

2022 Tax Return

prepared by,

TaxSlayer.com

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IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶ 53003220230963032867

| | | |
|-------------------------------------|--|---------------------------------------|
| Taxpayer's name JESSICA R GARCIA | | Social security number 242-37-8578 |
| 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 | 209 |
| 2 | Total tax | 2 | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 493 |
| 4 | Amount you want refunded to you | 4 | 848 |
| 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 _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| | | | | |
|---|---|---|---|---|
| 7 | 7 | 1 | 9 | 5 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.
- 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.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Enter five digits, but don't enter all zeros

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.

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

 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 ▶ TAXSLAYER Date ▶ 04/10/2023

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

Filing Status [X] 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:

Form fields for personal information: Your first name and middle initial (JESSICA R), Last name (GARCIA), Your social security number (242-37-8578), Spouse's social security number, Home address (5970 US HWY 30), City (HUNTINGTON), State (OR), ZIP code (97907), Foreign country name, Foreign province/state/county, Foreign postal code, Presidential Election Campaign checkboxes.

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 [X] 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

Table for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Main income table with rows 1a through 15, including columns for taxable interest, dividends, pensions, capital gain, total income, adjusted gross income, standard deduction, and 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 | |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | |
| | 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 | |
| | b | Form(s) 1099 | 25b | 493 |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 493 |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | 27 | 25 |
| | 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 | 330 |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | 355 |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 848 |

| | | | | |
|--------------------------------------|------------|---|------------|-----|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 848 |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 848 |
| Direct deposit? See instructions. | b | Routing number 041215663 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 1340437418584 | | |
| | 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 **Yes**. Complete below. **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 CLEANING SERVICE | 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. (208) 214-3538 | Email address CASTROFAMILY2007@GMAIL.COM | | |

Paid Preparer Use Only

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

**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

JESSICA GARCIA

Your social security number

242-37-8578

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 | 209 |
| 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 ABL 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 | 209 |

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

Schedule 1 (Form 1040) 2022

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 | |
| 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 | |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

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

Your social security number
242-37-8578

Part I Nonrefundable Credits

| | | | |
|----------|--|-----------|--|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Alternative motor vehicle credit. Attach Form 8910 | 6e | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| z | Other nonrefundable credits. List type and amount: _____ _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|------------|-----|
| 9 | Net premium tax credit. Attach Form 8962 | 9 | 330 |
| 10 | Amount paid with request for extension to file (see instructions) | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | 12 | |
| 13 | Other payments or refundable credits: | | |
| a | Form 2439 | 13a | |
| b | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b | |
| c | Reserved for future use | 13c | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | |
| e | Reserved for future use | 13e | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | |
| g | Reserved for future use | 13g | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | |
| z | Other payments or refundable credits. List type and amount: _____ | 13z | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | 15 | 330 |

**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 JESSICA R GARCIA | | Link: 1 | Social security number (SSN) 242-37-8578 |
| A | Principal business or profession, including product or service (see instructions) ALL OTHER PERSONAL | B Enter code from instructions 8 1 2 9 9 0 | |
| C | Business name. If no separate business name, leave blank. CLEANING SERVICE | D Employer ID number (EIN) (see instr.) | |
| E | Business address (including suite or room no.) 271 DOUGLAS RD City, town or post office, state, and ZIP code ONTARIO ONTARIO OR 97914 | | |
| 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 8200 |
| 2 Returns and allowances | 2 |
| 3 Subtract line 2 from line 1 | 3 8200 |
| 4 Cost of goods sold (from line 42) | 4 880 |
| 5 Gross profit. Subtract line 4 from line 3 | 5 7320 |
| 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 7320 |

