

1040	Federal Return Summary	2022
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Name Frank Johnson	Taxpayer Identification Number 243-98-7279
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Tax Form 1040
 Tax Method Used Tax Computation Wrk

Filing Status SGL
 Dependents _____

Income	
Salaries & wages	466,530
Taxable interest income	
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	-5,200
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	461,330

Adjustments	
Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
Adjusted gross income	461,330

Deductions	
Medical and Dental expenses	
Taxes paid	10,000
Interest paid	11,200
Charitable contributions	
Other itemized deductions	
Total itemized deductions	21,200
or, Standard deduction	
Taxable income before Qual Bus Inc Ded (QBID)	440,130
QBID	
Taxable income	440,130

Tax Computation	
Regular tax	127,799
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	127,799
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	127,799
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	2,399
Total tax	130,198

Payments	
Federal income tax withheld	246,699
Estimated payments	44,500
Other payments/credits	
Total payments	291,199

Refund/Amount Due	
Amount overpaid	161,001
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-161,001
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-161,001

2023 Estimates	
1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates	
Marginal tax rate - Ordinary income*	35.0 %
Marginal tax rate - Capital income*	%
Effective tax rate	30.0 %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

IRS e-file Signature Authorization

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

- ▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

Frank Johnson

Social security number

243-98-7279

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	461,330
2	Total tax	2	130,198
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	246,699
4	Amount you want refunded to you	4	161,001
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2021)

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 [X] 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:

Your first name and middle initial: Frank
Last name: Johnson
Your social security number: 243-98-7279
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.
6690 Airmen Dr
City, town or post office. If you have a foreign address, also complete spaces below.
Travis AFB
State: CA
ZIP code: 94535
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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes header 'Dependents (see instructions):' and a note 'If more than four dependents, see instr. and check here'.

Income section table with columns 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 466,530. 1z Add lines 1a through 1h 466,530.

Table with columns 2a-6b, 7-15. 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Soc. sec. ben., 6b Taxable amount, 7 Capital gain or (loss), 8 Other income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 461,330, 10 Adjustments to income from Schedule 1, line 26 0, 11 Subtract line 10 from line 9. This is your adjusted gross income 461,330, 12 Standard deduction or itemized deductions (from Schedule A) 21,200, 13 Qualified business income deduction from Form 8995 or Form 8995-A, 14 Add lines 12 and 13 21,200, 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 440,130.

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.
Attach Sch. B if required.
Standard Deduction for -
• Single or Married filing separately, \$12,950
• Married filing jointly or Qualifying surviving spouse, \$25,900
• Head of household, \$19,400
• If you checked any box under Standard Deduction, see instructions.

Tax and Credits	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	127,799
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	127,799
	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	127,799
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,399
	24	Add lines 22 and 23. This is your total tax	24	130,198

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	244,300
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	2,399
	d	Add lines 25a through 25c	25d	246,699
	26	2022 estimated tax payments and amount applied from 2021 return	26	44,500
	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 total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	291,199

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	161,001
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	161,001
Direct deposit? See instructions.	b	Routing number XXXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number XXXXXXXXXXXXXXXXXXXX		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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 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 Doctor	If the IRS sent you an Identity Protection PIN, enter it here (see instr.) _____
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 _____

Preparer's name _____ Preparer's signature _____ Date **02/21/24** PTIN _____ Check if: Self-employed

Paid Preparer Use Only

Firm's name **Freedom Tax Svc & More** Phone no. **831-709-7905**

Firm's address **2800 S Orange Blossom Trl Orlando FL 32805-6170** Firm's EIN _____

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Frank Johnson

Your social security number

243-98-7279

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	-5,200
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-5,200

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2022

Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Frank Johnson

Your social security number

243-98-7279

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	2,399
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2022

Part II Other Taxes (continued)

