

The Personal Financial Success Company

INDEPENDENT ASSOCIATE





Tax Advantages of a Home Based Business

Saturday, February 18, 2023

PRESENTED BY:

SETINA W. POUENGUE

TAX ACCOUNTANT

FOUNDER ~ Protax Plus Financial Services, LLC

myEcon ~ EVP Infinity

www.myprotaxplus.com

Schedule C – The Sole Proprietor Tax Form

Schedule C is used to report income or loss from a business you operate as a sole proprietor or sole member LLC.

You can operate a HBB on your Social Security Number or the EIN of a Sole Member LLC



According to the IRS there are a few requirements:

- You enter into the business with an INTENT to make a PROFIT
- You must be involved in the business on a regular or consistent basis
- Your expenses must be ordinary and necessary
- You must keep good and accurate records





The IRS Schedule C form is the most common business income tax form for small business owners. The form is used as part of your personal tax return.

Schedule C is completed by those who have received income from a business they ran or a profession they practiced as a sole proprietor.

The IRS defines a business as an activity whose primary purpose is to produce income or profit. The business activity must also be done regularly. You can operate on a Full or Part Time basis.

You may receive income from various sources:

- Income from a business is generally reported on a 1099NEC or 1099MISC for amounts above \$600
 - Income from customers that pay you directly should be recorded in your Cashflow Manager

Common Tax Deductions

Quick Info Packet

Common Tax Deductions Info Packet Document 601 in the Business Management Center



Commonly Used Deductions & How They Work

Business expenses are the costs of carrying on a trade or business.

These expenses are usually deductible if the business is operated with the intent to make a profit.

To be deductible, a business expense must be connected with or pertaining to your trade or business and be both ordinary and necessary. An ordinary expense is one that is common and accepted in your trade or business. A necessary expense is one that is helpful and appropriate for your trade or business. An expense does not have to be indispensable to be considered necessary.

Business vs. Personal Expenses

Generally, you cannot deduct personal, living, or family expenses.

However, if you have an expense for something that is used partly for business and partly for personal purposes, divide the total cost between the business and personal parts. You can deduct as a business expense only the business part that meets the general business deduction rules of being an ordinary and necessary business expense.





- 1. Transportation / Car & Truck Expenses
- 2. Travel
- 3. Meals & Entertainment
- 4. Interest
- 5. Wages
- 6. Home Office Expenses
- 7. Gifts
- 8. Depreciation
- 9. Insurance
- 10. Record Keeping
- 11. Other Expenses



Advertising:

Vendor Fees Displays **Business Cards** Digital & Print Ads **Imprinted Small Gifts** Radio/TV Ads Samples AdWords, FaceBook, LinkedIn Website

Travel:

Airplane Tickets Hotels, AirBNB Rental Cars, Tolls, **Parking Fees** Baggage & Shipping Meals (50%) in 2023 **Dry Cleaning and** Laundry

Car & Truck:

Mileage ~ 58.5 per mile 01-06 & 62.5 for 07-12. 2022 **Actual Expenses**



Business Meals:

50% Meals, Tips & Taxes **Broker Events**



Employees ~ W2 Spouses & Children Software at Office Depot

Contract Labor:

Poster Distribution Yard Signs Workers Independent Contractors Issue 1099 NEC by 1/31

Legal & Professional:

Accountant **Web Designer Attorney Fees** Travel Agent Insurance Agent **Answering Service** MLS Dues Desk Rent / Fees Photographer

Wages:

Office Expense:

Hosting Fees Storage Fees Repair & Maintenance



Supplies:

File Folders Copy Paper Printer Ink Thank You Cards Tape **Candles**

Taxes:

Income Taxes ~ State **Employment Taxes** Social Security & Medicare Self Employment ~ 15.3% Personal Property Real Estate License

Other Expenses:

Education Business License Postage & Freight Subscriptions/Books Cellphones- Business % Bank Charges **Business Relation** Education Printing



Home Office Deduction:

If there's a profit Lights Gas Water Mortgage Interest **RE Taxes** Security System Trash Collection Improvements