| Part II Expenses. Enter expenses for business use of your home only on line 30. | | | | | | | |
|--|------------|------|--|--|------------|------|--|
| 8 Advertising | 8 | 200 | | 18 Office expense (see instructions) | 18 | | |
| 9 Car and truck expenses (see instructions) | 9 | 1527 | | 19 Pension and profit-sharing plans | 19 | | |
| 10 Commissions and fees | 10 | | | 20 Rent or lease (see instructions): | 20 | | |
| 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 | 3650 | | 21 Repairs and maintenance | 21 | 140 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | | 22 Supplies (not included in Part III) | 22 | 490 | |
| 15 Insurance (other than health) | 15 | | | 23 Taxes and licenses | 23 | | |
| 16 Interest (see instructions): | | | | 24 Travel and meals: | 24 | | |
| a Mortgage (paid to banks, etc.) | 16a | | | a Travel | 24a | | |
| b Other | 16b | | | b Deductible meals (see instructions) | 24b | 120 | |
| 17 Legal and professional services | 17 | | | 25 Utilities | 25 | | |
| 18 Total expenses before expenses for business use of home. Add lines 8 through 27a | 18 | | | 26 Wages (less employment credits) | 26 | 209 | |
| 19 Tentative profit or (loss). Subtract line 18 from line 7 | 19 | | | 27a Other expenses (from line 48) | 27a | | |
| 20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. | | | | 27b Reserved for future use | 27b | | |
| Simplified method filers only: Enter the total square footage of (a) your home: <u>790</u> | | | | 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 6336 | |
| and (b) the part of your home used for business: <u>155</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | | | | 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 984 | |
| 30 Net profit or (loss). Subtract line 30 from line 29. | | | | 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. | | | |
| • 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 . | | | | Simplified method filers only: Enter the total square footage of (a) your home: <u>790</u> | | | |
| • If a loss, you must go to line 32. | | | | and (b) the part of your home used for business: <u>155</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | 775 | |
| 31 If you have a loss, check the box that describes your investment in this activity. See instructions. | | | | 31 Net profit or (loss). Subtract line 30 from line 29. | 31 | 209 | |
| • 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 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 you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | | • If a loss, you must go to line 32. | | | |
| 32a <input type="checkbox"/> All investment is at risk. | | | | 32 If you have a loss, check the box that describes your investment in this activity. See instructions. | | | |
| 32b <input type="checkbox"/> Some investment is not at risk. | | | | • 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. | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2022

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

JESSICA GARCIA

242-37-8578

SECTION B—Business and Income-Producing Property

Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

19 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. **See instructions if claiming a loss due to a Ponzi-type investment scheme and Section C is not completed.**

Property A VACCUM AND SHAMPOOER-ONTARIO OR 97914-01/01/2019

Property B _____

Property C _____

Property D _____

| | | Properties | | | | |
|----|---|------------|------|---|---|------|
| | | A | B | C | D | |
| 20 | Cost or adjusted basis of each property | 20 | 2450 | | | |
| 21 | Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3 Note: If line 20 is more than line 21, skip line 22. | 21 | | | | |
| 22 | Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23 through 27 for that column. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year | 22 | | | | |
| 23 | Fair market value before casualty or theft | 23 | 2500 | | | |
| 24 | Fair market value after casualty or theft | 24 | 300 | | | |
| 25 | Subtract line 24 from line 23 | 25 | 2200 | | | |
| 26 | Enter the smaller of line 20 or line 25 Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20. | 26 | 2200 | | | |
| 27 | Subtract line 21 from line 26. If zero or less, enter -0- | 27 | 2200 | | | |
| 28 | Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34. See instructions | 28 | | | | 2200 |

Part II Summary of Gains and Losses (from separate Parts I)

(a) Identify casualty or theft

(b) Losses from casualties or thefts

(i) Trade, business, rental, or royalty property

(ii) Income-producing property

(c) Gains from casualties or thefts includible in income

Casualty or Theft of Property Held One Year or Less

| | | | | |
|----|---|-----|-----|-----|
| 29 | | () | () | |
| 30 | Totals. Add the amounts on line 29 | 30 | () | () |
| 31 | Combine line 30, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions | 31 | | |
| 32 | Enter the amount from line 30, column (b)(ii), here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 16; or Schedule A (Form 1040-NR), line 7. (Do not include any loss on property used as an employee.) Estates and trusts, partnerships, and S corporations, see instructions | 32 | | |

