

Form

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

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

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

ERIN E

Last name

MINO

Your social security number

210-72-1465

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.

961 LORIMER STREET

Apt. no.

1

City, town or post office. If you have a foreign address, also complete spaces below.

BROOKLYN

State

NY

ZIP code

11222

Foreign country name

Foreign province/state/county

Foreign postal code

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.

☐ You ☐ Spouse

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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	78,249
b	Household employee wages not reported on Form(s) W-2	
c	Tip income not reported on line 1a (see instructions)	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e	Taxable dependent care benefits from Form 2441, line 26	
f	Employer-provided adoption benefits from Form 8839, line 29	
g	Wages from Form 8919, line 6	
h	Other earned income (see instructions)	
i	Nontaxable combat pay election (see instructions)	1i
z	Add lines 1a through 1h	78,249

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

2a	Tax-exempt interest		b	Taxable interest	354
3a	Qualified dividends	37	b	Ordinary dividends	46
4a	IRA distributions	50,229	b	Taxable amount	44,809
5a	Pensions and annuities	17,423	b	Taxable amount	0
6a	Soc. sec. ben.		b	Taxable amount	0

Attach Sch. B2a if required.

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	0
8	Other income from Schedule 1, line 10	0
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	123,458
10	Adjustments to income from Schedule 1, line 26	0
11	Subtract line 10 from line 9. This is your adjusted gross income	123,458
12	Standard deduction or itemized deductions (from Schedule A)	12,950
13	Qualified business income deduction from Form 8995 or Form 8995-A	
14	Add lines 12 and 13	12,950
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	110,508

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.

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972	16	20,355
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	20,355
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	4
21	Add lines 19 and 20	21	4
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	20,351
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,208
24	Add lines 22 and 23. This is your total tax	24	21,559

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,430
b	Form(s) 1099	25b	12,076
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	22,506
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	22,506

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	947
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	947
b	Routing number 031000503	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 1010289247217		
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	JACQUELINE DEPIETTO	Phone no.	215-579-2916	Personal identification number (PIN)	09798
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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 instr.)
		VISUAL MERCHANDISER	
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 instr.)

Paid Preparer Use Only

Preparer's name	JACQUELINE DEPIETTO	Preparer's signature	JACQUELINE DEPIETTO	Date	04/07/23	PTIN	P00025672	Check if: <input type="checkbox"/> Self-employed
Firm's name	DEPIETTO & DEPIETTO, LLC				Phone no.	215-579-2916		
Firm's address	88 PADDOCK WAY HOLLAND PA 18966				Firm's EIN	20-1827666		

Go to www.irs.gov/Form1040 for instructions and the latest information.