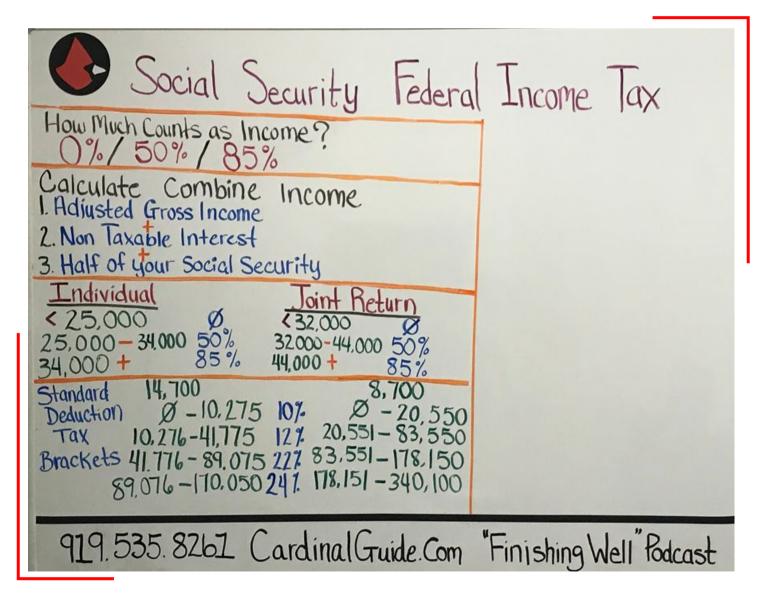


CARDINAL ADVISORS

Social Security Federal Income Tax

These Show Notes include the Social Security Benefit explanation for Income Taxes along with illustrations of 3 tax returns. All of these documents are further explored in our "Social Security Federal Income Tax" YouTube video.



Coronavirus (COVID-19) Updates



Income Taxes And Your Social Security Benefit (En español)

Some of you have to pay federal income taxes on your Social Security benefits. This usually happens only if you have other substantial income in addition to your benefits (such as wages, self-employment, interest, dividends and other taxable income that must be reported on your tax return).

You will pay tax on only 85 percent of your Social Security benefits, based on Internal Revenue Service (IRS) rules. If you:

- file a federal tax return as an "individual" and your combined income* is
 - between \$25,000 and \$34,000, you may have to pay income tax on up to 50 percent of your benefits.
 - more than \$34,000, up to 85 percent of your benefits may be taxable.
- file a joint return, and you and your spouse have a combined income* that is
 - between \$32,000 and \$44,000, you may have to pay income tax on up to
 50 percent of your benefits.
 - more than \$44,000, up to 85 percent of your benefits may be taxable.
- are married and file a separate tax return, you probably will pay taxes on your benefits.

Your adjusted gross income

- + Nontaxable interest
- + ½ of your Social Security benefits
- = Your "combined income"

Each January, you will receive a *Social Security Benefit Statement* (Form SSA-1099) showing the amount of benefits you received in the previous year. You can use this *Benefit Statement* when you complete your federal income tax return to find out if your benefits are subject to tax.

If you currently live in the United States and you misplaced or didn't receive a Form SSA-1099 or SSA-1042S for the previous tax year, you can get an instant replacement form by using your online my Social Security account. If you don't already have an account, you can create one <u>online</u>. To get your replacement Form SSA-1099 or SSA-1042S, select the **"Replacement Documents"** tab to get the form.

If you do have to pay taxes on your Social Security benefits, you can make quarterly estimated tax payments to the IRS or <u>choose to have federal taxes</u> <u>withheld</u> from your benefits.

For more information about taxation of benefits, read our <u>Retirement Benefits</u> booklet or IRS Publication 915, <u>Social Security and Equivalent Railroad Retirement Benefits</u>.