Casualty or Theft of Property Held More Than One Year

| | | | | |
|----|---|-----|----------|----------|
| 33 | Casualty or theft gains from Form 4797, line 32 | 33 | | |
| 34 | VACCUM AND SHAMPOOER | () | (2200) | |
| 35 | Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii) | 35 | () | (2200) |
| 36 | Total gains. Add lines 33 and 34, column (c) | 36 | | |
| 37 | Add amounts on line 35, columns (b)(i) and (b)(ii) | 37 | | 2200 |
| 38 | If the loss on line 37 is more than the gain on line 36: a Combine line 35, column (b)(i), and line 36, and enter the net gain or (loss) here. Partnerships and S corporations, see the <i>Note</i> below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions | 38a | | |
| | b Enter the amount from line 35, column (b)(ii), here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 16; or Schedule A (Form 1040-NR), line 7. (Do not include any loss on property used as an employee.) Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships and S corporations, see the <i>Note</i> below | 38b | | 2200 |
| 39 | If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships, see the <i>Note</i> below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120-S, Schedule K, line 10. | 39 | | |

**Archer MSAs and
 Long-Term Care Insurance Contracts**
 Go to www.irs.gov/Form8853 for instructions and the latest information.
 Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return: **JESSICA R GARCIA**
 Social security number of MSA account holder. If both spouses have MSAs, see instructions: **242-37-8578**

Section A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and complete Section B.

Part I Archer MSA Contributions and Deductions. See instructions before completing this part. If you are filing jointly and both you and your spouse have high deductible health plans with self-only coverage, complete a separate Part I for each spouse.

| | | | |
|---|---|----------|--|
| 1 | Total employer contributions to your Archer MSA(s) for 2022 | 1 | |
| 2 | Archer MSA contributions you made for 2022, including those made in 2023 by the unextended due date of your return that were for 2022. Don't include rollovers. See instructions | 2 | |
| 3 | Limitation from the Line 3 Limitation Chart and Worksheet in the instructions | 3 | |
| 4 | Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.) | 4 | |
| 5 | Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Schedule 1 (Form 1040), line 23 | 5 | |
| Caution: If line 2 is more than line 5, you may have to pay an additional tax. See instructions. | | | |

Part II Archer MSA Distributions

| | | | |
|-----------|--|-----------|--|
| 6a | Total distributions you and your spouse received in 2022 from all Archer MSAs (see instructions) | 6a | |
| b | Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the unextended due date of your return. See instructions | 6b | |
| c | Subtract line 6b from line 6a | 6c | |
| 7 | Unreimbursed qualified medical expenses (see instructions) | 7 | |
| 8 | Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8e | 8 | |
| 9a | If any of the distributions included on line 8 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040), line 17e | 9b | |

Section B. Medicare Advantage MSA Distributions. If you are filing jointly and both you and your spouse received distributions in 2022 from a Medicare Advantage MSA, complete a separate Section B for each spouse. See instructions.

| | | | |
|------------|---|------------|--|
| 10 | Total distributions you received in 2022 from all Medicare Advantage MSAs (see instructions) | 10 | |
| 11 | Unreimbursed qualified medical expenses (see instructions) | 11 | |
| 12 | Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8e | 12 | |
| 13a | If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 50% tax. Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2021. Also include this amount in the total on Schedule 2 (Form 1040), line 17f | 13b | |

Information To Claim Certain Credits After Disallowance

Earned Income Credit (EIC), Child Tax Credit (CTC), Refundable Child Tax Credit (RCTC), Additional Child Tax Credit (ACTC), Credit for Other Dependents (ODC), and American Opportunity Tax Credit (AOTC)

Attach to your tax return. Go to www.irs.gov/Form8862 for instructions and the latest information.

