



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.

Social Security Federal Income Tax					
How Much Counts as Income?					
0% / 50% / 85%					
Calculate Combine Income					
1. Adjusted Gross Income					
2. Non Taxable Interest					
3. Half of your Social Security					
<u>Individual</u>			<u>Joint Return</u>		
< 25,000			< 32,000		
25,000 - 34,000			32,000 - 44,000		
34,000 +			44,000 +		
Ø			Ø		
50%			50%		
85%			85%		
Standard			Standard		
Deduction			Deduction		
Tax			Tax		
Brackets			Brackets		
14,700			8,700		
Ø - 10,275			Ø - 20,550		
10%			10%		
10,276 - 41,775			20,551 - 83,550		
12%			12%		
41,776 - 89,075			83,551 - 178,150		
22%			22%		
89,076 - 170,050			178,151 - 340,100		
24%			24%		

919.535.8261 CardinalGuide.Com "Finishing Well" Podcast

Sept 2022



Social Security

## 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 online. 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 choose to have federal taxes withheld from your benefits.

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

Filing Status

☒ Single

☐ Married filing jointly

☐ Married filing separately (MFS)

☐ Head of Household (HOH)

☐ Qualifying Widow(er) (QW)

Check only one box.

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 middle initial

Last name

Your social security number

001-01-0001

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.

Apt. no.

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

State

ZIP Code

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

At any time during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ 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

If more than four dependents, see instructions and check here

(see instructions):

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualified for (see instructions):

Child tax credit

Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2

1 0

2 a Tax-exempt interest . . . . . 2a 0

b Taxable interest . . . . . 2b 0

3 a Qualified dividends . . . . . 3a 0

b Ordinary dividends . . . . . 3b 0

4 a IRA Distributions . . . . . 4a

b Taxable amount . . . . . 4b 18,000

5 a Pensions and annuities . . . . . 5a

b Taxable amount . . . . . 5b 0

6 a Social security benefits . . . . . 6a 18,000

b Taxable amount . . . . . 6b 1,000

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

7

8 Other income from Schedule 1, line 10

8 0

9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

9 19,000

10 Adjustments to income from Schedule 1, line 26

10 0

11 Subtract line 10 from line 9. This is your adjusted gross income

11 19,000

12 a Standard deduction or itemized deductions (from Schedule A)

12a 14,700

b Charitable contributions if you take the standard deduction (see instructions)

12b

c Add lines 12a and 12b

12c 14,700

13 Qualified business income deduction from Form 8995 or Form 8995-A

13 0

14 Add lines 12c and 13

14 14,700

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

15 4,300

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	<b>16</b>	<b>433</b>
<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	<b>0</b>
<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	<b>433</b>
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .	<b>19</b>	<b>0</b>
<b>20</b>	Amount from Schedule 3, line 8 . . . . .	<b>20</b>	<b>0</b>
<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	<b>0</b>
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<b>433</b>
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	<b>23</b>	<b>0</b>
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	<b>24</b>	<b>433</b>
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	<b>0</b>
<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	<b>0</b>
<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	<b>0</b>
<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	<b>0</b>
<b>26</b>	2022 estimated tax payments and amount applied from 2021 return . . . . .	<b>26</b>	
<b>27 a</b>	Earned income credit (EIC) . . . . .	<b>27a</b>	<b>0</b>
	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 <input type="checkbox"/> . . . . .		
<b>b</b>	Nontaxable combat pay election . . . . .	<b>27b</b>	
<b>c</b>	Prior year (2020) earned income . . . . .	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .	<b>28</b>	<b>0</b>
<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions . . . . .	<b>30</b>	<b>0</b>
<b>31</b>	Amount from Schedule 3, line 15. . . . .	<b>31</b>	<b>0</b>
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b> . . . . .	<b>32</b>	<b>0</b>
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	<b>0</b>
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	<b>0</b>
<b>35 a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	<b>35a</b>	<b>0</b>
<b>b</b>	Routing number <input type="text"/> . . . . .	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/> . . . . .		
<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b> <input type="checkbox"/> <b>36</b>	<b>0</b>	
<b>37</b>	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions . . . . .	<b>37</b>	<b>433</b>
<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	<b>0</b>

**Refund**

Direct deposit?  
See instructions

**Amount You Owe**

**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  Phone no.  Personal identification number (PIN)

**Sign Here**

Joint return?  
See instructions.

Keep a copy for your records.

