November 26, 2024

Charles N Mills 120 Leigh St South Boston, VA 24592

Please find enclosed your 2022 federal income tax return as well as a copy for your records. Your federal return is due April 18, 2023. Please sign and date your Form 1040.

The amount you owe on your federal return is \$4,804. Make your check or money order payable to 'United States Treasury '. Write '2022 Form 1040' and your social security number on your payment.

Mail your Form 1040-V, payment, and return to:

Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

dc Tax, LLC 9301 Ocoee St #64 Ooltewah, TN 37363 (423)482-9737

2022 Form 1040-V





Before you mail a check, consider your online payment options

IRS Direct Pay

- Pay with Bank account
- Schedule up to 30 days in advance
- No fees
- **Immediate** Confirmation

Go to directpay.irs.gov

Pay by Card

- Credit or Debit Card option
- Schedule in advance
- Service fees apply and vary by processor

Go to irs.gov/Payments

Electronic **Federal Tax Payment System**

- Registration required
- Business and Individuals
- Pay with Bank Account by phone or online
- No fees

Go to EFTPS.gov to enroll Registerd users call 1800-555-3453

Online payments save time, reduce paper, and don't require postage. If you do mail a check, include the portion below with your payment.

Form **1040-V** (2022)

Detach Here and Mail With Your Payment and Return

Internal Revenue Service

Payment Voucher

Do not staple or attach this voucher to your payment or return. Go to www.irs.gov/Payments for payment options and information. OMB No. 1545-0074

Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"

4,804.00

Charles N Mills

120 Leigh St South Boston, VA 24592

Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000

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| <u>1040</u> |) U | S. Individual | Income | Tax R | | · - | <u> </u> | OI | MB No. 1545 | 5-0074 | IRS Use O | nly – I | Do not write | or staple in this space. | |
|--|------------|--|-----------------|-------------------|-------------|------------------|---------------|--------------|---------------|---------|----------------|------------|--------------|--|--|
| Filing Status | X S | ngle Married fil | ing jointly | Married | I filing se | eparately (MF | S) F | lead | of household | OH) b | H) Qua | lifyin | g surviving | spouse (QSS) | |
| Check only one box. | | checked the MFS box, but not your depender | | ne of your | spouse. | If you checke | ed the HO | H or (| QSS box, en | ter the | e child's name | if th | e qualifyin | g person is | |
| Your first name | and mid | Idle initial | | Las | st name | | | | | | | Y | our socia | I security number | |
| Charles | N | | | мі | lls | | | | | | | | 223-63-3321 | | |
| | | irst name and middle | initial | | st name | | | | | | | s | | social security numbe | |
| | | | | | | | | | | | | | | | |
| Home address | (numbei | and street). If you have | e a P.O. box, | see instru | uctions. | | | | | | Apt. no. | | Presidenti: | al Election Campaign | |
| 120 Lei | | | | | | | | | | | ' | | | | |
| | | . If you have a foreign | address, also | complete | spaces | below. | Si | ate | | ZIP | code | | | if you, or your spouse ly, want \$3 to go to this | |
| South B | | | , | • | • | | V. | | | 24 | 592 | | | king a box below will | |
| Foreign country | | | | | Fore | ign province/ | | | | + | eign postal co | _ | | your tax or refund. | |
| g, | | | | | | .9 | | , | | | | | | You Spouse | |
| Digital | At any | time during 2022, did | von. (a) tece | ive (as a r | eward : | award or pay | ment for n | roper | ty or service | s). or | (b) sell | | | | |
| Digital Assets | - | nge, gift, or otherwise | | • | | | - | | - | | | | | Yes X No | |
| | | eone can claim: | You as a | | | _ | use as a d | | | | | | | | |
| Standard Deduction | | Spouse itemizes on a | _ | • | _ | | | оронс | 2011 | | | | | | |
| Age/Blindness | Yo | | - | - | Weie a | Are blind | Spo | 1160. | ☐ Was h | orn h | efore January | , 2 1 | 059 | ls blind | |
| Dependents (| | | ole January | 2, 1930 | | | al security | _ | 3) Relations | | | | | s for (see instructions) | |
| If more | | , | Last name | | | | mber | ' | to you | n np | Child tax c | | 1 | t for other dependents | |
| than four | (1) 11 | istriame | Last Hairie | | | | | - | | | | euit | Credi | l loi otillei dependents | |
| dependents, | | | | | | | | - | | | 片 | | | H | |
| see instructions | | | | | | | | | | | 片 | | | H | |
| and check | | | | | | | | - | | | 片 | | | \vdash | |
| here | | - | ())) () | | | | | | | | | | + | <u> </u> | |
| Income | 1a | Total amount from Fo | . , | • | | , | | | | | | | | 59,076. | |
| Attach Form(s) | b | Household employee | • | • | • | • | | | | | | • • | | | |
| W-2 here. Also attach Forms | С. | Tip income not repor | | , | | | | | | | | • • | . 1c | | |
| W-2G and | d | Medicaid waiver payr | | | ` , | • | • | | | | | • • | . 1d | | |
| 1099-R if tax | е | Taxable dependent c | | | | | | | | | | | . 1e | | |
| was withheld. | f | Employer-provided a | | | | | | | | | | | . 1f | | |
| If you did not | g | Wages from Form 89 | 919, line 6 . | | | | | | | | | | . 1g | | |
| get a Form | h | Other earned income | (see instruct | ions) | | | | | | | | | . 1h | | |
| W-2, see instructions. | i | Nontaxable combat p | ay election (s | ee instruc | ctions) . | | | | 1 | i | | | | | |
| | z | Add lines 1a through | 1h | | | | | | | | | | . 1z | 59,076. | |
| Attach Sch. B if | 2a | Tax-exempt interest | | | 2a | | | b Tax | cable interes | t | | | . 2b | | |
| required. | <u>3a</u> | Qualified dividends | | | 3a | | ' | b Ord | dinary divide | nds . | | | . 3b | | |
| | 4a | IRA distributions . | | | 4a | | | b Tax | able amoun | t | | | . 4b | | |
| Standard Deduction for - | 5a | Pensions and annuiti | es | · · · L | 5a | | | b Tax | able amoun | t | | | . 5b | | |
| Single or | 6a | Social security benef | its | L | 6a | | | b Tax | able amoun | t | | · <u>-</u> | . 6b | | |
| Married filing separately, | С | If you elect to use the | lump-sum e | ection me | thod, ch | eck here (se | e instruction | ons). | | | | . <u> </u> | | | |
| \$12,950 | 7 | Capital gain or (loss) | . Attach Sche | dule D if r | equired | . If not require | ed, check l | nere. | | | | | 7 | | |
| Married filing jointly or | 8 | Other income from Schedule 1, line 10 | | | | | | | | | | | . 8 | | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | | | . 9 | 59,076. | | |
| surviving spouse, | 10 | Adjustments to income from Schedule 1, line 26 · · · · · · · · · · · · · · · · · · | | | | | | | | . 10 | | | | | |
| \$25,900 | 11 | Subtract line 10 from | line 9. This is | s your adj | usted g | ross income | | | | | | | . 11 | 59,076. | |
| Head of household, | 12 | Standard deduction | or itemized | deductio | ns (fron | n Schedule A |) | | | | | | . 12 | 12,950. | |
| \$19,400 | 13 | Qualified business in | come deduct | ion from F | orm 89 | 95 or Form 89 | 995-A | | | | | | . 13 | | |
| If you checked any box under | 14 | Add lines 12 and 13. | | | | | | | | | | | . 14 | 12,950. | |
| Standard | 15 | Subtract line 14 from | line 11. If zei | o or less, | enter -0 | This is you | r taxable | inco | me · · · | | | | . 15 | 46,126. | |
| Deduction, see | l | | | | | | | | | | | | | | |

