

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status		Single Head of household (HOH)		☐ Married filing jo☐ Qualifying surv	/ivir	ng spouse ((QS	•	_	•	•	. ,	
Check only one box.		ou checked the MFS box, enter ne if the qualifying person is a c					a tr	ie HOH or Q	55 b	юx,	enter t	ine chila's	
Your first name			Last name						Your social security number				
			Cer	rda					3 5 3 5 8 6 5 2 5				
If joint return,	spous	e's first name and middle initial	La	st name					Spou	se's	social se	curity number	
		nber and street). If you have a P.O. b	oox,	see instructions.				Apt. no.				on Campaign	
112 Buckbee S		ffice. If you have a foreign address, a	loo o	complete apages below	C+c	nto	ZID	1 code			re if you, filina ioir	or your ntly, want \$3	
Rockford	ออร์เ อ	ffice. If you have a foreign address, a	ISO C	complete spaces below.	Sta	IL	ZIP	61104	to go	to th	nis fund.	Checking a	
Foreign countr	y nan	ne		Foreign province/state/	/cou		oreig	n postal code		tax c	v will not or refund You		
Digital Assets	pro	any time during 2022, did perty or services); or (b) se et (or a financial interest ir	ell,	exchange, gift, or	oth	nerwise dis	pos		ital			☑ No	
Standard Deduction		meone can claim:	arat		ere		tus	alien .					
	Age	e/Blindness { Spouse:		Was born before				☐ Is bli					
Dependents	(1) F	First name Last name		(2) Social security nun	nber	(3) Relationship	to	(4) Check the bo		1	•	,	
(see instructions):		Last Harris				,		Child tax cr	eait	Cr	ealt for oth	her dependents	
If more than four dependents, see													
instructions and													
check here										Ц			
Income	1a	Total amount from Form((s) \	W-2, box 1 (see in	stru	uctions) .			· -	1a			
Attach Form(s) W-2	b	Household employee wa	ges	s not reported on	For	m(s) W-2			· -	1b			
here. Also attach Forms	С	Tip income not reported	on	line 1a (see instru	ctic	ons)				1c			
W-2G and 1099-R if tax	d	Medicaid waiver paymen	ts r	not reported on Fo	orm	(s) W-2 (see	e in	structions)) [-	1d			
was withheld.	е	Taxable dependent care	bei	nefits from Form 2	244	1, line 26				1e			
If you did not get a Form	f	Employer-provided adop	tio	n benefits from Fo	rm	8839, line	29		. L	1f			
W-2, see instructions.	g	Wages from Form 8919, line 6								1g			
	h	Other earned income (se	e ir	nstructions)			•			1h			
	i	Nontaxable combat pay	ele	ction (see instruct	ion	s) . 1i							
	z	Add lines 1a through 1h							. -	1z			
Attach	2 a	Tax-exempt interest .		2a		b Taxable	int	erest	. 2	2b			
Schedule B if required.	3a	Qualified dividends	(3a		b Ordinary	/ di	vidends .	. [3b			
	4a	IRA distributions	4	4a		b Taxable	am	nount	. 4	4b			
	5a	Pensions and annuities		5a		b Taxable	an	nount	. [5b			
	6a	Social security benefits .		6a	1	b Taxable				3b			
	С	If you elect to use the	_		_								
	_	instructions)					•	[
	7	Capital gain or (loss). At check here						•]	7			

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	8	Other income from Schedule 1, line 10	8	11,983
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	
	10	Adjustments to income from Schedule 1, line 26	10	847
0	11	Subtract line 10 from line 9. This is your adjusted gross income	11	11,136
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	12950
See Standard Deduction Chart	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
on the last page	14	Add lines 12 and 13	14	12950
of this form.	^J 15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	15	0.00
Tax and	16	Tax (see instructions). Check if any from:		
Credits		1 □ Form(s) 8814 2 □ Form(s) 4972 3 □	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	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21.	23	1372
	24	Add lines 22 and 23. This is your total tax	24	1372
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	0.00
	26	2022 estimated tax payments and amount applied from 2021 return	26	0.00
If you have a qualifying	27	Earned income credit (EIC)		
child, attach Sch. EIC.	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0.00

Add lines 25d, 26, and 32. These are your total payments . . .

33

33

0.00

0.00

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Refund	34	If line 33 is more that amount you overpaid	•		ne 24 from lir		is the	34			
	35a	Amount of line 34 yo check here	u want ref	unded to	you. If Form	8888 is atta	ached,	35a			
Direct deposit? See	b	Routing number			c Type: 🔲	Checking	Savings				
instructions.	d	Account number									
	36	Amount of line 34 y estimated tax			-	36					
Amount You Owe	37	Subtract line 33 from For details on how to	line 24. Thi	s is the an	nount you ow		ctions	37			1,372
	38	Estimated tax penalty	(see instru	uctions) .		38					
Third Party Designee		o you want to allow another structions	person to dis	scuss this re	turn with the IRS		s. Comple	te belo	w.	□ N	o
		esignee's me		Phone no.			onal identif oer (PIN)	ication	$\overline{}$		
Sign Here	Ur of	nder penalties of perjury, I decla my knowledge and belief, they formation of which preparer has	are true, corre	examined this ct, and compl		anying schedul	es and sta				
Joint return?	Yo	our signature		Date	Prot				e IRS sent you an Identity rection PIN, enter it here		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	ooth must sign.	Date	Spouse's occupa	ation	Iden	e IRS ser tity Prote inst.)			e an Iter it here
	——Ph	one no.		Email address	1		,				
Paid Preparer	Pro	eparer's name	Preparer's si	gnature		Date	PTIN		Check if: Self-employed		
Use Only	Fir	m's name					Pho	ne no.			
OSC OTHY	Fir	m's address					Firm	ı's EIN			

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$14,700
Single	2	16,450
	1	\$27,300
Married	2	28,700
filing jointly	3	30,100
	4	31,500
Qualifying	1	\$27,300
surviving spouse	2	28,700
Head of	1	\$21,150
household	2	22,900
	1	\$14,350
Married filing	2	15,750
separately**	3	17,150
	4	18,550

^{*}Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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^{**}You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.