

Filing Instructions



FILE COPY

Electronically Filed  
Form 1040 US Individual Income Tax Return

With  
Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2022

**Name:** CAROLYN SIMON

**Date Due:** April 18, 2023

**Remittance:** None is required. No amount is due or overpaid.

**Signature:** Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

***Important:*** Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

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: **CLAUDE SIMON**

Your first name and middle initial

Last name

Your social security number

**CAROLYN****SIMON****149-46-3469**

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

**106-50-1158**

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

**71 TONJES ROAD**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.

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

State

ZIP code

**CALICOON****NY****12723**

Foreign country name

Foreign province/state/county

Foreign postal code

 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.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent		
	<input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien		

Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1958	<input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1958	<input type="checkbox"/> Is blind
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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	(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	7,540
	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		

Attach Sch. B2a if required.	Tax-exempt interest	2a	b Taxable interest	1a	7,540
	3a Qualified dividends	3a	b Ordinary dividends	1b	
	4a IRA distributions	4a	b Taxable amount	1c	
	5a Pensions and annuities	5a	b Taxable amount	1d	
	6a Soc. sec. ben.	6a	b Taxable amount	1e	

Standard Deduction for—	c If you elect to use the lump-sum election method, check here (see instructions)	1f	
• Single or Married filing separately, \$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
• Married filing jointly or Qualifying surviving spouse, \$25,900	8 Other income from Schedule 1, line 10	8	0
• Head of household, \$19,400	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	9	7,540
• If you checked any box under Standard Deduction, see instructions.	10 Adjustments to income from Schedule 1, line 26	10	0
	11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	7,540
	12 Standard deduction or itemized deductions (from Schedule A)	12	12,950
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	12,950
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	15	0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

## Form 1040 (2022) CAROLYN SIMON

149-46-3469 Page 2

<b>Tax and Credits</b>	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 _____ 0
	17 Amount from Schedule 2, line 3	17 _____
	18 Add lines 16 and 17	18 _____ 0
	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 _____
	24 Add lines 22 and 23. This is your <b>total tax</b>	24 _____ 0
<b>Payments</b>	25 Federal income tax withheld from: a Form(s) W-2 _____ b Form(s) 1099 _____ c Other forms (see instructions) _____ d Add lines 25a through 25c _____	25a _____ 25b _____ 25c _____ 25d _____
	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 <b>total other payments and refundable credits</b>	32 _____
	33 Add lines 25d, 26, and 32. These are your <b>total payments</b>	33 _____
<b>Refund</b>	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34 _____
	35a Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a _____
Direct deposit? See instructions.	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number _____	
	36 Amount of line 34 you want applied to your 2023 estimated tax	36 _____
<b>Amount You Owe</b>	37 Subtract line 33 from line 24. This is the amount you <b>owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37 _____ 0
	38 Estimated tax penalty (see instructions)	38 _____

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions			<input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No	
	Designee's name	Phone no.	Personal identification number (PIN)		
<b>Sign Here</b>	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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)	
	CLERICAL				
	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.)	
	Phone no.	Email address			
<b>Paid</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
<b>Preparer</b>	Arthur Langer CPA	Arthur Langer CPA	01/28/23	P01396073	<input checked="" type="checkbox"/> Self-employed
<b>Use Only</b>	Firm's name	Phone no. 516-702-3002			
	52 Clubhouse Circle				
	Firm's address	NY 11747	Firm's EIN	81-4277329	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2022)

a Employee's social security number <b>149-46-3469</b>	1 Wages, tips, other compensation <b>7539.96</b>	2 Federal income tax withheld
b Employer ID number (EIN) <b>13-2804148</b>	3 Social security wages <b>7539.96</b>	4 Social security tax withheld <b>467.48</b>
	5 Medicare wages and tips <b>7539.96</b>	6 Medicare tax withheld <b>109.33</b>

c Employer's name, address, and ZIP code

VERATEX INC.

534 W 42ND STREET # 8  
NEW YORK NY 10036

d Control number

e Employee's name, address, and ZIP code

CAROLYN J. SIMON  
71 TONJES ROAD  
CALICOON NY 12723

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2935.92
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	104.04	
NY	7539.96	
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service.  
DXA

Dept. of the Treasury - IRS

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Copy C - For EMPLOYEE'S RECORDS (See Notice on back.)  
DXA

Dept. of the Treasury - IRS

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Copy 2 - To be Filed With Employee's State, City,  
or Local Income Tax Return  
DXA

Dept. of the Treasury - IRS

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Dept. of the Treasury - IRS