§1040	U.S	Intringuity of the Treasury-Internal Revenue Service S. Individual Income Ta		2022	2 01	MB No. 1545-00	74 IRS Use Or	nly-Do not w	rite or staple	in this space.
Filing Status		Single Married filing jointly	Married filing s	eparately (MFS) F	r Head of ho	usehold (HOH)	√ □ Qua	lifying sur	vivina
Check only	⊔ `			oparatory (v 0, <u>p</u>	<u>s</u> ricau oi no			use (QSS)	J
one box.	•	ou checked the MFS box, enter the na	ame of your spous	se. If you ch	ecked th	ne HOH or QS	S box, enter th	e child's r	name if the	e qualifying
V	•	on is a child but not your dependent:	14					V	-!-!	
Your first name a	ana mio	ode initial	Last name							ity number
Rhianna	augolo :	first name and middle initial	Bow1 Last name						45-6789	ecurity numbe
ii joint return, sp	Juse s	nist name and middle initial	Last name					Spouse	5 SUCIAI S	ecurity numbe
Home address (r	numbe	r and street). If you have a P.O. box, see	instructions.				Apt. no.	Preside	ntial Elect	ion Campaign
9000 House	Str	reet			1			4	ere if you,	,
City, town, or po	st office	e. If you have a foreign address, also com	plete spaces below	-	State	ZII	P code		if filing jointl this fund. C	
Lilburn					G	A 3	0048	box belo	w will not c	
Foreign country	name		Foreign pro	vince/state/c	ounty	Fo	reign postal code	your tax	or refund.	
D '. ''. I	۸4							\	∐ You	Spouse
Digital Assets		ny time during 2022, did you: (a) recei	•	•	•		,. ,	,	□ Vaa	₩ No
		ange, gift, or otherwise dispose of a centre of a cent)? (See instruct	ions.)	∐ Yes	x No
Standard Deduction		eone can claim:	_	Your spouse dual-status :		ependent				
Age/Blindness	You:				ouse:	□ Was born h	pefore January	2 1058	— le h	olind
Dependents		instructions):				(3) Relations		-		
-	•	irst name Last name		` '	(2) Social security number		Child tax	ck if qualifies for (see instruction credit Credit for other deper		•
If more than four	Bil:		333-33-3		- 3 3 3 3	Son	x			
dependents,		2011		333 33	3333	DOIL		1		
see instructions and check	-							i l		
here								1		
	1a	Total amount from Form(s) W-2, bo	x 1 (see instructio	ns)				. 1a		65,000
Income	b	Household employee wages not rep	ported on Form(s)) W-2				. 1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see instructions)					. 1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not repo	rted on Form(s) V	V-2 (see ins	structions	s)		. 1d		
W-2G and	е	Taxable dependent care benefits from	om Form 2441, lin	ie 26				. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefit	ts from Form 8839	9, line 29				. 1f		
If you did not	g	Wages from Form 8919, line 6 .						. 1g		
get a Form	h	Other earned income (see instruction	,			1 1		. 1h		
W-2, see instructions.	i	Nontaxable combat pay election (se	ee instructions)			1i			4	
								. 1z		65,000
Attach Sch. B	2a	' <u> </u>	2a				• • • • • • •			
if required.	<u>3a</u>		3a			•				
04 a.u. da.u.d	4a		4a							
Standard Deduction for-	5a		5a 6a							
Single or Married filing	6а с	Social security benefits Left you elect to use the lump-sum election						. 60		
separately,	7	Capital gain or (loss). Attach Sched	•	,		,		₇	7	
\$12,950 Married filing	8	Other income from Schedule 1, line							+	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							+	65,000
surviving spouse,	10	Adjustments to income from Schedu	•						+	
\$25,900 Head of	11	Subtract line 10 from line 9. This is								65,000
household, \$19,400	12	Standard deduction or itemized								19,400
If you checked	13	Qualified business income deduction								
any box under Standard	14	Add lines 12 and 13						. 14		19,400
Deduction,	15	Subtract line 14 from line 11. If zer	o or less, enter -C) This is y	our taxa	ble income .		. 15		45,600