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount: _____	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions _____	17b		
c Additional tax on HSA distributions. Attach Form 8889 _____	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 _____	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853 _____	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 _____	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property _____	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A _____	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A _____	17i		
j Section 72(m)(5) excess benefits tax _____	17j		
k Golden parachute payments _____	17k		
l Tax on accumulation distribution of trusts _____	17l		
m Excise tax on insider stock compensation from an expatriated corporation _____	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 _____	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR _____	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund _____	17p		
q Any interest from Form 8621, line 24 _____	17q		
z Any other taxes. List type and amount: _____	17z		
18 Total additional taxes. Add lines 17a through 17z _____		18	
19 Reserved for future use _____		19	
20 Section 965 net tax liability installment from Form 965-A _____	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b _____		21	2,399

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Frank Johnson

243-98-7279

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	16,300
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	461,330
	3	Multiply line 2 by 7.5% (0.075)	3	34,600
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5 State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	1,798
	b	State and local real estate taxes (see instructions)	5b	13,200
	c	State and local personal property taxes	5c	
	d	Add lines 5a through 5c	5d	14,998
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000
	6	Other taxes. List type and amount:	6	
	7	Add lines 5e and 6	7	10,000
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	11,200
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	
	d	Reserved for future use	8d	
	e	Add lines 8a through 8c	8e	11,200
	9	Investment interest. Attach Form 4952 if required. See instructions	9	
	10	Add lines 8e and 9	10	11,200
	Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11
12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		12		
13 Carryover from prior year		13		
14 Add lines 11 through 13		14		
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount:		16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12		17	21,200
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			

SCHEDULE C

(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

2022

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: Frank Johnson
Social security number (SSN): 243-98-7279
A Principal business or profession, including product or service (see instructions): Farming
B Enter code from instructions: 114110
C Business name. If no separate business name, leave blank: Johnson Farming
D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.): 9336 E Lincoln Ave
City, town or post office, state, and ZIP code: Del Rey CA 93616
F Accounting method: (1) X Cash (2) Accrual (3) Other (specify)
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses: X Yes
H If you started or acquired this business during 2022, check here
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions
J If "Yes," did you or will you file required Form(s) 1099?

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales, 144,200. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1, 144,200. Line 4: Cost of goods sold. Line 5: Gross profit, 144,200. Line 6: Other income. Line 7: Gross income, 144,200.

Part II Expenses. Enter expenses for business use of your home only on line 30.

Table with 32 rows for expense calculation. Line 8: Advertising, 23,100. Line 18: Office expense, 33,100. Line 25: Utilities, 93,100. Line 27a: Other expenses, 100. Line 28: Total expenses before expenses for business use of home, 149,400. Line 29: Tentative profit or (loss), -5,200. Line 30: Expenses for business use of your home. Line 31: Net profit or (loss), -5,200. Line 32: Investment in this activity.

Frank Johnson

243-98-7279

Schedule C (Form 1040) 2022

Farming

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [] Cost b [] Lower of cost or market c [] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [] Yes [] No

Table with 2 columns: Description (lines 35-41) and Amount. Line 42: Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year)
44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45 Was your vehicle available for personal use during off-duty hours?
46 Do you (or your spouse) have another vehicle available for personal use?
47a Do you have evidence to support your deduction?
b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description (MANAGEMENT) and Amount (100)

48 Total other expenses. Enter here and on line 27a 48 100

**SCHEDULE C
(Form 8995-A)**
(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Loss Netting and Carryforward

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

Frank Johnson

Your taxpayer identification number

243-98-7279

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	Johnson Farming	-5,200		
2	Qualified business net (loss) carryforward from prior years. See instructions			2 ()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 (5,200)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4 ()
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b).			5 ()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 (5,200)

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

Schedule C (Form 8995-A) (Rev. 12-2022)

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

Frank Johnson

Your social security number

243-98-7279

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	466,530	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	466,530	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	200,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		266,530
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		2,399

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6, if you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	200,000	
10	Enter the amount from line 4	10	466,530	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15	200,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		2,399
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	9,164	
20	Enter the amount from line 1	20	466,530	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	6,765	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		2,399
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		2,399

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960**

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2022

Attachment
Sequence No. **72**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN

Frank Johnson

243-98-7279

Part I Investment Income

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1
2	Ordinary dividends (see instructions)		2
3	Annuities (see instructions)		3
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a -5,200	4c
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b 5,200	
c	Combine lines 4a and 4b		
5a	Net gain or loss from disposition of property (see instructions)	5a	5d
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c		
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6
7	Other modifications to investment income (see instructions)		7
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	9d
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c		
10	Additional modifications (see instructions)		10
11	Total deductions and modifications. Add lines 9d and 10		11