Name(s) shown on return

JESSICA GARCIA

Your social security number

242-37-8578

You must complete Form 8862 and attach it to your tax return to claim the EIC, CTC/RCTC/ACTC/ODC, or AOTC if both of the following apply.

- Your EIC, CTC/RCTC/ACTC/ODC, or AOTC was previously reduced or disallowed for any reason other than a math or clerical error.
- You now want to claim the credit that was previously reduced or disallowed and you meet all the requirements for the credit.

Part I All Filers

1 Enter the tax year for which you are filing this form (for example, 2022).

2 Check the box(es) that applies to the credit(s) you are claiming and complete the part(s) that matches the box(es) you marked.

| Earned Income Credit (Complete Part II) | Child Tax Credit (nonrefundable or refundable)/Additional Child Tax Credit/Credit for Other Dependents (Complete Part III) | American Opportunity Tax Credit (Complete Part IV) |
|--|---|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Earned Income Credit

3 If the **only** reason your EIC was reduced or disallowed was because you incorrectly reported your earned income or investment income, check "Yes." Otherwise, check "No." Yes No

Caution: If you checked "Yes," **do not** complete the rest of Part II. Attach this form to your tax return to claim the EIC. If you checked "No," continue.

4 Could you (or your spouse if filing jointly) be claimed as a qualifying child of another taxpayer for the year entered on line 1? Yes No

Caution: See the instructions before answering. If you (or your spouse if filing jointly) answer "Yes" to question 4, you cannot claim the EIC.

If you are claiming the EIC with a qualifying child, continue to Section A. Otherwise, go to Section B.

Section A: Filers With a Qualifying Child or Children

- Answer questions 5, 7, and 8 for each child for whom you are claiming the EIC.
- Enter the name(s) of the child(ren) you listed as Child 1, Child 2, and Child 3 on **Schedule EIC** for the year entered on line 1 above.

5a Child 1 _____ b Child 2 _____

c Child 3 _____

6 Does your completed Schedule EIC for the year entered on line 1 show that you had a qualifying child for the EIC? Yes No

Caution: If you checked "No," you do not need to complete Part II, Section A. Go to Part II, Section B.

7 Enter the number of days each child lived with you in the United States during the year entered on line 1.

Child 1 Child 2 Child 3

Caution: If you enter less than 183 (184 if the year on line 1 is a leap year), you cannot claim the EIC for that child.

8 If the child was born or died during the year entered on line 1, enter the month and day the child was born and/or died as month (MM)/day (DD). Otherwise, skip this line.

| | | | |
|-------------------------------|---|-------------------------------|---|
| Child 1 date of birth (MM/DD) | <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> | Child 1 date of death (MM/DD) | <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> |
| Child 2 date of birth (MM/DD) | <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> | Child 2 date of death (MM/DD) | <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> |
| Child 3 date of birth (MM/DD) | <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> | Child 3 date of death (MM/DD) | <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> |

Only one person may claim the child as a qualifying child for the EIC and certain other child-related benefits. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, go to Part II, Section B.

Section B: Filers Without a Qualifying Child or Children

- 9a Enter the number of days during the year entered on line 1 that your main home was in the United States . . . 3 6 5
b If married filing jointly, enter the number of days during the year entered on line 1 that your spouse's main home was in the United States

Caution: Members of the military stationed outside the United States during the year entered on line 1, see the instructions before answering. If you enter less than 183 (184 if the year on line 1 is a leap year) on either line 9a or 9b (if filing jointly), you cannot claim the EIC.

- 10a Enter your age at the end of the year on line 1 41
b Enter your spouse's age at the end of the year on line 1

Caution: If your spouse died during the year entered on line 1 or you are preparing a return for someone who died during the year entered on line 1, see the instructions before answering. If neither you (nor your spouse if filing jointly) met the applicable minimum or maximum age requirement at the end of the year on line 1, you cannot claim the EIC. See the Instructions for Form 8862 for more information.