Form 1040 (2022	2)	Rhianna Bowl						123-45	-6789 Page 2	
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 49	972 3			. 16	5,182	
Credits	17	Amount from Schedule 2, line 3						. 17		
	18	Add lines 16 and 17						. 18	5,182	
	19	Child tax credit or credit for other depende	nts from Schedule	8812				. 19	2,000	
	20	Amount from Schedule 3, line 8						. 20		
	21	Add lines 19 and 20						. 21	2,000	
	22	Subtract line 21 from line 18. If zero or les	s, enter -0					. 22	3,182	
	23	Other taxes, including self-employment tax	, from Schedule 2	, line 21				. 23		
	24	Add lines 22 and 23. This is your total ta	x					. 24	3,182	
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2			25a		6,5	500		
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c						. 25d	6,500	
If you have a	26	2022 estimated tax payments and amount	applied from 2021	retum	,			. 26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27					
allacii Scii. EiC.	28	Additional child tax credit from Schedule 8	812		28					
	29	American opportunity credit from Form 886	63, 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 y	our total other pa	ayments and	d refundabl	e credi	ts	. 32	0	
	33	Add lines 25d, 26, and 32. These are your total payments							6,500	
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33.	This is the a	mount you	overpa	id	34	3,318	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							3,318	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings								
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X								
	36	Amount of line 34 you want applied to yo	our 2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe.							
You Owe		For details on how to pay, go to www.irs.g	gov/Payments or s	see instructio	ns			. 37	0	
	38	Estimated tax penalty (see instructions) .			38					
Third Party	Do	you want to allow another person to discuss	s this retum with th	ne IRS? See						
Designee	ins	structions							x No	
		esignee's Phone Personal identifi ame no. number (PIN)								
	naı		no.					,	<u> </u>	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kr								
Here		ur signature							nt you an Identity	
	10	ui signature	Date Your occupation					Protection PI	N, enter it here	
Joint return? See instructions.				Nurse				(see inst.)		
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ	upation				nt your spouse an ection PIN, enter it here	
your records.								(see inst.)	ection First, enter it fiere	
	Ph	one no.	Email address							
		eparer's signature	Liliali addiess		Date		PTIN	1	Check if:	
Paid	FIE	sparer o signature			Dale		FIIIN		Self-employed	
Preparer	Dro	eparer's name			Phone no.				☐ Sell-ettibloked	
Use Only		•			FHORE HO.					
JJG Offiny		m's address								
	LIL	m's address					Ι.	Eirm'o EIN		
								Firm's EIN		

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Filing Status Single Married filing jointly ☐ Married filing separately (MFS) 🗵 Head of household (HOH) ☐ Qualifying surviving Check only spouse (QSS) 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 Last name Your social security number 123-45-6789 Rhianna Bowl 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. Presidential Election Campaign 9000 House Street Check here if you, or your spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. ZIP code State to go to this fund. Checking a Lilburn 30048 GA box below will not change Foreign country name your tax or refund. Foreign province/state/county Foreign postal code You Spouse At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Digital **Assets** x No exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) You as a dependent Someone can claim: Your spouse as a dependent Standard **Deduction** Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 ☐ Are blind ☐ Is blind Spouse: Was born before January 2, 1958 (see instructions): (3) Relationship (4) Check if qualifies for (see instructions): **Dependents** (2) Social security number to you (1) First name Child tax credit Last name Credit for other dependents If more X than four 333-33-3333 Billy Bowl Son dependents, see instructions and check here 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 65,000 Income b Household employee wages not reported on Form(s) W-2 1b Attach Form(s) С 1c W-2 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d attach Forms Taxable dependent care benefits from Form 2441, line 26 1e W-2G and 1099-R if tax Employer-provided adoption benefits from Form 8839, line 29 1f f was withheld. Wages from Form 8919, line 6 g 1g If you did not Other earned income (see instructions) 1h h get a Form W-2. see Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z 65,000 2a Tax-exempt interest 2a **b** Taxable interest 2b Attach Sch. B Qualified dividends Ordinary dividends if required. 3a 3a 3b 4a IRA distributions 4a Taxable amount 4b 5a Standard 5a Pensions and annuities . . . **b** Taxable amount 5b **Deduction for-**Social security benefits . . . 6a **b** Taxable amount 6b 6a Single or Married filing C If you elect to use the lump-sum election method, check here (see instructions) separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 \$12,950 Married filing 8 Other income from Schedule 1, line 10 8 (21, 265)jointly or

Standard deduction or itemized deductions (from Schedule A)..........