1040	Department of the Treasury—Internal Revenue Federal Income Tax Fore	` '	2022 or	MB No. 1545-0	0074 IRS I	Jse Only—D	o not write or staple in this space.				
Filing Status Check only one box.	X Single Married filing jointly Married filing separately (MFS) Head of Household (HOH) Qualifying Widow(er) (QW) If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.										
Your first name and	l middle initial	Last name			Yo	ur socia	l security number				
				0	001-01-0001						
If joint return, spous	se's first name and middle initial	Last name			Sp	Spouse's social security number					
Home address (nur	mber and street). If you have a P.O. box, see in	structions.		Apt. no.	Pr	Presidential Election Campaign					
				7 (51.110.			if you, or your				
City, town, or post of	office. If you have a foreign address, also complete	spaces below.	State Z	IP Code			ing jointly, want \$3				
			5.0.5	0040	,	•	fund. Checking a				
Foreign country name		Foreign province/state/co	unty Eoro	ign postal cod		r tax or	vill not change				
Foreign country name		For eight province/state/co	ounty Fore	igri postai cou	Je you		You Spouse				
						L	==-				
At any time during 2	022, did you receive, sell, send, exchange	, or otherwise acquire a	ny financial interest in	any virtual	l currency?	l	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: X Were born before January 2, 195	Are blind	Spouse:	Was born b	before Janua	y 2, 1958	Is blind				
Dependents	(see instructions):	(2) Social security	(3) Relationsh	ip	(4)	f gualif	ied for (see instructions):				
If more	(1) First name Last name	number	to you		Child tax ci	· ·					
than four	(1) That hame										
dependents,											
see instructions and check											
here											
	1 Wages, salaries, tips, etc. Attach For	m(s) W-2				1	0				
Attach Sch. B	2 a Tax-exempt interest 2	a 0	b Taxable interes	st		. 2b	0				
if required.	3 a Qualified dividends 3	a 0	b Ordinary divide	nds		. 3b	0				
Standard	4 a IRA Distributions 4	а	b Taxable amour	nt		. 4b	18,000				
Deduction for	5 a Pensions and annuities 5	a	b Taxable amour	nt		. 5b	0				
Single or married	6 a Social security benefits 6	a 18,000	b Taxable amour	nt	<u></u> .	. 6b	1,000				
filing separately	7 Capital gain or (loss). Attach Schedu	lle D if required. If not requi	ired, check here		▶	7					
\$12,950	8 Other income from Schedule 1, line 1	0				. 8	0				
 Married filing 	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and	8. This is your total incor	me			9	19,000				
jointly or Qualifying	10 Adjustments to income from Schedul	e 1, line 26				. 10	0				
widow(er)	11 Subtract line 10 from line 9. This is you					. 11	19,000				
\$25,900	12 a Standard deduction or itemized de	ductions (from Schedule	A)	. 12a	14,70	0					
 Head of house 	b Charitable contributions if you take the	e standard deduction (see	instructions)	. 12b							
\$19,400	c Add lines 12a and 12b					. 12c	14,700				
If you checked any	13 Qualified business income deduction	from Form 8995 or Form 8	3995-A			. 13	0				
Standard Deduction	14 Add lines 12c and 13					. 14	14,700				
box, see instructions.	15 Taxable income. Subtract line 14		ero or less, enter -0-			. 15	4,300				
For Disclosure, Priva	cy Act, and Paperwork Reduction Act Notice	e, see separate instructio	ns.	Cat. N	No. 11320B		Form 1040 (2022)				

Form **1040**

(99)