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 <input type="text"/> Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/> Phone no. <input type="text"/>	Date <input type="text"/> Date <input type="text"/> Email address <input type="text"/>	Your occupation <input type="text"/> Spouse's occupation <input type="text"/>	If the IRS sent you an Identity Prot. PIN, enter here <input type="text"/> If the IRS sent you an Identity Prot. PIN, enter here <input type="text"/>
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**Paid Preparer's Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="text"/>	Firm's address <input type="text"/>		Phone no. <input type="text"/>	Firm's EIN <input type="text"/>

Filing Status

☐ Single

☒ Married filing jointly

☐ Married filing separately (MFS)

☐ Head of Household (HOH)

☐ Qualifying Widow(er) (QW)

Check only one box.

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 middle initial		Last name		Your social security number	
				001-01-0001	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
				001-01-0002	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.				State	
				ZIP Code	
Foreign country name				Foreign province/state/county	
				Foreign postal code	
				<input type="checkbox"/> You <input type="checkbox"/> Spouse	

At any time during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	0
Attach Sch. B if required.	2 a Tax-exempt interest . . . . . 2a 0	b Taxable interest . . . . . 2b	0
	3 a Qualified dividends . . . . . 3a 0	b Ordinary dividends . . . . . 3b	0
Standard Deduction for -- <ul style="list-style-type: none"><li>• Single or married filing separately \$12,950</li><li>• Married filing jointly or Qualifying widow(er) \$25,900</li><li>• Head of house \$19,400</li><li>• If you checked any Standard Deduction box, see instructions.</li></ul>	4 a IRA Distributions . . . . . 4a	b Taxable amount . . . . . 4b	12,000
	5 a Pensions and annuities . . . . . 5a	b Taxable amount . . . . . 5b	0
	6 a Social security benefits . . . . . 6a 46,800	b Taxable amount . . . . . 6b	15,690
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	7	20,000
	8 Other income from Schedule 1, line 10 . . . . .	8	0
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . . . .	9	47,690
	10 Adjustments to income from Schedule 1, line 26 . . . . .	10	0
	11 Subtract line 10 from line 9. This is your adjusted gross income . . . . .	11	47,690
	12 a Standard deduction or itemized deductions (from Schedule A) . . . . . 12a 28,700		
	b Charitable contributions if you take the standard deduction (see instructions) . . . . . 12b		
	c Add lines 12a and 12b . . . . .	12c	28,700
	13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13	0
	14 Add lines 12c and 13 . . . . .	14	28,700
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	18,990

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	<b>16</b>	<b>0</b>
<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	<b>0</b>
<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	<b>0</b>
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .	<b>19</b>	<b>0</b>
<b>20</b>	Amount from Schedule 3, line 8 . . . . .	<b>20</b>	<b>0</b>
<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	<b>0</b>
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<b>0</b>
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	<b>23</b>	<b>0</b>
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	<b>24</b>	<b>0</b>
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	<b>0</b>
<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	<b>0</b>
<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	<b>0</b>
<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	<b>0</b>
<b>26</b>	2022 estimated tax payments and amount applied from 2021 return . . . . .	<b>26</b>	
<b>27 a</b>	Earned income credit (EIC) . . . . .	<b>27a</b>	<b>0</b>
	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 <input type="checkbox"/> . . . . .		
<b>b</b>	Nontaxable combat pay election . . . . .	<b>27b</b>	
<b>c</b>	Prior year (2020) earned income . . . . .	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .	<b>28</b>	<b>0</b>
<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions . . . . .	<b>30</b>	<b>0</b>
<b>31</b>	Amount from Schedule 3, line 15. . . . .	<b>31</b>	<b>0</b>
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b> . . . . .	<b>32</b>	<b>0</b>
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	<b>0</b>
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	<b>0</b>
<b>35 a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	<b>35a</b>	<b>0</b>
<b>b</b>	Routing number <input type="text"/> . . . . .	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/> . . . . .		
<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b> <input type="checkbox"/> <b>36</b>	<b>0</b>	
<b>37</b>	<b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions . . . . .	<b>37</b>	<b>0</b>
<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	<b>0</b>

If you have a qualifying child, attach Sch EIC.

**Refund**

Direct deposit?  
See instructions

**Amount You Owe****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

Phone no.

Personal identification number (PIN)

**Sign Here**

Joint return?  
See instructions.

Keep a copy for your records.

Your signature

Date

Your occupation

If the IRS sent you an Identity Prot. PIN, enter here

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Prot. PIN, enter here

Phone no.