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

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

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

9

10

11

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14

15

Qualifying

\$25,900

household,

any box under

\$19,400 If you checked

> Standard Deduction,

Head of

surviving spouse.

43,735

43,735

19,400

19,400

24,335

9

10

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Form 1040 (2022	2)	Rhianna Bowl						123-45	-6789 Page 2	
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 49	72 3			. 16	2,626	
Credits	17	Amount from Schedule 2, line 3						. 17		
	18	Add lines 16 and 17						. 18	2,626	
	19	Child tax credit or credit for other depende	nts from Schedule	8812				. 19	2,000	
	20	Amount from Schedule 3, line 8						. 20	200	
	21	Add lines 19 and 20						. 21	2,200	
	22	Subtract line 21 from line 18. If zero or les	s, enter -0					. 22	426	
	23	Other taxes, including self-employment tax	, from Schedule 2	, line 21				. 23		
	24	Add lines 22 and 23. This is your total tax	x					. 24	426	
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2			25a		6,5	00		
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c						. 25d	6,500	
If you have a	26	2022 estimated tax payments and amount	applied from 2021	retum				. 26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27					
allacii Scii. EiC.	28	Additional child tax credit from Schedule 8	812		28					
	29	American opportunity credit from Form 886	63, 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 y	our total other pa	ayments and	l refundabl	e credi	ts	. 32	0	
	33	Add lines 25d, 26, and 32. These are your total payments							6,500	
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33.	This is the a	mount you	overpa	id	34	6,074	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							6,074	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings								
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X								
	36	Amount of line 34 you want applied to yo	our 2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe.							
You Owe		For details on how to pay, go to www.irs.g	gov/Payments or s	see instructio	ns			. 37	0	
	38	Estimated tax penalty (see instructions) .			38					
Third Party	Do	you want to allow another person to discuss	s this retum with th	ne IRS? See						
Designee	ins	structions				Yes Yes	. Comple	te below.	x No	
		esignee's Phone Personal identif ame no. number (PIN)								
	naı		no.				`		, , , , , , ,	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has								
Here		ur signature	Date Your occupation					If the IRS sent you an Identity		
	10	ui signature	Date	Tour occupat	.1011			Protection P	N, enter it here	
Joint return? See instructions.				Nurse				(see inst.)		
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ	upation				nt your spouse an ection PIN, enter it here	
your records.								(see inst.)	ection File, enter it here	
	Ph	one no.	Email address					· ,		
		eparer's signature	Liliali addiess		Date		PTIN		Check if:	
Paid	FIE	sparer s signature			Date		FIIN		Self-employed	
Preparer	Dro	eparer's name			Phone no.				☐ Self-employed	
Use Only		•			FIIOHE HO.					
JJG Offiny		m's address								
	LIL	m's address					.	Firm's FINI		
							H	Firm's EIN		

SCHEDULE C (Form 1040)

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Sequence No. **09**

Social security number (SSN)

Α **B** Enter code from instructions Principal business or profession, including product or service (see instructions) Direct Sales D Employer ID number (EIN) (see instr.) Business name. If no separate business name, leave blank. C Mary Work Business address (including suite or room no.) E 9000 House Street City, town or post office, state, and ZIP code Lilburn, GA 30048 F Accounting method: (1) X Cash Other (specify) (2) Accrual (3) G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses..... No Н Yes x No No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 3,000 2 3,000 3,000 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)...... Gross income. Add lines 5 and 6 3,000 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. Advertising 8 500 18 Office expense (see instructions)... 18 Car and truck expenses 19 Pension and profit-sharing plans . . 19 (see instructions) 9 6,550 20 Rent or lease (see instructions): Commissions and fees . . . 10 10 20a а Vehicles, machinery, and equipment . . 11 Contract labor (see instructions) b Other business property Depletion 21 12 Repairs and maintenance 21 Depreciation and section 179 22 Supplies (not included in Part III). . expense deduction (not 23 Taxes and licenses included in Part III) (see 13 24 Travel and meals: instructions) Employee benefit programs Travel 24a 3,000 (other than on line 19) 14 Deductible meals (see Insurance (other than health) 15 instructions) 24b 1,800 25 25 16 Interest (see instructions): Utilities a Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 4,800 **b** Other 16b 3,000 27a Other expenses (from line 48) . . . 27a 4,615 17 Legal and professional services 17 Reserved for future use 24,265 (21, 265)30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: 2,000 . Use the Simplified and (b) the part of your home used for business: 200 Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. 31 (21, 265)• If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on 32b Some investment is not Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

