

Electronic Filing Instructions for your 2022 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Carter J Balkum
383 A county road 659
Tupelo, MS 38801

| | | | |
|--|---|----|----------|
| Balance Due/Refund | Your federal tax return (Form 1040) shows a refund due to you in the amount of \$415.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 46568880 Routing Transit Number: 124303201. | | |
| When Will You Get Your Refund? | The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2023. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link. | | |
| What You Need to Keep | Your Electronic Filing Instructions (this form) A copy of your federal return | | |
| 2022 Federal Tax Return Summary | Adjusted Gross Income | \$ | 6,342.00 |
| | Taxable Income | \$ | 0.00 |
| | Total Tax | \$ | 0.00 |
| | Total Payments/Credits | \$ | 415.00 |
| | Amount to be Refunded | \$ | 415.00 |
| | Effective Tax Rate | | 0.00% |



Hi Carter,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

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 Carter J | | Last name Balkum | | Your social security number 772-24-8236 | |
| 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. 383 A county road 659 | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Tupelo | | | State MS | ZIP code 38801 | 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 |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

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): | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): | |
|--|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here . . . <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | |
|---|--|---|---------------------|-----------|----------|--------------------|------------------|--------------------------|
| Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 6,342. | | | | |
| | b | Household employee wages not reported on Form(s) W-2 | 1b | | | | | |
| | c | Tip income not reported on line 1a (see instructions) | 1c | | | | | |
| | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | | | | | |
| | e | Taxable dependent care benefits from Form 2441, line 26 | 1e | | | | | |
| | f | Employer-provided adoption benefits from Form 8839, line 29 | 1f | | | | | |
| | g | Wages from Form 8919, line 6 | 1g | | | | | |
| | h | Other earned income (see instructions) | 1h | 0. | | | | |
| | i | Nontaxable combat pay election (see instructions) | 1i | | | | | |
| | z | Add lines 1a through 1h | 1z | 6,342. | | | | |
| | Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction , see instructions. | 2a | Tax-exempt interest | 2a | | b | 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 | | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | <input type="checkbox"/> |
| 8 | | Other income from Schedule 1, line 10 | | | | | | |
| 9 | | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | 6,342. |
| 10 | | Adjustments to income from Schedule 1, line 26 | | | | | | |
| 11 | | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | 6,342. |
| 12 | | Standard deduction or itemized deductions (from Schedule A) | | | | | | 6,742. |
| 13 | | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | |
| 14 | | Add lines 12 and 13 | | | | | | 6,742. |
| 15 | | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | | | | 0. |

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

| | | | | |
|-----------------|---|---|------------|------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 415. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 415. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 415. | |

| | | | | |
|---------------|--|---|--|------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 415. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 415. |
| | b | Routing number 1 2 4 3 0 3 2 0 1 | c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| | d | Account number 4 6 5 6 8 8 8 0 | | |
| 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | | |

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

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

| | | | | |
|------------------|--|---------------|---------------------|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | 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. (662) 422-4182 | Email address | | |

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

Electronic Filing Instructions for your 2022 Mississippi Tax Return

Important: Your taxes are not finished until all required steps are completed.



Balkum, Carter J
383 A county road 659
Tupelo, MS 38801

| | | | |
|--|---|----|-----------|
| Balance Due/Refund | Your Mississippi state tax return (Form 80-105) shows a refund due to you in the amount of \$99.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 46568880 Routing Transit Number: 124303201. | | |
| Where's My Refund? | Before you call the Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Department of Revenue directly at 601-923-7801. You can also visit the Department of Revenue web site at www.dor.ms.gov . | | |
| What You Need to Sign | Sign and date Form MS8453 within 1 day of acceptance. | | |
| Do Not Mail | Do not mail a paper copy of your tax return. Since you filed electronically, the Department of Revenue already has your return. | | |
| What You Need to Keep | Your Electronic Filing Instructions (this form) - Form MS8453 and attachment(s) A copy of your state and federal returns | | |
| 2022 Mississippi Tax Return Summary | Taxable Income | \$ | -1,958.00 |
| | Total Tax | \$ | 0.00 |
| | Total Payments/Credits | \$ | 99.00 |
| | Amount to be Refunded | \$ | 99.00 |