Email address

**Paid Preparer's Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:  
☐ Self-employed

Firm's name

Phone no.

Firm's address

Firm's EIN

Filing Status

☐ Single

☒ Married filing jointly

☐ Married filing separately (MFS)

☐ Head of Household (HOH)

☐ Qualifying Widow(er) (QW)

Check only one box.

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 middle initial

Last name

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

Last name

Your social security number

001-01-0001

Spouse's social security number

001-01-0002

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

Apt. no.

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

State

ZIP Code

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

At any time during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ 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

If more than four dependents, see instructions and check here

(see instructions):

(1) First name Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualified for (see instructions):

Child tax credit

Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2

1 0

2 a Tax-exempt interest . . . . . 2a 0

b Taxable interest . . . . . 2b 0

3 a Qualified dividends . . . . . 3a 0

b Ordinary dividends . . . . . 3b 0

4 a IRA Distributions . . . . . 4a

b Taxable amount . . . . . 4b 108,000

5 a Pensions and annuities . . . . . 5a

b Taxable amount . . . . . 5b 0

6 a Social security benefits . . . . . 6a 0

b Taxable amount . . . . . 6b 0

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

7

8 Other income from Schedule 1, line 10

8 0

9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

9 108,000

10 Adjustments to income from Schedule 1, line 26

10 0

11 Subtract line 10 from line 9. This is your adjusted gross income

11 108,000

12 a Standard deduction or itemized deductions (from Schedule A)

12a 28,700

b Charitable contributions if you take the standard deduction (see instructions)

12b

c Add lines 12a and 12b

12c 28,700

13 Qualified business income deduction from Form 8995 or Form 8995-A

13 0

14 Add lines 12c and 13

14 28,700

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

15 79,300

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	<b>16</b>	<b>9,108</b>
<b>17</b>	Amount from Schedule 2, line 3 . . . . .	<b>17</b>	<b>0</b>
<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	<b>9,108</b>
<b>19</b>	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 . . . . .	<b>19</b>	<b>0</b>
<b>20</b>	Amount from Schedule 3, line 8 . . . . .	<b>20</b>	<b>0</b>
<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	<b>0</b>
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<b>9,108</b>
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .	<b>23</b>	<b>0</b>
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> . . . . .	<b>24</b>	<b>9,108</b>
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	<b>0</b>
<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	<b>0</b>
<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	<b>0</b>
<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	<b>0</b>
<b>26</b>	2022 estimated tax payments and amount applied from 2021 return . . . . .	<b>26</b>	
<b>27 a</b>	Earned income credit (EIC) . . . . .	<b>27a</b>	<b>0</b>
	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 <input type="checkbox"/> . . . . .		
<b>b</b>	Nontaxable combat pay election . . . . .	<b>27b</b>	
<b>c</b>	Prior year (2020) earned income . . . . .	<b>27c</b>	
<b>28</b>	Refundable child tax credit or additional child tax credit from Schedule 8812 . . . . .	<b>28</b>	<b>0</b>
<b>29</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions . . . . .	<b>30</b>	<b>0</b>
<b>31</b>	Amount from Schedule 3, line 15. . . . .	<b>31</b>	<b>0</b>
<b>32</b>	Add lines 27a and 28 through 31. These are your <b>total other payments and refundable credits</b> . . . . .	<b>32</b>	<b>0</b>
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	<b>0</b>
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	<b>0</b>
<b>35 a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	<b>35a</b>	<b>0</b>
<b>b</b>	Routing number <input type="text"/> . . . . .	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/> . . . . .		
<b>36</b>	Amount of line 34 you want <b>applied to your 2023 estimated tax</b> <input type="checkbox"/> <b>36</b>	<b>0</b>	
<b>37</b>	<b>Amount you owe.</b> Subtract line 33 from line 24. For details on how to pay, see instructions . . . . .	<b>37</b>	<b>9,108</b>
<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>	<b>0</b>

If you have a qualifying child, attach Sch EIC.

**Refund**

Direct deposit?  
See instructions

**Amount You Owe****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 ▶

Phone no. ▶

Personal identification number (PIN) ▶

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**Sign Here**

Joint return?  
See instructions.

Keep a copy for your records.

Your signature

Date

Your occupation

If the IRS sent you an Identity Prot. PIN, enter here

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Prot. PIN, enter here

Phone no.

Email address

**Paid Preparer's Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

Firm's EIN ▶