Department of the Treasury—Internal Revenue Service

Form 1040 (2022)			Page 2
	16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	433
	17 Amount from Schedule 2, line 3	17	0
	18 Add lines 16 and 17	18	433
	19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	<u>0</u>
	20 Amount from Schedule 3, line 8	20	0
	21 Add lines 19 and 20	21	0
	Subtract line 21 from line 18. If zero or less, enter -0-	22	433
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	<u>0</u> _
	24 Add lines 22 and 23. This is your total tax	24	433
	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	25d	0
If you have a	26 2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27 a Earned income credit (EIC)		
attach Sch EIC.	Check here if you were born after January 1, 1999, and before		
	January 2, 2005, and you satisfy all the other requirements for		
	taxpayers who are at least age 18, to claim the EIC. See instructions		
	b Nontaxable combat pay election		
	c Prior year (2020) earned income		
	28 Refundable child tax credit or additional child tax credit from Schedule 8812 28 0		
	29 American opportunity credit from Form 8863, line 8		
	30 Recovery rebate credit. See instructions		
	31 Amount from Schedule 3, line 15		
	32 Add lines 27a and 28 through 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	0_
	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0_
Refund	35 a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶	35a	0_
Direct deposit?	▶ b Routing number		
See instructions	▶ d Account number		
	36 Amount of line 34 you want applied to your 2023 estimated tax > 36 0		
Amount	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	433
You Owe	38 Estimated tax penalty (see instructions) 38		
Third Party	Do you want to allow another person to discuss this return with the IRS?		
Designee	See instructions		X No
	Designee's Phone Personal identification	Г	
	name ► no. ► number (PIN) ►		
Sign	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	f, they are	e true,
Here	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return?	Your signature Date Your occupation If the	IRS sen	nt you an Identity Prot. PIN,
See instructions.	enter	r here	
Кеер а сору	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	IRS sen	nt you an Identity Prot. PIN,
for your records.		r here	
	Phone no. Email address		
	Preparer's name Preparer's signature Date PTIN		Check if:
Paid			Self-employed
Preparers	Firm's name Phone	e no	Son employed
Use Only		n'e FIN	

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

Form **1040** (2022)

1040	Department of the Treasury—Internal Revenue Federal Income Tax Fore	` ′	2022 .	MB No. 1545	5-0074 IRS I	Jse Onlv—D	o not write or staple in this space.				
Filing Status Check only one box.	Single X Married filing jointly Married filing separately (MFS) Head of Household (HOH) Qualifying Widow(er) (QW) If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.										
Your first name an	d middle initial	Last name			Yo	ur socia	I security number				
			001-01-0001								
If joint return, spou	se's first name and middle initial	Last name			Sp	Spouse's social security number					
, , , ,						001-01-0002					
Home address (nu	mber and street). If you have a P.O. box, see in	etructions		Apt. no.	Pr	esidenti	al Election Campaign				
Tionie address (nd	mber and sireer). If you have a 1 box, see in	Structions.		Apt. 110.			if you, or your				
City, town, or post	office. If you have a foreign address, also complete	spaces below.	State Z	IP Code			ing jointly, want \$3				
2.1 3 , 12.11.1, 2.1 p 2.21	,		State	ir code	,	•	fund. Checking a				
							will not change				
Foreign country name	;	Foreign province/state/co	ounty	ign postal co	ode you	ır tax or ı ı					
						l	You Spouse				
At any time during 2	022, did you receive, sell, send, exchange	, or otherwise acquire a	ıny financial interest ir	any virtu	al currency?	l	Yes No				
Ctondord	Someone can claim: You as a depe	endent Your spor	use as a dependent								
Standard	Spouse itemizes on a separate retur	·	·								
Deduction	opened normalise on a coparate rotal										
Age / Blindness	You: X Were born before January 2, 195	Are blind	Spouse: X	Was borr	n before Janua	y 2, 1958	Is blind				
Dependents	(see instructions):	(2) Social security	(3) Relationsh	nip	(4)	/ if qualif	fied for (see instructions):				
If more	(1) First name Last name	number	to you			ild tax credit Credit for other dependents					
than four	(1) Thethame										
dependents, see instructions											
and check											
here											
	1 Wages, salaries, tips, etc. Attach For	m(s) W-2				1	0				
Attach Sch. B	2 a Tax-exempt interest 2	a (b Taxable intere	st		. 2b	0				
if required.	3 a Qualified dividends 3	a (b Ordinary divide	ends		. 3b	0				
Standard	4 a IRA Distributions 4	a	b Taxable amou	nt		. 4b	12,000				
Deduction for	5 a Pensions and annuities 5	ia	b Taxable amou	nt		. 5b	0				
 Single or married 	,	6a 46,800	_	nt		. 6b	15,690				
filing separately	7 Capital gain or (loss). Attach Schedu	ule D if required. If not requ	uired, check here		▶	7	20,000				
\$12,950	8 Other income from Schedule 1, line	10				. 8	0				
 Married filing 	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and	•				9	47,690				
jointly or Qualifying	10 Adjustments to income from Schedul					. 10	0				
widow(er)	Subtract line 10 from line 9. This is you	•				. 11	47,690				
\$25,900	12 a Standard deduction or itemized de	•	,		28,70	0					
Head of house	b Charitable contributions if you take the	ne standard deduction (see	e instructions)	12b							
\$19,400	c Add lines 12a and 12b	from Corre 0005 5	0005 4			. 12c	28,700				
If you checked any	Qualified business income deduction	from Form 8995 or Form	в995-A			. 13	0				
Standard Deduction	14 Add lines 12c and 13	1 from line 11	zoro or loop, anten C			. 14	28,700				
box, see instructions. For Disclosure, Priva	tections. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0										