MS8453-IIT

Mississippi Individual Income Tax Declaration For Electronic Filing 2022

Submission Number

| | | | |
|---|---------------------|----------------------------|--|
| Taxpayer First Name Carter | Initial J | Last Name Balkum | YOU MUST ENTER SSN Taxpayer SSN 772248236 Spouse SSN |
| Spouse First Name | Initial | Last Name | |
| Mailing Address (Number and Street, Including Rural Route) 383 A county road 65 | | | |
| City Tupelo | State MS | Zip 38801 | |
| County Code 41 | | | |

PART I: TAX RETURN INFORMATION**(ROUND TO THE NEAREST DOLLAR)**

| | | |
|---|----------|--------------|
| 1 Mississippi taxable income (Form 80-105, line 16; 80-205, line 19) | 1 | -1958 |
| 2 Total Mississippi tax (Form 80-105, line 24; 80-205, line 26) | 2 | 0 |
| 3 Mississippi tax payments (Form 80-105, line 28; 80-205, line 30) | 3 | 99 |
| 4 Refund (Form 80-105, line 34; 80-205, line 35) | 4 | 99 |
| 5 Amount you owe (Form 80-105, line 37; 80-205, line 38) | 5 | |

PART II: DIRECT DEPOSIT/DIRECT DEBIT

| | | | | | |
|-------------------------|------------------|---------------------------|----------|-------------------------------------|---------|
| 1 Routing number | 124303201 | 3 Type of account: | Checking | <input checked="" type="checkbox"/> | Savings |
| 2 Account number | 46568880 | | | | |
| 4 Routing number | | 6 Type of account: | Checking | | Savings |
| 5 Account number | | | | | |

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

| | | | |
|--------------------|------|------------------|------|
| Taxpayer Signature | Date | Spouse Signature | Date |
|--------------------|------|------------------|------|

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, 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 is based on all information of which preparer has any knowledge.

| | | | | | |
|---|---------------|------|-----------------------------|------------------------|-----------------|
| ERO Use Only | ERO Signature | Date | Check if Also Paid Preparer | Check if Self-Employed | ERO SSN or PTIN |
| | | | | | |
| Firm Name (or yours if self-employed), address and ZIP code | | | | | EIN |
| | | | | | Phone No. |

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

| | | | | | |
|---|--------------------|------|-----------------------------|------------------------|----------------------|
| Paid Preparer Use Only | Preparer Signature | Date | Check if Also Paid Preparer | Check if Self-Employed | Preparer SSN or PTIN |
| | | | | | |
| Self Prepared | | | | | EIN |
| Firm Name (or yours if self-employed), address and ZIP code | | | | | Phone No. |



801052231164

Mississippi Resident Individual Income Tax Return 2022

Amended

| | | |
|--|---------------------|----------------------------|
| Taxpayer First Name Carter | Initial J | Last Name Balkum |
| Spouse First Name | Initial | Last Name |
| Mailing Address (Number and Street, Including Rural Route) 383 A county road 659 | | |
| City Tupelo | State MS | Zip 38801 |
| | | County Code 41 |

SSN **772248236**

Spouse SSN

- 1** Married - Combined or Joint Return (\$12,000)
2 Married - Spouse Died in Tax Year (\$12,000)
3 Married - Filing Separate Returns (\$12,000)
4 Head of Family (\$8,000)
5 ☒ Single (\$6,000)

EXEMPTIONS**Dependents** (in column B, enter "C" for child, "P" for parent or "R" for relative)

| 6 (A) Name | (B) | (C) Dependent SSN |
|------------|-----|-------------------|
| | | |
| | | |
| | | |

7 Total number of dependents (from line 6 and Form 80-491)

8 Taxpayer Age 65 or Over Spouse Age 65 or Over
 Taxpayer Blind Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8

10 Line 9 x **\$1,500** 10
11 Enter filing status exemption 11 **6000**
12 Total (line 10 plus line 11) 12 **6000**

MISSISSIPPI INCOME TAX

Column A (Taxpayer)

