1040 Individual ATS Scenario 12

Taxpayer: Sam Gardenia

TIN: 400-00-1030

Forms Included in the Scenario:

- Form 1040
- Form 8915-F
- Form W-2

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do $\underline{\ \ }$ not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (N your spouse. If you c									
	•	on is a child but not your dependent							1				
			Last nar Garde	_						Your social security number 400 00 1030			
		fort and an establishment							→ • •	- :			
it joint return, s	pouse's	first name and middle initial	Last nar	me					Spo	ouse's	social sec	curity number	
Home address 231 Red Ri		r and street). If you have a P.O. box, see	instructio	ons.							tial Election	on Campaign	
City, town, or p	ost offic	ce. If you have a foreign address, also co	molete si	paces below.	State	e	ZIP c	spouse if			filing join	tly, want \$3	
Anytown		, , ,						41/11		-	to this fund. Checking a selow will not change		
Foreign country	name								_		or refund.	_	
,											You	☐ Spouse	
Digital		ny time during 2022, did you: (a) rec											
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset)	? (See ins	tructio	ns.)	☐ Yes	■ No	
Standard	Som	eone can claim: 🔲 You as a de	pendent	Your spouse	e as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958 [Are blind Spo	use:	☐ Was bo	rn bef	ore Januai	y 2, 19	58	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	hip (4	4) Check the	box if	qualifie	es for (see	instructions):	
If more	-	rst name Last name		number		to you	•	Child ta	credit	c	redit for otl	her dependents	
than four											[
dependents, see instructions											[
and check	, —]		[
here \square]		[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	28,921		
IIICOIIIC	b	Household employee wages not re	eported (on Form(s) W-2						1b			
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)							1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruction	ions) .				, .			1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i	i 📗				28,9	221	
	Z	Add lines 1a through 1h	. , .							1z	20,8	1 20	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interes	st .			2b			
if required.	3a	Qualified dividends	3a			dinary divide				3b			
	4a	IRA distributions	4a		b Ta	xable amoun	nt			4b	3,333		
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	nt		•	5b	5,000		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	xable amoun	nt		<u>.</u>	6b			
Married filing	C	If you elect to use the lump-sum e			-	· ·			H				
separately, \$12,950	7	Capital gain or (loss). Attach Schee		· ·						7			
Married filing jointly or	8	Other income from Schedule 1, lin							•	8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		=	ome					9	37,254		
widow(er), \$25,900	10	Adjustments to income from Sche								10			
Head of household,	11	Subtract line 10 from line 9. This is	-							11			
\$19,400	12	Standard deduction or itemized		•	•					12	12,950		
If you checked any box under	13	Qualified business income deduct								13	L		
Standard	14	Add lines 12 and 13								14	12,950		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incon	ne .		-	15	24,304		

Form 1040 (2022)				Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	B 🗆	16	2,720	
Credits	17	Amount from Schedule 2, line 3		17		
	18	Add lines 16 and 17		18	2,720	
	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			2,720	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21				
	24	Add lines 22 and 23. This is your total tax		24	2,720	
Payments	25 a		25a 1,406			
- 111	Ь		25b			
	C	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c		25d	1,406	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return :		. 26		
qualifying child, attach Sch. EIC. [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 31	Reserved for future use	30			
	32		AND DESCRIPTION OF	32		
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refun Add lines 25d, 26, and 32. These are your total payments		-	1,406	
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount		34	1,400	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check	•			
Direct deposit?	b			_		
Direct deposit? b Routing number c Type: Checking Savings See instructions. d Account number						
	36	Amount of line 34 you want applied to your 2023 estimated tax	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe.			4.04.4	
You Owe	38	For details on how to pay, go to www.irs.gov/Payments or see instructions .	38	37	1,314	
Third Doob		Estimated tax penalty (see instructions)				
Third Party Designee		by you want to allow another person to discuss this return with the IRS? Structions		nplete below.	□No	
Designee		signee's Phone		al identification		
	nar		number			
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying sched lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based				
11010	Yo	our signature Date Your occupation	Manlaan	If the IRS so	ent you an Identity PIN, enter it here	
Joint return?		Sam Gardenia 3-3-2023 V	Vorker	(see inst.)	IIV, enter it fiere	
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	n	Identity Pro	ent your spouse an tection PIN, enter it here	
your records.				(see inst.)		
		one no. Email address			T	
Paid Preparer	Pre	eparer's name Preparer's signature	Date F	PTIN	Check if:	
Use Only	Fire	m's name		Phone no.		
	Firr	m's address		Firm's EIN		
Go to www ire or	w/Form	m1040 for instructions and the latest information			Form 1040 (2022)	

(January 2022)

Department of the Treasury

Internal Revenue Service

Oualified Disaster Retirement Plan Distributions and Repayments

► Go to www.irs.gov/Form8915F for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

• Form 8915-F replaces Form 8915-E for 2021 and later years. Form 8915-E was used for coronavirus-related and other 2020 disaster distributions.