Form **1040**

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Department of the Treasury—Internal Revenue Service

Form 1040 (2022)													rage Z
		16	Tax (see instructions). Check if	anv from Form(s):	1 8814 2	4972	3			16			0
		17	Amount from Schedule 2, line							17			0
		18	Add lines 16 and 17							18			0
		19	Nonrefundable child tax credi	t or credit for othe	er dependents fron	n Schedule	e 8812			19			0
		20	Amount from Schedule 3, line 8							20			0
		21	Add lines 19 and 20							21			0
		22	Subtract line 21 from line 18. If z	ero or less, enter -0)					22			0
		23	Other taxes, including self-emplo	yment tax, from Sc	chedule 2, line 21					23			0
		24	Add lines 22 and 23. This is your	total tax					. •	24			0
		25	Federal income tax withheld from	n:									
		а	Form(s) W-2					25a	0				
		b	Form(s) 1099					25b	0	1			
		С	Other forms (see instructions)					25c	0	1			
		d	Add lines 25a through 25c							25d			0
If you have a		26	2022 estimated tax payments an	d amount applied fi	rom 2021 return					26			
qualifying child,			Earned income credit (EIC)					27a	0				
attach Sch EIC.			Check here if you were born							1			
			January 2, 2005, and you sat	•									
			taxpayers who are at least ag	•	•	ions ▶							
		b	Nontaxable combat pay election										
			Prior year (2020) earned income										
		28	Refundable child tax credit or ad-			812		28	0				
		29	American opportunity credit from					29					
		30	Recovery rebate credit. See instr					-	0				
		31	Amount from Schedule 3, line 15					31	0	1			
		32	Add lines 27a and 28 through 31					edits		32			0
		33	Add lines 25d, 26, and 32. These						. •	33			0
		34	If line 33 is more than line 24, su							34			0
Refund		35 a	Amount of line 34 you want refu			•	or or pare		1	35a			0
Direct deposit?		▶ b	Routing number		▶ c T		Checkin	g Sa	⊔ vings				_
See instructions			Account number			,,,,,	000	9	·gc				
		36	Amount of line 34 you want	applied to your 2	023 estimated tax	▶ 36		0		1			
Amount		37	Amount you owe. Subtract line				ructions		. •	37			0
You Owe		38	Estimated tax penalty (see in		•	. ▶ 38		C					_
Third Party			want to allow another person		turn with the IRS2								
•		•	structions			Г	Vas	. Complete belov	N/	Γ	X No		
Designee	ľ	JCC III.	311 40110113			[·		_	X		
		Designee name ▶			Phone no.			Personal identifice number (PIN)	cation				
Sign	_		nalties of perjury, I declare that I have exam	ined this return and acco		statements or	nd to the h	, ,	nd belie	of they are	e true		
Here			nd complete. Declaration of preparer (other						na bene	i, they are	, ii ue,		
Joint return?	,	Your sign	nature		Date	Your occupa	ation		If the	IRS sen	nt you an Ide	entity Prot	PIN
See instructions.		. ou. o.g.				, our occupa				_	,		
Кеер а сору	•	Spouse's	s signature. If a joint return, both must	sian.	Date	Spouse's oc	cunation				nt you an Ide	entity Prot	PINI
for your records.	7			9	Date	Spouse's oc	cupation			er here	t you an luc	inuty Fiot.	F IIN,
	_	Phone no	0		Email address				Citto	, ricic			
-			's name	Preparer's signature		I	Date	T	PTIN			Check if:	
Paid	'	reparer	o nant	i reparer a signature			Date		i iilN				
Preparers	-	Eirne'e :	nomo h						In.			Self-em	ipioyed
Use Only	_	Firm's r	name address						_	ne no. m's EIN			
0 1 .			•						Filli	II S EIIN	<u> </u>	0.40	
Go to www.irs.go	v/Fo	rm1040	of for instructions and the latest info	ormation.							Form 1	 040 (2022)