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-		12	0
Individuals:				
13	Modified adjusted gross income (see instructions)	13 461,330	16	
14	Threshold based on filing status (see instructions)	14 200,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 261,330		
16	Enter the smaller of line 12 or line 15			
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	19c	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960** (2022)

Form **1040**

Tax Return Reconciliation Worksheet

2022

Filing Status: 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household* 5 Qualifying widow(er)*

MFS spouse name:

*Qualifying person that is a child but not a dependent:

Taxpayer first name and initial: **Frank** Last name: **Johnson** Taxpayer social security number: **243-98-7279**

If a joint return, spouse's first name and initial: Last name: Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. **6690 Airmen Dr** Apt. no. Presidential Election Campaign: Taxpayer Spouse

City, town or post office, state, and ZIP code. **Travis AFB CA 94535**

Foreign country name: Foreign province/state/county: Foreign postal code:

At anytime during 2022, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes No

6a Taxpayer. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b: 1. Children on 6c who lived with you: Children on 6c who did not live with you: Dependents on 6c not entered above: Total. Add lines above: 1

6C Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Other dependents, If more than four dependents, check here.

Income section table with rows 7-22. Total income: 461,330

Adjusted Gross Income section table with rows 23-37. Adjusted gross income: 461,330

Name **Frank Johnson**

Tp TIN **243-98-7279**

Tax and Credits (Schedules 2, 3)

38 Amount from line 37 (adjusted gross income) **38** **461,330**

39a Check You were born before January 2, 1958, Blind. } **Total boxes checked** **39a**

if: Spouse was born before January 2, 1958, Blind. }

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** **21,200**

40b

41 Subtract line 40 and 40b from line 38 **41** **440,130**

42 Qualified business income deduction (see instructions) **42**

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** **440,130**

44 **Tax** (see instr.). Check if any from: a Form(s) 8814 b Form 4972 c **44** **127,799**

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **47** **127,799**

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit/credit for other dependents **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form: a 3800 b 8801 c **54**

55 Add lines 48 through 54. These are your **total credits** **55**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56** **127,799**

Other Taxes (Schedule 2)

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

60a Household employment taxes from Schedule H **60a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) **Form 8959** **61** **2,399**

62 Section 965 net tax liability installment from Form 965-A **62**

63 Add lines 56 through 61. This is your **total tax** **63** **130,198**

64 Federal income tax withheld from:

a Form(s) W-2 **64a** **244,300**

b Form(s) 1099 **64b**

c Other forms **64c** **2,399**

65 2022 estimated tax payments and amount applied from 2021 return **65** **44,500**

66 **Earned income credit (EIC)** **66**

67 Additional child tax credit. Attach Schedule 8812 **67**

68 American opportunity credit from Form 8863, line 8 **68**

69 Recovery rebate credit **69**

70 Net premium tax credit. Attach Form 8962 **70**

71 Amount paid with request for extension to file **71**

72 Excess social security and tier 1 RRTA tax withheld **72**

73 Credit for federal tax on fuels. Attach Form 4136 **73**

74 Other payments and refundable credits **74**

75 **Total pymts.** Add lines 64 - 74. **75** **291,199**

Refund

76 If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you **overpaid** **76** **161,001**

77a Amount of line 76 you want **refunded to you**. If Form 8888 is attached, check here **77a** **161,001**

b Routing number **XXXXXXXXXX** **c** Type: Checking Savings

d Account number **XXXXXXXXXXXXXXXXXXXX**

78 Amount of line 76 you want **applied to your 2023 estimated tax** **78**

Amount You Owe

79 **Amount you owe.** Subtract line 75 from line 63. For details on how to pay, see instructions **79**

80 Estimated tax penalty (see instructions) **80**

Int/Pen Date filed Int Fail to file Fail to pay Total

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No Personal identification no. (PIN) **▶**

Designee's Name **▶** Phone no. **▶**

Other Info Taxpayer Daytime phone number Taxpayer: Occupation **Doctor** IRS Identity Protection PIN