OMB No. 1545-0074

Attachment Sequence No. 915

Name. If married, file a separate form for each spouse required to file Form 8915-F. See instructions. Your social security number

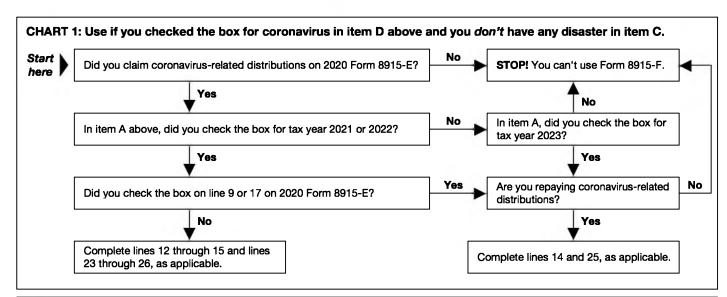
Sam Gardenia

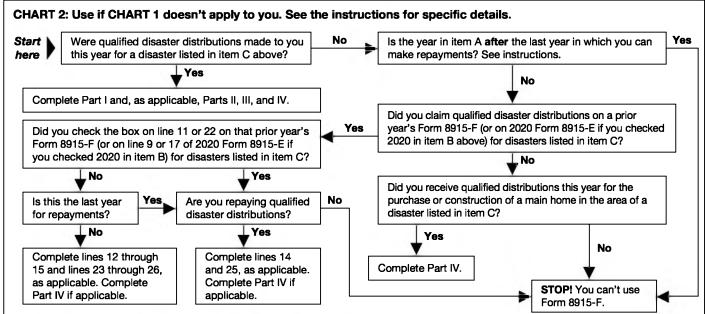
Before you begin (see instructions for details):

400-00-1030

- Form 8915-F is also used for 2021 and later disaster distributions.
- See Appendix B in the instructions for the list of qualified disasters and their FEMA numbers for the year you check in item B next.
- "This year" (as used on this form) is the year of the form you check in item A next. For example, if you check 2021, "this year" is 2021.

Complete items A and B below. Complete item C and check the box in item D for the coronavirus, as applicable. A Tax year for which you are filing form (check only one box) **2021 ☑** 2022 ☐ 2023 ☐ 2024 ☐ Other **2020** Other C FEMA number for each of your disasters for the year checked in item B above. Use item D, not item C, for the coronavirus. (3) (4) (5) **D** If your disaster is the coronavirus, check this box Don't list the coronavirus in item C.





