

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only  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 one box.  qualifying person is a child but not your dependent:

Your first name and middle initial JOSEPH L		Last name JERNIGAN	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial TAYLOR M		Last name JERNIGAN	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 112 Lochaven Dr		Apt. no. 202	<b>Presidential Election Campaign</b> 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. CHARLESTON		State SC	
Foreign country name		Foreign province/state/county	
		ZIP code 29414	
		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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here . . . . . <input type="checkbox"/>					

**Income**

<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .	<b>1a</b> 50,402
<b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .	<b>1b</b>
<b>c</b> Tip income not reported on line 1a (see instructions) . . . . .	<b>1c</b>
<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . .	<b>1d</b>
<b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .	<b>1e</b>
<b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .	<b>1f</b>
<b>g</b> Wages from Form 8919, line 6 . . . . .	<b>1g</b>
<b>h</b> Other earned income (see instructions) . . . . .	<b>1h</b>
<b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>	
<b>z</b> Add lines 1a through 1h . . . . .	<b>1z</b> 50,402

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

If you did not get a Form W-2, see instructions.

<b>2a</b> Tax-exempt interest . . . . . <b>2a</b>	<b>b</b> Taxable interest . . . . . <b>2b</b>
<b>3a</b> Qualified dividends . . . . . <b>3a</b>	<b>b</b> Ordinary dividends . . . . . <b>3b</b>
<b>4a</b> IRA distributions . . . . . <b>4a</b>	<b>b</b> Taxable amount . . . . . <b>4b</b>
<b>5a</b> Pensions and annuities . . . . . <b>5a</b>	<b>b</b> Taxable amount . . . . . <b>5b</b>
<b>6a</b> Social security benefits . . . . . <b>6a</b>	<b>b</b> Taxable amount . . . . . <b>6b</b>
<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>	
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>
<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>
<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	<b>9</b> 50,402
<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .	<b>11</b> 50,402
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b> 25,900
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b> 25,900
<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	<b>15</b> 24,502

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2022)

Table with columns for line numbers (16-24) and amounts. Line 16: Tax (see instructions). Line 17: Amount from Schedule 2, line 3. Line 18: Add lines 16 and 17. Line 19: Child tax credit or credit for other dependents from Schedule 8812. Line 20: Amount from Schedule 3, line 8. Line 21: Add lines 19 and 20. Line 22: Subtract line 21 from line 18. Line 23: Other taxes, including self-employment tax. Line 24: Add lines 22 and 23. Total tax: 2,532.

Table for Payments (lines 25-33). Line 25: Federal income tax withheld from: a Form(s) W-2 (3,945), b Form(s) 1099, c Other forms. Line 26: 2022 estimated tax payments and amount applied from 2021 return. Line 27: Earned income credit (EIC). Line 28: Additional child tax credit from Schedule 8812. Line 29: American opportunity credit from Form 8863, line 8. Line 30: Reserved for future use. Line 31: Amount from Schedule 3, line 15. Line 32: Add lines 27, 28, 29, and 31. Line 33: Add lines 25d, 26, and 32. Total payments: 3,945.

Table for Refund (lines 34-36). Line 34: If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid (1,413). Line 35a: Amount of line 34 you want refunded to you (1,413). Line 36: Amount of line 34 you want applied to your 2023 estimated tax.

Table for Amount You Owe (lines 37-38). Line 37: Subtract line 33 from line 24. This is the amount you owe. Line 38: Estimated tax penalty (see instructions).

Third Party Designee section. Do you want to allow another person to discuss this return with the IRS? See instructions. [ ] Yes. Complete below. [X] No. Designee's name, phone no., and personal identification number (PIN) fields.

Sign Here section. 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, and occupation (Warehouse Manager) fields. Spouse's signature, date, and occupation (Sales Associate) fields. Phone no. and email address fields.

Paid Preparer Use Only section. Preparer's name, signature, date, PTIN, and check if self-employed. Firm's name, address, phone no., and EIN fields.