Spouse: Occupation IRS Identity Protection PIN

Taxpayer Spouse Email address

Form **1040****General Sales Tax Deduction Worksheet****2022**

Name as shown on return

Frank Johnson

Taxpayer Identification Number

243-98-7279State of
California

Locality of

General Sales Tax from IRS Tables

- | | | |
|---|----|----------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040 or 1040-SR, Line 11 | 1. | <u>461,330</u> |
| 2. Add the nontaxable amounts from Form 1040 or 1040-SR, lines 2b, 4a, 5a, 6a (Exclude rollovers and tax-free Sec. 1035 exchanges) | 2. | _____ |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2022 | 3. | _____ |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>461,330</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8
and enter the amount from line 5 on line 9 | 5. | <u>1,798</u> |
| 6. Enter the number of days of residence in state | 6. | _____ |
| 7. Total days in year | 7. | <u>365</u> |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) | 8. | _____ |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. | 9. | <u>1,798</u> |

Local Sales Tax Using IRS Tables

- | | | |
|--|-----|------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. | 10. | _____ |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. | 11. | _____ |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) | 12. | _____ |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) | 13. | _____ |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) | 14. | _____ |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19

If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18
and enter the amount from line 15 on line 19 | 15. | _____ |
| 16. Enter the number of days of residence in locality | 16. | _____ |
| 17. Total days in year | 17. | <u>365</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) | 18. | _____ |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. | 19. | _____ |

General Sales Tax Summary

- | | | |
|---|-----|--------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets | 20. | <u>1,798</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets | 21. | _____ |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>1,798</u> |
| 23. Enter the actual state and local general sales taxes paid | 23. | _____ |
| 24. Enter the greater of line 22 or line 23 | 24. | <u>1,798</u> |
| 25. Enter the state and local taxes paid on specified items (major purchases) | 25. | _____ |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>1,798</u> |
| 27. Enter total state and local income taxes paid | 27. | _____ |

Enter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is greater, mark the Schedule A, line 5a box.

Schedule C	Qualified Business Income Calculation Worksheet	2022
-------------------	--	-------------

Name Frank Johnson	Taxpayer Identification Number 243-98-7279
Principle business or profession Farming	Form/Schedule Unit C 1

1. Schedule C, Line 31, Net profit or (loss)	1.	-5,200
Additions for qualified business income:		
2. Form 4797, Ordinary income	2.	
Prior suspended losses utilized this year		
3. Passive suspended losses	3.	
4. At-Risk suspended losses	4.	
5. Section 179 carryover	5.	
6. Total additions to net profit or (loss). Add lines 2 through 5.	6.	
Subtractions for qualified business income		
7. Form 4797, Ordinary loss (includes share of Net section 1231 losses)	7.	
8. Deductible portion of self-employment taxes	8.	
9. Self-employed SEP, SIMPLE, and qualified plans	9.	
10. Self-employed health insurance deduction	10.	
11. Reserved	11.	
12. Reserved	12.	
13. Total subtraction to net profit or (loss). Add lines 7 through 12.	13.	
14. Qualified business income for this activity. Line 1 plus line 6 less line 13.	14.	-5,200

Carryovers:	Beginning of Year			End of Year			QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)		
Passive activity:							
Operating	_____	_____	_____	_____	_____	_____	_____
Form 4797, Part II	_____	_____	_____	_____	_____	_____	_____
Section 1231 loss	_____	_____	_____	_____	_____	_____	_____
At-Risk:							
Operating	_____	_____	_____	_____	_____	_____	_____
Form 4797, Part II	_____	_____	_____	_____	_____	_____	_____
Section 1231 loss	_____	_____	_____	_____	_____	_____	_____
Section 179	_____	_____	_____	_____	_____	_____	_____
Section 179 - COGS	_____	_____	_____	_____	_____	_____	_____
Other:							
Section 179	_____	_____	_____	_____	_____	_____	_____
Section 179 - COGS	_____	_____	_____	_____	_____	_____	_____

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward _____

Federal Statements

Form 1040, Line 26 - Estimated Tax Payments and Amount Applied From Previous Year