| Form 1040 (202 | (Z) | naries N Milis | <u> </u> | <u>3-332.</u> | L Page∠ |
|--------------------------------------|-----|---|------------------|---------------------------|----------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | | 16 | 5,765. |
| Credits | 17 | Amount from Schedule 2, line 3 | | 17 | |
| | 18 | Add lines 16 and 17 | | 18 | 5,765. |
| | 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 | 0. | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 5,765. | |
| | 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 | 5,765. |
| Payments | 25 | Federal income tax withheld from: | | | |
| • | а | Form(s) W-2 | 1,013. | | |
| | b | Form(s) 1099 | | | |
| | С | Other forms (see instructions) | | | |
| | d | Add lines 25a through 25c | | 25d | 1,013. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | | 26 | , |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | | |
| | 29 | American opportunity credit from Form 8863, line 8 | | | |
| | 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. | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | 33 | 1,013. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | 34 | 0. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | 35a | 0. | |
| | b | | vings | - | |
| Direct deposit? See instructions. | d | Account number XXXXXX | J- | | |
| see mon denome. | 36 | Amount of line 34 you want applied to your 2023 estimated tax | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe . | | | |
| You Owe | ٥. | For details on how to pay, go to www.irs.gov/Payments or see instructions | | 37 | 4,804. |
| | 38 | Estimated tax penalty (see instructions) | 52. | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? | | | |
| Designee | | , | es. Comple | te below. | □ No |
| 200.9 | | - | | | |
| | De: | · - '1 11' | l identification | n . 093 | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the | · / | | lief, they are true, |
| Here | СО | rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know | vledge. | Ü | |
| | Yo | our signature Date Your occupation | | e IRS sent you | |
| Joint return? | | | | ection PIN, ent inst.) | er it here |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. Date Spouse's occupation | If the | e IRS sent you | spouse an Identity |
| our records. | · | | Prot (see | | er it here |
| | | Email address | (366 | | |
| Da!al | | one no. Email address eparer's name Preparer's signature Date | PTIN | | Check if: |
| Paid | | | | _ l _ | Self-employed |
| Preparer | | avid W Collins David W Collins 01/23/2025 | - - | | |
| Use Only | | misname dc Tax, LLC | | | 482-9737 3654940 |
| | Fil | m's address 9301 Ocoee St #64. Ooltewah. TN. 37363 | I Firm's E | :IN Xb−. | 303494() |