1040	Department of the Treasury—Internal Revenue Federal Income Tax Fore	` ′	2022 or	MB No. 154	5-0074 IR	RS Use Onlv—	Do not write or staple in this space.				
Filing Status Check only one box.	Single X Married filing jointly Married filing separately (MFS) Head of Household (HOH) Qualifying Widow(er) (QW) If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.										
Your first name and	l middle initial	Last name			\ \ \	our socia	al security number				
						001-01-0001					
If joint return, spous	se's first name and middle initial	Last name			5	Spouse's social security number					
						001-01-0002					
Home address (nur	mber and street). If you have a P.O. box, see in:	structions		Apt. no.		President	tial Election Campaign				
rionio address (nai	inser and earesty. If you have a river box, eee in	ou douono.		7 (51. 110.			e if you, or your				
City, town, or post of	office. If you have a foreign address, also complete	spaces below.	State Z	I IP Code			iling jointly, want \$3				
5 , ,, p		,	State Z	ir Code		·	s fund. Checking a				
							will not change				
Foreign country name		Foreign province/state/co	unty Fore	ign postal co	ode y	our tax or					
							You Spouse				
At any time during 2	022, did you receive, sell, send, exchange	, or otherwise acquire ar	ny financial interest in	any virtu	al currency	?	Yes No				
Ctondond	Someone can claim: You as a depe	ndent Vour spou	se as a dependent								
Standard	Spouse itemizes on a separate return	<u> </u>	•								
Deduction	opodoo itomizoo on a coparato rotan										
Age / Blindness	You: X Were born before January 2, 195	8 Are blind	Spouse: X	Was bori	n before Janı	uary 2, 195	8 Is blind				
Dependents	(see instructions) :	(2) Social security	(3) Relationsh	ip	(4)	✓ if quali	ified for (see instructions):				
If more	(1) First name Last name	number	to you			ild tax credit Credit for other dependents					
than four	(1) The Halle						· ·				
dependents, see instructions											
and check											
here											
	1 Wages, salaries, tips, etc. Attach For	m(s) W-2				1	0				
Attach Sch. B	2 a Tax-exempt interest 2	a 0	b Taxable interes	st		2b	0				
if required.	3 a Qualified dividends 3	a 0	b Ordinary divide	nds		3b	0				
Standard	4 a IRA Distributions 4	а	b Taxable amour	nt		4b	108,000				
Deduction for	5 a Pensions and annuities 5	a	b Taxable amour	nt		5b	0				
 Single or married 	6 a Social security benefits 6			nt	·	<u>6b</u>	0				
filing separately	7 Capital gain or (loss). Attach Schedu	le D if required. If not requi	red, check here		▶	7					
\$12,950	8 Other income from Schedule 1, line 1	0				8	0				
 Married filing 	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and	8. This is your total incon	ne			. 🕨 9	108,000				
jointly or Qualifying	10 Adjustments to income from Schedule	e 1, line 26				10	0				
widow(er)	Subtract line 10 from line 9. This is you					11	108,000				
\$25,900	12 a Standard deduction or itemized de	•	,	· ·	28,	700					
Head of house	b Charitable contributions if you take th	e standard deduction (see	instructions) .	. 12b							
\$19,400	c Add lines 12a and 12b					12c	28,700				
If you checked any	13 Qualified business income deduction	from Form 8995 or Form 8	995-A			13	0				
Standard Deduction	14 Add lines 12c and 13					14	28,700				
box, see instructions.	15 Taxable income. Subtract line 14		ero or less, enter -0-			15	79,300				
FOR DISCIOSURE, Priva	cy Act, and Paperwork Reduction Act Notice	i, see separate instructioi	15.	Cat	. No. 11320B		Form 1040 (2022)				