<u>Description</u>	<u>Amount</u>
2021 overpayment applied	\$ 44,500
Total	<u>\$ 44,500</u>

Federal Statements

Schedule A, Line 5a - State and Local General Sales Taxes

<u>Description</u>	<u>Amount</u>
General Sales Tax	\$ 1,798
Total	<u>\$ 1,798</u>

Schedule A, Line 8a - Home Mortgage Interest & Points From Form 1098

<u>Description</u>	<u>Amount</u>
JP MORGAN CHASE	\$ 11,200
Total	<u>\$ 11,200</u>

Form 1040	Carryover Report	2022
------------------	-------------------------	-------------

Name Frank Johnson	Taxpayer Identification Number 243-98-7279
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Carryover Item	Available to 2022	2022 Amounts		Carryover to 2023
Minimum tax credit	_____	_____	_____	_____
Investment interest	_____	_____	_____	_____
Investment interest - AMT	_____	_____	_____	_____
Short-term capital loss	_____	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	_____	_____	_____	_____
Long-term capital loss - AMT	_____	_____	_____	_____
Residential energy efficient property	_____	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____	_____
Tax credit bonds	_____	_____	_____	_____
Qualified business income loss	_____	<u>Generated</u>	<u>5,200</u>	<u>5,200</u>
Qualified REIT income and PTP loss	_____	_____	_____	_____
Excess business loss portion of NOL	_____	_____	_____	_____

Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2017 Amounts	_____	_____
2018 Amounts	_____	_____
2019 Amounts	_____	_____
2020 Amounts	_____	_____
2021 Amounts	_____	_____
Available to 2022	_____	_____
	_____	_____
2022 Amounts	_____	_____
Carryover to 2023	_____	_____

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797		
2017 Amounts	_____	_____
2018 Amounts	_____	_____
2019 Amounts	_____	_____
2020 Amounts	_____	_____
2021 Amounts	_____	_____
Available to 2022	_____	_____
	_____	_____
2022 Amounts	_____	_____
Carryover to 2023	_____	_____

Form **1040**

Salaries & Wages Report

2022

Name **Frank Johnson**

Taxpayer Identification Number **243-98-7279**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	USPHS	466,530	244,300	147,000
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer Spouse Totals		466,530	244,300	147,000

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	9,114	466,530	9,164				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer Spouse Totals	9,114	466,530	9,164				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer Spouse Totals						

Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2022**

Name **Frank Johnson** | Taxpayer Identification Number **243-98-7279**

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status **Single** | Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) **29.0 %**
 Tax Method **Tax rate schedule**

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:
 Tax using capital gains rates | Tax using Ordinary rates | Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	440,130	35.0 %	127,799	\$215,950 - \$539,900	99,770
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates	(a) Taxable Income	(b) Tax*
1. 10% rate Maximum taxable income per this bracket: \$10,275	1a. 10,275	1b. 1,028
2. 12% rate Maximum taxable income per this bracket: \$31,500	2a. 31,500	2b. 3,780
3. 22% rate Maximum taxable income per this bracket: \$47,300	3a. 47,300	3b. 10,406
4. 24% rate Maximum taxable income per this bracket: \$80,975	4a. 80,975	4b. 19,434
5. 32% rate Maximum taxable income per this bracket: \$45,900	5a. 45,900	5b. 14,688
6. 35% rate Maximum taxable income per this bracket: \$323,950	6a. 224,180	6b. 78,463
7. 37% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7	8a. 440,130	8b. 127,799

Income taxed at capital gains rates	(a) Taxable Income	(b) Tax*
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate	10a.	10b.
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.	12b.
13. 28% capital gains rate Small business stock, collectibles	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13	14a.	14b.

Total taxable income	
15. Total ordinary taxable income. Enter the amount from line 8a.	15. 440,130
16. Total capital gains taxable income. Enter the amount from line 14a.	16.
17. Add lines 15 and 16.	17. 440,130
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
19. Taxable income reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19. 440,130

Total tax	
20. Total ordinary tax. Enter the amount from line 8b.	20. 127,799
21. Total capital gains tax. Enter the amount from line 14b.	21.
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. 127,799
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
27. Total tax reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27. 127,799