	Provide the information requested be distributions in this part.	elow for the disasters in item C earlier for which y	ou are	e reporting qua	alified	disaster	
	Disaster FEMA number*	Disaster beginning date*		Disaster e	ending	g date*	
	DR-4630-KY	12-10-21		12-2	0-202	<u>:</u> 2	
		or the FEMA number, and for disaster beginning				e than two	
Date	e first distribution made this year >	2-2-2022		(a)		(b)	
Date	e last distribution made this year 🕨	2-2-2022		Available distribution		Qualified disaster distributions for	
Comp	lete lines 1a through 1e first. If line 1e is	zero, stop. Do <u>not</u> complete Part I.		for this year (see instruction		the disasters in item C (see instructions)	
1 a	Qualified disaster distribution limits (see Do the following.	e instructions).					
	 Skip lines 1a through 1d. And, on line 1e you entered in item C earlier if: 	, enter \$100,000 times the number of disasters		1			
	only reported the coronavirus disaster	, , , , , , , , , , , , , , , , , , ,					
	Form 8915-F for disasters for the year						
	you have reported in item C on prior-year checked in item B. (Include, in your disa- qualified disaster(s) (other than the coror	mes the number of different qualified disasters in Forms 8915-F for disasters for the year you ster number, if you checked 2020 in item B, navirus) reported in Part I of 2020 Form 8915-E.)	1a				
b		ons made to you in prior year(s) for all disasters hecked in item B	1b				
C	Subtract line 1b from line 1a		1c				
d	that you reported in item C but didn't repo	ified disasters, for the year checked in item B, ort in item C on a prior year's Form 8915-F, or in 2020 in item B. Don't count the coronavirus in	1d				
е		oution amount for this year. Enter the sum of is zero, do NOT complete Part I	1e			100,000	
2	Enter, in column (a), distributions from reti	rement plans (other than IRAs) made this year	2	15	,000	15,000	
3	• • •	ditional, SEP, and SIMPLE IRAs made this year	3	10	,000	10,000	
4	Enter, in column (a), distributions from Rot	h IRAs made this year	4				
5	Enter on line 5, column (a), the sum of line 5, column (a):	s 2 through 4 in column (a). If the amount on line					
	 Is not greater than the amount on line amounts from lines 2 through 5, respect 	1e, enter on lines 2 through 5 in column (b) the ctively, in column (a).					
	1e. Enter on lines 2 through 4 in colum	enter on line 5, column (b), the amount from line n (b) the amounts from lines 2 through 4, any reasonable method so that the sum of lines nount on line 5, column (b).					
	See instructions		5	25	,000	25,000	
6	(25% for SIMPLE IRAs) for early withdraw	nter the amount from line 5, column (b). The 1 als is waived for this amount. See Parts II and II	I, later		6	25,000	
7	this excess as IRA and/or pension and	e amount on line 5, column (a), over the amount d annuity distributions, as applicable, in according to the top of the amount on line 7 may be eligible for the t	ordand	e with the			
					7	0	

Form 8915-F (1-2022) Page 3

UIIII O	710-1 (1-2022)		rage
Parl	Qualified Disaster Distributions From Retirement Plans (Other Than IRAs) for the Co Disaster(s) Listed in Item C	oronav	rirus and
8	Did you enter an amount on line 2, column (b)?		
	□ No. Skip lines 8 through 11, and go to line 12.	8	15,000
9	Enter the applicable cost of distributions, if any. See instructions	9	0
10	Subtract line 9 from line 8. This is the taxable amount of your other-than-IRA retirement plan qualified disaster distributions	10	15,000
11	The entire taxable amount on line 10 will be spread over 3 years unless you elect to have it taxed in this year. If you elect NOT to spread the taxable amount over 3 years, check this box and enter the		1
	amount from line 10 (see instructions). Otherwise, enter the amount from line 10 divided by 3.0. You		
	must check the box on this line if you check the box on line 22	11	5,000
12	Enter the amount, if any, from Worksheet 2 in the instructions. This is your income for prior years from other-than-IRA retirement plan qualified disaster distributions	12	0
13	Add lines 11 and 12. This is your total income this year from other-than-IRA retirement plan qualified disaster distributions	13	5,000
14	Total repayment. Enter the amount, if any, from Worksheet 3. This is your total repayment for this year of other-than-IRA retirement plan qualified disaster distributions	14	0
15	Amount subject to tax this year. Subtract line 14 from line 13. If zero or less, enter -0 Include this amount in the total on line 5b of this year's Form 1040, 1040-SR, or 1040-NR. See instructions	15	5,000
3efor	e you begin: Complete this year's Form 8606, Nondeductible IRAs, if required.		
Part	Qualified Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs for the Disaster(s) Listed in Item C	he Co	ronavirus and
16	Did you enter an amount on line 3, column (b), or line 4, column (b)?		
	✓ Yes. Go to line 17. ☐ No. Skip lines 17 through 22, and go to line 23.		
17	Did you receive a qualified disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on this year's Form 8606?		
	☐ Yes. Go to line 18. ✓ No. Skip lines 18 and 19, and go to line 20.		
18	Enter the amount, if any, from this year's Form 8606, line 15b. But if you are entering amounts here and on other Forms 8915-F for this year, only enter on line 18 the amount on Form 8606, line 15b, attributable to Form 8915-F distributions for this form. See the instructions for Form 8606, line 15b	18	
19	Enter the amount, if any, from this year's Form 8606, line 25b. But if you are entering amounts here and on other Forms 8915-F for this year, only enter on line 19 the amount on Form 8606, line 25b, attributable to Form 8915-F distributions for this form. See the instructions for Form 8606, line 25b	19	
20	Enter the amount from line 3, column (b), if any. Don't include on line 20 any amounts reported on Form		
	8606	20	10,000
21	Add lines 18, 19, and 20. This is the taxable amount of your IRA qualified disaster distributions	21	10,000
22	The entire taxable amount on line 21 will be spread over 3 years unless you elect to have it taxed in this year.		
	If you elect NOT to spread the taxable amount over 3 years, check this box ▶ ☐ and enter the		
	amount from line 21 (see instructions). Otherwise, enter the amount from line 21 divided by 3.0. You		
	must check the box on this line if you check the box on line 11	22	3,333
23	Enter the amount, if any, from Worksheet 4 in the instructions. This is your income for prior years from IRA		
	qualified disaster distributions	23	0
24	Add lines 22 and 23. This is your total income this year from IRA qualified disaster distributions	24	3,333
25	Total repayment. Enter the amount, if any, from Worksheet 5. This is your total repayment for this year of IRA qualified disaster distributions	25	0
26	Amount subject to tax. Subtract line 25 from line 24. If zero or less, enter -0 Include this amount in the total on line 4b of this year's Form 1040 1040-SR or 1040-NR. See instructions	26	2 222