Column B (Spouse)

| | | | | |
|---|-----|--------------|-----|----------|
| 13 Mississippi adjusted gross income (from page 2, line 66) | 13A | 6342 | 13B | |
| 14 Standard or itemized deductions (if itemized, attach Form 80-108) | 14A | 2300 | 14B | |
| 15 Exemptions (from line 12; if married filing separately use 1/2 amount) | 15A | 6000 | 15B | |
| 16 Mississippi taxable income (line 13 minus line 14 and line 15) | 16A | -1958 | 16B | |
| 17 Income tax due (from Schedule of Tax Computation, see instructions) | | | 17 | 0 |
| 18 Credit for tax paid to another state (from Form 80-160, line 13; attach other state return) | | | 18 | |
| 19 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3d) | | | 19 | |
| 20 Other credits (from Form 80-401, line 1) | | | 20 | 0 |
| 21 Net income tax due (line 17 minus line 18, line 19 and line 20) | | | 21 | 0 |
| 22 Consumer use tax (see instructions) | | | 22 | |
| 23 Catastrophe savings tax (see instructions) | | | 23 | |
| 24 Total Mississippi income tax due (line 21 plus line 22 and line 23) | | | 24 | 0 |

PAYMENTS

| | | |
|--|----|-----------|
| 25 Mississippi income tax withheld (complete Form 80-107) | 25 | 99 |
| 26 Estimated tax payments, extension payments and/or amount paid on original return | 26 | |
| 27 Refund received and/or amount carried forward from original return (amended return only) | 27 | |
| 28 Total payments (line 25 plus line 26 minus line 27) | 28 | 99 |

REFUND OR BALANCE DUE

| | | |
|---|----|-----------|
| 29 Overpayment (if line 28 is more than line 24, subtract line 24 from line 28; if zero, skip to line 35) | 29 | 99 |
| 30 Interest and penalty (from Form 80-320, line 11 and/or line 12) | 30 | |
| 31 Adjusted overpayment (line 29 minus line 30) | 31 | 99 |
| 32 Overpayment to be applied to next year estimated tax account Farmers or Fishermen (see instructions) | 32 | 0 |
| 33 Voluntary contribution (from Form 80-108, part III) | 33 | |
| 34 Overpayment refund (line 31 minus line 32 and line 33) REFUND | 34 | 99 |

☒ Direct Deposit Request
 (check box and go to page 3)

| | | |
|--|-----------------------|----|
| 35 Balance due (if line 24 is more than line 28, subtract line 28 from line 24) | BALANCE DUE | 35 |
| 36 Interest and penalty (from Form 80-320, line 19) | | 36 |
| 37 Total due (line 35 plus line 36) | AMOUNT YOU OWE | 37 |

Installment Agreement Request
 (see instructions for eligibility; attach Form 71-661)

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3



801052232164

Mississippi

Resident Individual Income Tax Return

2022

Page 2

SSN

772248236

| INCOME | | Column A (Taxpayer) | Column B (Spouse) |
|--------|--|---------------------|-------------------|
| 38 | Wages, salaries, tips, etc. (complete Form 80-107) | 38A 6342 | 38B |
| 39 | Business income (loss) (attach Federal Schedule C or C-EZ) | 39A | 39B |
| 40 | Capital gain (loss) (attach Federal Schedule D, if applicable) | 40A 0 | 40B |
| 41 | Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV) | 41A | 41B |
| 42 | Farm income (loss) (attach Federal Schedule F) | 42A | 42B |
| 43 | Interest income (from Form 80-108, part II, line 3) | 43A | 43B |
| 44 | Dividend income (from Form 80-108, part II, line 6) | 44A | 44B |
| 45 | Alimony received | 45A | 45B |
| 46 | Taxable pensions and annuities (complete Form 80-107) | 46A | 46B |
| 47 | Unemployment compensation (complete Form 80-107) | 47A | 47B |
| 48 | Other income (loss) (from Form 80-108, part V, line 10) | 48A | 48B |
| 49 | Total income (add lines 38 through 48) | 49A 6342 | 49B |