- 11a Can you be claimed as a dependent on another taxpayer's return? Yes No
b Can your spouse (if filing jointly) be claimed as a dependent on another taxpayer's return? Yes No

Caution: If either you (or your spouse if filing jointly) answer "Yes" to question 11, you cannot claim the EIC.

Part III Child Tax Credit (nonrefundable or refundable)/Additional Child Tax Credit/Credit for Other Dependents

12 Enter the name(s) of each child for whom you are claiming the child tax credit/refundable child tax credit/additional child tax credit (CTC/RCTC/ACTC). If you are claiming the CTC/RCTC/ACTC for more than four qualifying children, attach a statement also answering questions 12 and 14-17 for those children.

- a Child 1
b Child 2
c Child 3
d Child 4

13 Enter the name(s) of each person for whom you are claiming the credit for other dependents (ODC). If you are claiming the credit for more than four dependents, attach a statement answering questions 13, 16, and 17 for those dependents.

- a Other dependent 1
b Other dependent 2
c Other dependent 3
d Other dependent 4

14 For each child listed in response to question 12, did the child live with you for more than half of the year or meet an exception described in the instructions?

- Child 1 Yes No Child 2 Yes No Child 3 Yes No Child 4 Yes No

15 For each child listed in response to question 12, did the child meet the requirements to be a qualifying child for the CTC/RCTC/ACTC?

- Child 1 Yes No Child 2 Yes No Child 3 Yes No Child 4 Yes No

16 For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person your dependent?

- Child 1 Yes No Child 2 Yes No Child 3 Yes No Child 4 Yes No
Other dependent 1 Yes No Other dependent 2 Yes No
Other dependent 3 Yes No Other dependent 4 Yes No

17 For each person claimed as a qualifying child or other dependent for the CTC/RCTC/ACTC/ODC, is that person a citizen, national, or resident of the United States? See Pub. 519 for more information on when a person is a resident of the United States or is treated as a resident of the United States.

- Child 1 Yes No Child 2 Yes No Child 3 Yes No Child 4 Yes No
Other dependent 1 Yes No Other dependent 2 Yes No
Other dependent 3 Yes No Other dependent 4 Yes No

Caution: If the answer is "No" for question 14, 15, 16, or 17, you cannot claim the CTC/RCTC/ACTC/ODC for that child or other dependent.

Only one person can claim the child as a qualifying child for the CTC/RCTC/ACTC/ODC. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, you cannot claim the CTC/RCTC/ACTC or the ODC based on having a qualifying child. If you are a noncustodial parent who is entitled to treat the child as a qualifying child, you do not need to complete Part V.

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

Your social security number

JESSICA R GARCIA

242-37-8578

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

Part I Annual and Monthly Contribution Amount

| | | | |
|-----------|--|-----------|---|
| 1 | Tax family size. Enter your tax family size. See instructions | 1 | 1 |
| 2a | Modified AGI. Enter your modified AGI. See instructions | 2a | 209 |
| b | Enter the total of your dependents' modified AGI. See instructions | 2b | |
| 3 | Household income. Add the amounts on lines 2a and 2b. See instructions | 3 | 209 |
| 4 | Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC | 4 | 12880 |
| 5 | Household income as a percentage of federal poverty line (see instructions) | 5 | 1 % |
| 6 | Reserved for future use | | |
| 7 | Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions | 7 | 0.0000 |
| 8a | Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a | b | Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b |