600

500

275

Website (myEcon)

Training Fees

Mailbox Rental

Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Filing Status | Single ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving Married filing jointly Check only spouse (QSS) 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 Last name Your social security number 123-45-6789 Joseph Work If joint return, spouse's first name and middle initial Last name Spouse's social security number Work 222-22-2222 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 9000 House Street Check here if you, or your spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. ZIP code State to go to this fund. Checking a Lilburn 30048 GA box below will not change Foreign country name your tax or refund. Foreign province/state/county Foreign postal code You Spouse At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Digital **Assets** x No exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Someone can claim: You as a dependent Your spouse as a dependent Standard **Deduction** Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 ☐ Are blind ☐ Is blind Spouse: Was born before January 2, 1958 (see instructions): (3) Relationship (2) Social security (4) Check if qualifies for (see instructions): **Dependents** number to you (1) First name Child tax credit Last name Credit for other dependents If more X than four 333-33-3333 Billy Work Son dependents, see instructions and check here 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 115,000 Income b Household employee wages not reported on Form(s) W-2 1b Attach Form(s) С 1c W-2 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d attach Forms Taxable dependent care benefits from Form 2441, line 26 1e W-2G and 1099-R if tax Employer-provided adoption benefits from Form 8839, line 29 f 1f was withheld. Wages from Form 8919, line 6 g 1g If you did not Other earned income (see instructions) 1h h get a Form W-2. see Nontaxable combat pay election (see instructions) instructions. z Add lines 1a through 1h 1z 115,000 2a Tax-exempt interest 2a **b** Taxable interest 2b Attach Sch. B Qualified dividends Ordinary dividends 3b if required. <u>3a</u> 3a 4a IRA distributions 4a Taxable amount 4b

- household, \$19,400
- If you checked any box under Standard Deduction,

12

13

Standard Deduction for-	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
Single or Married filing	С	If you elect to use the lump-sum						
separately, \$12,950	7	Capital gain or (loss). Attach Sch	7					
Married filing	8	Other income from Schedule 1, lir	8					
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and	8. This is your total	incon	ne	9	115,000
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1	, line 26			10	
Head of	11	Subtract line 10 from line 9. This	is you	ır adjusted gross in	come		11	115,000

14 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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

Form 1040 (2022)

12

13

14

15

25,900

25,900

89,100

Form 1040 (2022	2)	Joseph & Mary Work						123-45	-6789 Page 2
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 49	972 3			. 16	10,842
Credits	17	Amount from Schedule 2, line 3						. 17	
	18	Add lines 16 and 17						. 18	10,842
	19	Child tax credit or credit for other depende	nts from Schedule	8812 .				. 19	2,000
	20	Amount from Schedule 3, line 8						. 20	
	21	Add lines 19 and 20						. 21	2,000
	22	Subtract line 21 from line 18. If zero or les	s, enter -0					. 22	8,842
	23	Other taxes, including self-employment tax	, from Schedule 2	, line 21 .				. 23	
	24	Add lines 22 and 23. This is your total tax	x					. 24	8,842
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a		17,	250	
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						. 25d	17,250
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				
allach Sch. ElC.	28	Additional child tax credit from Schedule 8	812		28				
	29	American opportunity credit from Form 886	63, 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 y	our total other pa	ayments and	d refundab	le cred	its	. 32	0
	33	Add lines 25d, 26, and 32. These are your total payments							17,250
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33.	This is the a	mount you	overpa	id	34	8,408
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	8,408
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings							
See instructions.	d	Account number X X X X X X X X X X							
	36	Amount of line 34 you want applied to yo	our 2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the a	mount you owe.						
You Owe		For details on how to pay, go to www.irs.g	gov/Payments or s	see instructio	ns			. 37	0
	38	Estimated tax penalty (see instructions) .			38				
Third Party	Do	you want to allow another person to discuss	s this retum with th	ne IRS? See					
Designee	ins	structions				Yes	. Comple	ete below.	x No
		esignee's Phone Personal identifi ame no. number (PIN)							
							,		, , , , , , ,
Sign		der penalties of perjury, I declare that I have exan lief, they are true, correct, and complete. Declarat		,					
Here		ur signature	Date Your occupation						nt you an Identity
	10	ui signature	Date	Tour occupat	lion			Protection Pl	N, enter it here
Joint return? See instructions.								(see inst.)	
Keep a copy for	Spe	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ	cupation				nt your spouse an
your records.								(see inst.)	ection PIN, enter it here
		one ne							
		Phone no. Email address							Chaple if
Paid	Pre	eparer's signature			Date		PTIN		Check if:
Preparer		navarla nama			Dha::				Self-employed
Use Only		eparer's name			Phone no.				
USE OILLY		n's name					Т		
	Firi	n's address						E E	
								Firm's EIN	



Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space. Filing Status ☐ Single ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving Married filing jointly Check only spouse (QSS) 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 Last name Your social security number 123-45-6789 Joseph Work If joint return, spouse's first name and middle initial Last name Spouse's social security number Work 222-22-2222 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your 9000 House Street spouse if filing jointly, want \$3 City, town, or post office. If you have a foreign address, also complete spaces below. ZIP code State to go to this fund. Checking a Lilburn 30048 GA box below will not change Foreign country name your tax or refund. Foreign province/state/county Foreign postal code You Spouse At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Digital **Assets** x No exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) You as a dependent Someone can claim: Your spouse as a dependent Standard **Deduction** Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 ☐ Are blind ☐ Is blind Spouse: Was born before January 2, 1958 (see instructions): (3) Relationship (4) Check if qualifies for (see instructions): **Dependents** (2) Social security number to you (1) First name Child tax credit Last name Credit for other dependents If more X than four 333-33-3333 Billy Work Son dependents, see instructions and check here 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 55,000 Income b Household employee wages not reported on Form(s) W-2 1b Attach Form(s) С 1c W-2 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d attach Forms Taxable dependent care benefits from Form 2441, line 26 1e W-2G and 1099-R if tax Employer-provided adoption benefits from Form 8839, line 29 1f f was withheld. Wages from Form 8919, line 6 g 1g If you did not Other earned income (see instructions) 1h h get a Form W-2. see Nontaxable combat pay election (see instructions) 1i instructions Add lines 1a through 1h z 1z 55,000 2a Tax-exempt interest 2a **b** Taxable interest 2b Attach Sch. B Qualified dividends Ordinary dividends if required. 3a 3a 3b 4a IRA distributions 4a Taxable amount 4b 5a Standard 5a Pensions and annuities . . . **b** Taxable amount 5b **Deduction for-**Social security benefits . . . 6a **b** Taxable amount 6b 6a Single or Married filing C If you elect to use the lump-sum election method, check here (see instructions) separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 \$12,950 Married filing 8 Other income from Schedule 1, line 10 8 14,735 jointly or 9 9 69,735 Qualifying surviving spouse. 10 10 1,041 \$25,900 Head of 11 11 68,694

Standard deduction or itemized deductions (from Schedule A)..........