31

32

1040-NR.

Before you begin: Complete this year's Form 8606, Nondeductible IRAs, if required.

Part	 Qualified Distributions for the Listed in Item C 	Purchase or Con	struction of a Main H	ome in the Area	of D	saster(s,	
	Caution: Complete Part IV if, this yea item C earlier. If you repay the distributo other years for disasters listed in it.	ution, in whole or in p	art, after this year, see the		,		
	Disaster FEMA number*	Disaster b	eginning date*	Disaster	ending	date*	
	DR-4630-KY	12-	10-2021	12-7	20-202	2	
See A	ppendix B at the end of the instructions for	the FEMA number, ar	nd for disaster beginning ar	nd ending dates.			
Date fir	st distribution received this year ▶	2-2-2022	Date last distribution received	d this year	2-	2-2022	
27	Did you receive a qualified distribution from reported on this year's Form 8606? Yes. Complete lines 28 through 32 or reported on this year's Form 8606; other	only if you also had	•	·			
	✓ No. Go to line 28.						
28	Enter the total amount of qualified distribution main home. Don't include any amounts distributions you reported on line 8 or 20, or	reported on this ye	ear's Form 8606. Also, d	lon't include any	28		0
29	Enter the applicable cost of distributions, if	any. See instructions	· · · · · · · · · · · ·		29		0
30	Subtract line 29 from line 28				30		0

Enter the total amount of any repayments you made. See instructions for allowable repayments. Don't

include any repayments treated as rollovers on this year's Form 8606. See instructions .

Note: You may be subject to an additional tax on the amount on line 32. See instructions.

• From an IRA, include this amount in the total on line 4b of this year's Form 1040, 1040-SR, or

• From a retirement plan (other than an IRA), include this amount in the total on line 5b of this

Taxable amount. Subtract line 31 from line 30. If the distribution is:

year's Form 1040, 1040-SR, or 1040-NR.

Form 8915-F (1-2022)

31

32

0

0

0

	a Employee's social security number $400-00-1030$	OMB No. 154	5-0008	Safe, accurate, FAST! Use		e IRS website at s.gov/efile	
b Employer identification number (00-000011	EIN)	1 Waq 28,92	ges, tips, other compensation	2 Federal income tax withheld 1,406			
c Employer's name, address, and Flower Shop	ZIP code	3 Soc 28,92	cial security wages 1	4 Social security tax withheld 1,793 6 Medicare tax withheld 419			
426 Bust Street Anytown, KY 40111		5 Me 28,92	dicare wages and tips 1				
Anytown, KT 40111		7 Soc	cial security tips	8 Allocated tips			
d Control number			9		10 Dependent care	benefits	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans 12a See instructions for box				
Sam Gardenia			13 Statutory Retirement Third-party 13h				
			13 State	loyee plan sick pay	12b		
231 Red Run Street			14 Oth	er	12c		
Anytown, KY 41011					Coae		
					12d		
f Employee's address and ZIP cod	le				1		
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
KY 00-0000056	28,921	981		<u> </u>			

Form **W-2** Wage and Tax Statement

2022

Department of the Treasury—Internal Revenue Service

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