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

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

| Annual Calculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annual contribution amount (line 8a) | (d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Annual premium tax credit allowed (smaller of (a) or (d)) | (f) Annual advance payment of PTC (Form(s) 1095-A, line 33C) |
|-------------------------|---|--|---|--|--|--|
| 11 Annual Totals | 330 | 3960 | | 3960 | 330 | |
| Monthly Calculation | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) | (b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation) | (d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-) | (e) Monthly premium tax credit allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) |
| 12 January | | | | | | |
| 13 February | | | | | | |
| 14 March | | | | | | |
| 15 April | | | | | | |
| 16 May | | | | | | |
| 17 June | | | | | | |
| 18 July | | | | | | |
| 19 August | | | | | | |
| 20 September | | | | | | |
| 21 October | | | | | | |
| 22 November | | | | | | |
| 23 December | | | | | | |

| | | | |
|-----------|--|-----------|-----|
| 24 | Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here | 24 | 330 |
| 25 | Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here | 25 | |
| 26 | Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 | 26 | 330 |

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

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

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return (JESSICA GARCIA), Business or activity to which this form relates (FORM 4562), and Identifying number (242-37-8578).

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 2 columns: Line number and Description. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns: Line number and Description. Includes lines 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 2 columns: Line number and Description. Includes lines 21-23 for summary of depreciation.



Simplified Method Worksheet

Keep for Your Records

| | | | | |
|----|--|---|-----|-------|
| 1. | Enter the amount of the gross income limitation. See the Instructions for the Simplified Method Worksheet | 1 | 1. | 11270 |
| 2. | Allowable square footage for the qualified business use. Do not enter more than 300 square feet. See the Instructions for the Simplified Method Worksheet | | 2. | 155 |
| 3. | Simplified method amount | | | |
| a. | Maximum allowable amount | | 3a. | \$5 |
| b. | For daycare facilities not used exclusively for business, enter the decimal amount from the Daycare Facility Worksheet; otherwise, enter 1.0 | | 3b. | 1.00 |
| c. | Multiply line 3a by line 3b and enter the result to 2 decimal places | | 3c. | 5.00 |
| 4. | Multiply line 2 by line 3c | | 4. | 775 |
| 5. | Allowable expenses using the simplified method. Enter the smaller of line 1 or line 4 here and include that amount on Schedule C, line 30. If zero or less, enter -0- | | 5. | 775 |
| 6. | Carryover of unallowed expenses from a prior year that are not allowed in 2021. | | | |
| a. | Operating expenses. Enter the amount from your last Form 8829, line 43 (line 42 if before 2018). See the Instructions for the Simplified Method Worksheet | | 6a. | |
| b. | Excess casualty losses and depreciation. Enter the amount from your last Form 8829, line 44 (line 43 if before 2018). See the Instructions for the Simplified Method Worksheet | | 6b. | |

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

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 | 301 |
| | b. Enter any amount from Schedule SE, Part I, line 4b and line 5a. | + 1b | |
| | c. Combine lines 1a and 1b. | = 1c | 301 |
| | d. Enter the amount from Schedule SE, Part I, line 13. | - 1d | |
| | e. Subtract line 1d from line 1c. | = 1e | 301 |

| | | | |
|--|--|------|--|
| Part 2 Self-Employed NOT Required To File Schedule SE <small>For example, your net earnings from self-employment were less than \$400.</small> | 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*. | 2a | |
| | 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)*. | + 2b | |
| | c. Combine lines 2a and 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 <small>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.</small> | 4a. Enter your earned income from Step 5. | 4a | |
| | b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income. | 4b | 301 |
| | 5. If you have: <ul style="list-style-type: none"> ● 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)? <input checked="" type="checkbox"/> Yes. If you want the IRS to figure your credit, see <i>Credit figured by the IRS</i> , 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 | 301 |
|----------|-----|

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 | 25 |
|----------|----|

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 | 209 |
|----------|-----|

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 | |
|-----------|--|

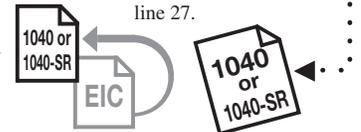
Part 7

Your Earned Income Credit

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

Reminder—

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



| | |
|-----------|----|
| 11 | 25 |
|-----------|----|

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.