| ADJUSTMENTS | | Column A (Taxpayer) | Column B (Spouse) |
|--------------------------------|--|---------------------|-------------------|
| 50 | Payments to IRA | 50A | 50B |
| 51 | Payments to self-employed SEP, SIMPLE and qualified retirement plans | 51A | 51B |
| 52 | Interest penalty on early withdrawal of savings | 52A 0 | 52B |
| 53 | Alimony paid (complete below) | 53A | 53B |
| Name SSN State Date of Divorce | | | |
| 54 | Moving expense (attach Federal Form 3903) | 54A | 54B |
| 55 | National Guard or Reserve pay (enter the lesser of amount or \$15,000) | 55A | 55B |
| 56 | Mississippi Prepaid Affordable College Tuition (MPACT) | 56A | 56B |
| 57 | Mississippi Affordable College Savings (MACS) | 57A | 57B |
| 58 | Self-employed health insurance deduction | 58A | 58B |
| 59 | Health savings account deduction | 59A | 59B |
| 60 | Catastrophe savings account deduction | 60A | 60B |
| 61 | Self-employment tax deduction | 61A | 61B |
| 62 | First-time home buyer savings account deduction | 62A | 62B |
| 63 | Agricultural disaster program compensation deduction | 63A | 63B |
| 64 | Mississippi Achieving a Better Life Experience (ABLE) Act deduction | 64A | 64B |
| 65 | Total adjustments (add lines 50 through 64) | 65A 0 | 65B |
| 66 | Mississippi adjusted gross income (line 49 minus line 65; enter on page 1, line 13) | 66A 6342 | 66B |

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



Mississippi

Resident Individual Income Tax Return

2022

Page 3

SSN 772248236

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) 1 99

| | | | | |
|--|----------------------------------|--|----------------------------------|--------------------------------------|
| a Routing Number 1 124303201 | Account Number 1 46568880 | <input checked="" type="checkbox"/> Checking | <input type="checkbox"/> Savings | Direct Deposit 1 Amount 1a 99 |
| b Routing Number 2 | Account Number 2 | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | Direct Deposit 2 Amount 1b |

SIGNATURE

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--------------------|------|----------------------------|-----------------------------|
| Taxpayer Signature | Date | 6624224182 | Paid Preparer PTIN |
| Spouse Signature | Date | Paid Preparer Phone Number | Paid Preparer Email Address |
| Self Prepared | Date | Paid Preparer Address | City State Zip Code |

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

REV 01/04/23 TTO

Duplex and Photocopies NOT Acceptable

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 Carter J | | Last name Balkum | | Your social security number 772-24-8236 | |
| 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. 383 A county road 659 | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Tupelo | | | State MS | ZIP code 38801 | 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 |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

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): | | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): | |
|--|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here . . . <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | |
|---|--|---|---------------------|--------------------------|----------|--------------------|------------------|-----------|
| Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 6,342. | | | | |
| | b | Household employee wages not reported on Form(s) W-2 | 1b | | | | | |
| | c | Tip income not reported on line 1a (see instructions) | 1c | | | | | |
| | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | | | | | |
| | e | Taxable dependent care benefits from Form 2441, line 26 | 1e | | | | | |
| | f | Employer-provided adoption benefits from Form 8839, line 29 | 1f | | | | | |
| | g | Wages from Form 8919, line 6 | 1g | | | | | |
| | h | Other earned income (see instructions) | 1h | 0. | | | | |
| | i | Nontaxable combat pay election (see instructions) | 1i | | | | | |
| | z | Add lines 1a through 1h | 1z | 6,342. | | | | |
| | Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction , see instructions. | 2a | Tax-exempt interest | 2a | | b | 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 | | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | <input type="checkbox"/> | | | | |
| 8 | | Other income from Schedule 1, line 10 | | | | | | |
| 9 | | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | |
| 10 | | Adjustments to income from Schedule 1, line 26 | | | | | | |
| 11 | | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | |
| 12 | | Standard deduction or itemized deductions (from Schedule A) | | | | | | |
| 13 | | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | |
| 14 | | Add lines 12 and 13 | | | | | | |
| 15 | | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | | | | |

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

| | | | | |
|-----------------|---|---|------------|------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 415. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 415. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | | |
| 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 415. | |

| | | | | |
|---------------|------------|---|------------|------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 415. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 415. |
| | b | Routing number 1 2 4 3 0 3 2 0 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 4 6 5 6 8 8 8 0 | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | |

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

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

| | | | | |
|------------------|--|---------------|---------------------|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | | Machine Operator | |
| | 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. (662) 422-4182 | Email address | | |

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