Form **1040**

(99)

Department of the Treasury—Internal Revenue Service

Form 1040 (2022)												Page 2
	16	Tax (see instructions). Check it	any from Form(s):	1 8814 2	4972	2 3			16		9,1	108
	17	Amount from Schedule 2, line							17			0
	18	Add lines 16 and 17							18		9,1	108_
	19	Nonrefundable child tax credi	t or credit for oth	er dependents fror	n Schedul	e 8812			19			0
	20	Amount from Schedule 3, line 8							20			0
	21	Add lines 19 and 20							21			0
	22	Subtract line 21 from line 18. If z	· · · · · · · · · · · · · · · · · · ·						22		9,1	108
	23	Other taxes, including self-emplo	yment tax, from So	chedule 2, line 21					23			0
	24	Add lines 22 and 23. This is your	total tax					▶	24		9,1	108
	25	Federal income tax withheld from	1:									
	а	Form(s) W-2				25	а	0				
	b	Form(s) 1099				25	b	0				
	С	Other forms (see instructions)				25	С	0				
	d	Add lines 25a through 25c							25d			0
If you have a	26	_2022 estimated tax payments an	d amount applied f	rom 2021 return					26			
qualifying child,	27 a	Earned income credit (EIC)				27	a	0				
attach Sch EIC.		Check here if you were born	after January 1, 1	1999, and before								
		January 2, 2005, and you sat	isfy all the other	requirements for								
		taxpayers who are at least ag	je 18, to claim the	e EIC. See instruct	tions							
	b	Nontaxable combat pay election		27b]							
	С	Prior year (2020) earned income		27c								
	28	Refundable child tax credit or ad	ditional child tax cr	edit from Schedule 8	812	2	8	0				
	29	American opportunity credit from	Form 8863, line 8			2	9					
	30	Recovery rebate credit. See instr	uctions			3	0	0				
	31	Amount from Schedule 3, line 15	5			3	1	0				
	32	Add lines 27a and 28 through 31	. These are your to	otal other payments	and refun	dable credit	s	▶	32			0
	33	Add lines 25d, 26, and 32. These	e are your total pay	ments				•	33			0
	34	If line 33 is more than line 24, su	btract line 24 from	line 33. This is the a	mount you	overpaid			34			0
Refund	35 a	Amount of line 34 you want refu	nded to you. If For	m 8888 is attached,	check here		▶[35a			0
Direct deposit?	▶ b	Routing number		▶ c ⊺	Гуре:	Checking	9					—
See instructions	▶ d	Account number]							
	36	Amount of line 34 you want	applied to your 2	023 estimated tax	▶ 36			0				
Amount	37	Amount you owe. Subtract line				tructions		•	37		9,1	108
You Owe	38	Estimated tax penalty (see in	structions)		. ▶ 38			0				
Third Party		want to allow another person										
Designee	•	structions				Yes C	omplete bel	low	3	(No		
Designee							·					
	Designer name			Phone no.			Personal ident number (PIN)	_				
Sign		nalties of perjury, I declare that I have exam	ined this return and acc		statements a		, ,		they are t	rue		—
Here	-	nd complete. Declaration of preparer (other						and belief	, they are t	uc,		
Joint return?	Your sign			Date	Your occupa			If the	IRS sent v	ou an Id	lentity Prot.	PIN
See instructions.	rour orgi	naturo		Date	Tour occupi	auon			r here		Charty 1 Tota	1 111,
	Spouse's	s signature. If a joint return, both must	sian	Doto	Spouso's or	nounation				ou on ld	ontity Prot	DINI
Keep a copy for your records.	Sp0400 (g		Date	Spouse's or	Joupauon				ou an io	lentity Prot.	r IIV,
,	Phone	0		Email address				ente	r here			
	Phone n		Brongrar's signature	<u> </u>		Doto	Т	DTINI			Charle if	
Paid	Preparer	S Harrie	Preparer's signature			Date		PTIN			Check if:	
Preparers	F:- '										Self-en	mployed
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Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2022)