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

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

25,900

2,739

28,639

40,055

12

13

14

15

household,

any box under

\$19,400 If you checked

Standard

Deduction,

12

13

14

15

Form 1040 (2022	2)	Joseph & Mary Work						123-45	6789	Page 2
Tax and	16	Tax (see instructions). Check if any from F	orm(s): 1 881	4 2 49	72 3			. 16	4	1,398
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17							4	1,398
	19	Child tax credit or credit for other depende	nts from Schedule	8812				19		2,000
	20	Amount from Schedule 3, line 8								
	21	Add lines 19 and 20							2	2,000
	22	Subtract line 21 from line 18. If zero or les	s. enter -0					22		2,398
	23	Other taxes, including self-employment tax								2,082
	24	Add lines 22 and 23. This is your total ta :								4,480
Payments	25	Federal income tax withheld from:							_	.,
,	a	Form(s) W-2			25a	.	7.	500		
	b	Form(s) 1099						300		
	c	Other forms (see instructions)								
	d	Add lines 25a through 25c						25d	7	,500
	26	2022 estimated tax payments and amount								, 300
If you have a qualifying child,	27	Earned income credit (EIC)			1	1				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8								
	29	American opportunity credit from Form 886	·							
	30	Reserved for future use								
	31	Amount from Schedule 3, line 15								_
	32	Add lines 27, 28, 29, and 31. These are y							_	0
	33	Add lines 25d, 26, and 32. These are you								7,500
Refund	34	If line 33 is more than line 24, subtract lin			•	•				3,020
D	35a	Amount of line 34 you want refunded to		-	_			35a	3	,020
Direct deposit? See instructions.	b	Routing number X X X X X X			Che	,-	Savi	ings		
	d	Account number X X X X X X X				X				
	36	Amount of line 34 you want applied to yo	our 2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the a	•					37		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								0
	38	Estimated tax penalty (see instructions)			38					
Third Party		you want to allow another person to discuss					_			
Designee		instructions						X No		
		esignee's me				Personal number (I	identification			
Cian		der penalties of perjury, I declare that I have exar	nined this return and	l accompanying	r schedules		,		t of my knowledg	e and
Sign		lief, they are true, correct, and complete. Declarat			-				, ,	•
Here		ur signature	Date Your occupation			Lieu			ent you an Identit	_
		a. o.g. a.a.		Tour occupat					PIN, enter it here	
Joint return? See instructions.								(see inst.)		
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occ	upation				ent your spouse a tection PIN, enter	
your records.								(see inst.)		
	Ph	none no.	Email address				•		Щ	
		eparer's signature	Liliali addiess		Date		PTIN		Check if:	
Paid	r I 6	sparsi o signature			Date		FILIN		Self-emplo	ovod
Preparer		operario nomo			Dhone = -					Jyeu
Use Only		eparer's name			Phone no.					
Jac Only		m's name								
	FIL	m's address						Eirm's EIN		
								Firm's EIN		

Go to $\emph{www.irs.gov/Form1040}$ for instructions and the latest information.

Form **1040** (2022)

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

Attachment Sequence No. **09**

Social security number (SSN) Name of proprietor 222-22-2222 Mary Work Principal business or profession, including product or service (see instructions) **B** Enter code from instructions Α Direct Sales D Employer ID number (EIN) (see instr.) Business name. If no separate business name, leave blank. C Mary Goes To Work Business address (including suite or room no.) E 9000 House Street City, town or post office, state, and ZIP code Lilburn, GA 30048 F Accounting method: (1) X Cash Other (specify) (2) Accrual (3) G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses..... No x Н Yes x No No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 40,000 2 Returns and allowances 40,000 40,000 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)...... Gross income. Add lines 5 and 6 40,000 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. Advertising 8 500 18 Office expense (see instructions)... 18 Car and truck expenses 19 Pension and profit-sharing plans . . 19 (see instructions) 9 6,550 20 Rent or lease (see instructions): Commissions and fees . . . 10 10 20a а Vehicles, machinery, and equipment . . 11 Contract labor (see instructions) b Other business property Depletion 21 12 Repairs and maintenance 21 Depreciation and section 179 22 Supplies (not included in Part III). . expense deduction (not 23 Taxes and licenses included in Part III) (see 13 24 Travel and meals: instructions) Employee benefit programs Travel 24a 3,000 (other than on line 19) 14 Deductible meals (see Insurance (other than health) 15 instructions) 24b 1,800 25 25 16 Interest (see instructions): Utilities a Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 4,800 **b** Other 16b 3,000 27a Other expenses (from line 48) . . . 27a 4,615 17 Legal and professional services 17 Reserved for future use 24,265 15,735 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: 2,000 . Use the Simplified and (b) the part of your home used for business: 200 Method Worksheet in the instructions to figure the amount to enter on line 30 30 1,000 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. 31 14,735 • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on 32b Some investment is not Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.



ANY QUESTIONS

Home of the S.M.A.R.T. Team





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 Stone Mountain, GA 30087
- 🐫 678-835-4TAX (4829)
- myprotaxplus@gmail.com
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