL COONS

Taxpayer Signature: _____ Date: _____

Printed Name of Joint Taxpayer (if applicable): _____

Joint Taxpayer Signature (if applicable): _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

For the purposes of this consent form, “we,” “us,” and “our” mean

TAXES & NOTARY BY EBONI
(Printed Name of Tax Preparer)

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage in our tax preparation services. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

You have indicated that you are interested in receiving an Electronic Disbursement Service and/or Loan (or collectively, “Products or Services”) from Pathward, National Association. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2022 tax return information necessary for evaluating the request to Pathward. If you request a more limited disclosure of tax return information, you will not be eligible to submit an application request for these Products or Services. If you would like us to disclose your 2022 tax return information for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you authorize us to disclose to Pathward all of your 2022 tax return information necessary for the evaluation and processing of your request for a Product or Service. You understand that if you are unwilling to authorize the disclosure and sharing of your tax return information with Pathward, you will not be able to obtain a Product or Service, but you may still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer: NATHANIEL COONS

Taxpayer Signature: _____ Date: _____

Printed Name of Joint Taxpayer (if applicable): _____

Joint Taxpayer Signature (if applicable): _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.



2300403814

**Georgia Form 500** (Rev. 06/22/22)

Individual Income Tax Return

Georgia Department of Revenue

2022 (Approved software version)**Page 1**Fiscal Year
BeginningSTATE GA
ISSUEDFiscal Year
EndingYOUR DRIVER'S
LICENSE/STATE ID 05169762YOUR FIRST NAME
1. NATHANIELMI YOUR SOCIAL SECURITY NUMBER
253-57-0839LAST NAME (For Name Change See IT-511 Tax Booklet)
COONS

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☒ CHECK IF ADDRESS HAS CHANGED
2. 426 JEFFERSON STCITY (Please insert a space if the city has multiple names)
3. GRIFFINSTATE ZIP CODE
GA 30223

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

Residency Status

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a. 2

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2022

Page 2



2300403824

YOUR SOCIAL SECURITY NUMBER
253-57-0839

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI.

JONATHAN

Last Name

MACK

Social Security Number

009-29-3905

Relationship to You

SON

First Name, MI.

KASHON

Last Name

COONS

Social Security Number

801-30-0057

Relationship to You

SON

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 15418
(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10. 15418
11. Standard Deduction (Do not use **FEDERAL STANDARD DEDUCTION**)..... 11a. 5400
(See IT-511 Tax Booklet)
- b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
- Spouse: 65 or over? Blind?
- c. Total Standard Deduction (Line 11a + Line 11b)..... 11c. 5400
Use EITHER Line 11c OR Line 12c (Do not write on both lines)
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**
- a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.
- b. Less adjustments: (See IT-511 Tax Booklet) 12b.
- c. Georgia Total Itemized Deductions..... 12c.
13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13. 10018



YOUR SOCIAL SECURITY NUMBER
253-57-0839

Page 3

14a. Enter the number from Line 6c. **1** Multiply by \$2,700 for filing status A or D 14a. 2700
or multiply by \$3,700 for filing status B or C

14b. Enter the number from Line 7a. **2** Multiply by \$3,000..... 14b. 6000

14c. Add Lines 14a. and 14b. Enter total 14c. 8700

15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... 15a. 1318

15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after
applying the 80% limitation, see IT-511 Tax Booklet for more information)....15b.

15c. Georgia Taxable Income (Line 15a less Line 15b)..... 15c. 1318

16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) 16. 19

17. Low Income Credit 17a. 17b. 17c.

18. Other State(s) Tax Credit (Include a copy of the other state(s) return) 18.

19. Credits used from IND-CR Summary Worksheet 19.

20. **Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed 20.
electronically)**

21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 21.

22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero 22. 19

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4
GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line
11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1. WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN 814030645	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID 3263253FT	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 1890	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 19	5. GA TAX WITHHELD	5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

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2300403844

YOUR SOCIAL SECURITY NUMBER
253-57-0839

Page 4

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
W-2 G2-A G2-LP
1099 G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

23. Georgia Income Tax Withheld on Wages and 1099s 23. 19
(Enter Tax Withheld Only and include W-2s and/or 1099s)
24. Other Georgia Income Tax Withheld 24.
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)
25. Estimated Tax paid for 2022 and Form IT-560 25.
26. Schedule 2B Refundable Tax Credits 26.
(Cannot be claimed unless filed electronically)
27. Total prepayment credits (Add Lines 23, 24, 25 and 26) 27. 19
28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter
balance due 28.
29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter
overpayment 29.
30. Amount to be credited to 2023 ESTIMATED TAX 30.
31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) 31.
32. Georgia Fund for Children and Elderly (No gift of less than \$1.00) 32.
33. Georgia Cancer Research Fund (No gift of less than \$1.00) 33.
34. Georgia Land Conservation Program (No gift of less than \$1.00) 34.
35. Georgia National Guard Foundation (No gift of less than \$1.00) 35.
36. Dog & Cat Sterilization Fund (No gift of less than \$1.00) 36.
37. Saving the Cure Fund (No gift of less than \$1.00) 37.
38. Realizing Educational Achievement Can Happen (REACH) Program 38.
(No gift of less than \$1.00)



YOUR SOCIAL SECURITY NUMBER
253-57-0839

Page 5

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
41. Penalty: Late Payment and/or Late Filing..... 41.
42. Interest 42.
43. (If you owe) Add Lines 28, 31 thru 42 43.
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399**

44. (If you are due a refund) Subtract the sum of Lines 30 thru 42 from Line 29
THIS IS YOUR REFUND..... 44.
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740380 ATLANTA, GA 30374-0380**

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

- 44a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings
- | Routing
Number | Account
Number |
|-------------------|-------------------|
|-------------------|-------------------|

Mail pages 1-5 and any applicable schedules, forms, and documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date
01/26/2023

Taxpayer's Phone Number
404-927-3512

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address
NATHANIELCOONS64@GMAIL.COM

X

I authorize DOR to discuss this return with the named preparer.

Signature of Preparer
Name of Preparer Other Than Taxpayer
EBONI LAMBERT

Preparer's Phone Number
404-272-1185

Preparer's FEIN
85-0561248

Preparer's Firm Name
EBONI LAMBERT

Preparer's SSN/PTIN/SIDN
P02196877