

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: **FRANK A. KISH**

Your first name and middle initial GAYLE L.	Last name KISH	Your social security number 293-50-8667
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number 270-46-3505

Home address (number and street). If you have a P.O. box, see instructions. 1406 IROQUOIS AVENUE		Apt. no.	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
City, town or post office. If you have a foreign address, also complete spaces below. MAYFIELD HEIGHTS	State OH	ZIP code 44124	
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):	
If more than four dependents, see instr. and check here <input type="checkbox"/>	(1) First name Last name			Child tax credit	Credit for other dependents

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	26,678
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	26,678

Attach Sch. B if required.	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	4,154
	5a Pensions and annuities	5a	128,043	b Taxable amount	5b	13,688
	6a Soc. sec. ben.	6a	14,361	b Taxable amount	6b	12,207

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.	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"/>	7	
	8 Other income from Schedule 1, line 10	8	0
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	56,727
	10 Adjustments to income from Schedule 1, line 26	10	0
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	56,727
	12 Standard deduction or itemized deductions (from Schedule A)	12	14,350
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	14,350
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	42,377

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	16	4,940
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,940
	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	4,940
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	4,940	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	2,233
	b	Form(s) 1099	25b	960
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3,193
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	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	3,193	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
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	1,797
	38	Estimated tax penalty (see instructions)	38	50

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 **LOUIS STACHOWICZ, CPA** Phone no. **440-230-5260** Personal Identification number (PIN) **37205**

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

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

Your signature: *Gayle L. Kish* Date: *1/11/25* Your occupation: **DIRECTOR**

Spouse's signature: *440-220-2040 Kishgayle3@gmail.com* Date: *1/11/25* Spouse's occupation:

Preparer's name: **LOUIS STACHOWICZ, CPA** Preparer's signature: *[Signature]* Date: **01/13/25** PTIN: **P00037205** Check if: Self-employed

Paid Preparer Use Only Firm's name: **CULKAR, STACHOWICZ & CO., CPA'S** Phone no.: **440-230-5260**

Firm's address: **17601 WEST 130TH ST., STE. 3 NORTH ROYALTON OH 44133** Firm's EIN: **34-1752383**

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2022)

1/17 INT 244 FTF 450 FTP 192 TOT 2,683