2022 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2022

Prepared for	MELISSA A GOLEASH CHASE A GOLEASH
Tax Summary	

Gross Income.....	$144050
Adjusted Gross Income.....	$134579
Total Deductions.....	$25900
Total Taxable Income.....	$108679
Total Tax.....	$15143
Total Payments.....	$14230
Refund Amount.....	$0
Amount You Owe.....	$913

Make check payable to	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Sign and date Form. Assemble what you need to mail. Attach any schedules and forms behind Form 1040 in order of the Attachment Sequence Number shown in the upper right corner of the schedule or form.
If there are supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Do not attach correspondence or other items unless required to do so.
Attach a copy of each W-2, W-2G, and 2439 to the front of Form 1040. Also attach Form(s) 1099-R or 1099-G if tax was withheld.
Pay balance due on your taxes Make your check or money order for 913.0 payable to the United States Treasury. Do not send cash and do not forget to sign it. Write your Social Security number(s) and daytime phone number on your check or money order (U.S. funds only).

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2022 STATE TAX RETURN FILING INSTRUCTIONS

ILLINOIS

FOR THE YEAR ENDING

December 31, 2022

Prepared for	MELISSA A GOLEASH and CHASE A GOLEASH
Tax Summary	

Adjusted Gross Income.....	$	134,579
Total Deductions.....	$	35,056
Total Taxable Income.....	$	99,523
Total Tax.....	$	4,926
Total Payments.....	$	5,616
Refund Amount.....	$	690
Amount You Owe.....	$	0

Make check payable to	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.

Special Instructions

Keep A Copy
Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

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INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

Fold here for #10 envelope

INTERNAL REVENUE SERVICE
P O Box 931000
Louisville, KY 40293-1000

Fold here for 6x9 envelope

Fold here for #10 envelope

2022 TWO YEAR COMPARISON

MELISSA A & CHASE A GOLEASH
483-23-6596

Keep for Your Records

	2022	2021	Difference
Filing status	MFJ	MFJ	
INCOME:			
Wages, salaries, tips, etc.	143,752	130,375	13,377
Interest income	298		298
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 – Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	144,050		144,050
ADJUSTMENTS:			
Schedule 1 – Adjustments			
Educator expenses			
Busn expenses for reserviists, performing artists, etc	9,471		9,471
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments	9,471		9,471
ADJUSTED GROSS INCOME:	134,579	130,375	4,204
DEDUCTIONS:			
Standard deduction or Itemized deductions	25,900	25,100	800
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	7,746		7,746
Interest paid			
Gifts to charity	626		626
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:	108,679		108,679

2022 TWO YEAR COMPARISON

MELISSA A & CHASE A GOLEASH
483-23-6596

Keep for Your Records

	2022	2021	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax	15,143	14,636	507
Tax calculation method	TCW		
Schedule 2 - Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Total taxes	15,143		15,143
Tax rate	22%		
CREDITS:			
Child and other dependents tax credit			
Schedule 3 - Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits			
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:	15,143		15,143
PAYMENTS:			
Federal income tax withheld	14,230	18,364	-4,134
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Recovery rebate credit			
Schedule 3 - Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Deferral for certain Schedule H or Schedule SE filers		N/A	
Other payments			
Total payments	14,230		14,230
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund		3,728	-3,728
Amount due	913		913
Penalty			913

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS
QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income
TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.

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 Check only one box. ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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
MELISSA A	GOLEASH	483-23-6596
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
CHASE A	GOLEASH	325-82-5809

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
120 Willow Lane	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Sherman	IL	62684

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

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

If more than four dependents, see instructions and check here ☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	143,752
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	143,752
2a	Tax-exempt interest 2a	b Taxable interest 2b	298
3a	Qualified dividends 3a	b Ordinary dividends 3b	
4a	IRA distributions 4a	b Taxable amount 4b	
5a	Pensions and annuities 5a	b Taxable amount 5b	
6a	Social security benefits 6a	b Taxable amount 6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
8	Other income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	144,050
10	Adjustments to income from Schedule 1, line 26	10	9,471
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	134,579
12	**Standard deduction or itemized deductions** (from Schedule A)	12	25,900
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	25,900
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	108,679

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.

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

Form **1040** (2022)

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Tax and Credits	16 **Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	15,143
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	15,143
	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	15,143
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24 Add lines 22 and 23. This is your **total tax**	24	15,143
Payments	25 Federal income tax withheld from:		
	a Form(s) W-2 — 25a: 14,230		
	b Form(s) 1099 — 25b		
	c Other forms (see instructions) — 25c		
	d Add lines 25a through 25c	25d	14,230
	26 2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child, attach Sch. EIC.	27 Earned income credit (EIC) — 27		
	28 Additional child tax credit from Schedule 8812 — 28		
	29 American opportunity credit from Form 8863, line 8 — 29		
	30 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	14,230
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b Routing number XXXXXXXXXXXXXXXXXX c Type: ☐ Checking ☐ Savings		
	d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	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	913
	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: Personal Trainer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation: CONSTRUCTION ENG	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 563-320-1788	Email address melissagoleash@Gmail.com		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

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

GEB 22 1040S2 TXO 1040 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.

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: MELISSA A & CHASE A GOLEASH

Your social security number: 483-23-6596

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	
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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z	0		
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	

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

Schedule 1 (Form 1040) 2022

GEB **22 1040SCH1** TXO 1040 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	9,471
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a			26	9,471

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Form **5329**

Department of the Treasury
Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.
MELISSA A GOLEASH

Your social security no.
483-23-6596

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here ☐

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

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I **Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 591/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)--see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	**Additional tax.** Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8	4	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.		

Part II **Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts.** Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	**Additional tax.** Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III **Additional Tax on Excess Contributions to Traditional IRAs.** Complete this part if you contributed more to your traditional IRAs for 2022 than is allowable or you had an amount on line 17 of your 2021 Form 5329.

9	Enter your excess contributions from line 16 of your 2021 Form 5329. See instructions. If zero, go to line 15			9	3,000
10	If your traditional IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	6,000		
11	2022 traditional IRA distributions included in income (see instructions)	11			
12	2022 distributions of prior year excess contributions (see instructions)	12			
13	Add lines 10, 11, and 12			13	6,000
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-			14	
15	Excess contributions for 2022 (see instructions)			15	
16	Total excess contributions. Add lines 14 and 15			16	
17	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 16 **or** the value of your traditional IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8			17	

Part IV **Additional Tax on Excess Contributions to Roth IRAs.** Complete this part if you contributed more to your Roth IRAs for 2022 than is allowable or you had an amount on line 25 of your 2021 Form 5329.

18	Enter your excess contributions from line 24 of your 2021 Form 5329. See instructions. If zero, go to line 23			18	
19	If your Roth IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19			
20	2022 distributions from your Roth IRAs (see instructions)	20			
21	Add lines 19 and 20			21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-			22	
23	Excess contributions for 2022 (see instructions)			23	
24	Total excess contributions. Add lines 22 and 23			24	
25	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 24 **or** the value of your Roth IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8			25	

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

Form **5329** (2022)

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Form **5329**

Department of the Treasury
Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.
CHASE A GOLEASH

Your social security no.
325-82-5809

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here ☐

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

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I **Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 591/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)--see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	**Additional tax.** Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8	4	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.		

Part II **Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts.** Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	**Additional tax.** Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III **Additional Tax on Excess Contributions to Traditional IRAs.** Complete this part if you contributed more to your traditional IRAs for 2022 than is allowable or you had an amount on line 17 of your 2021 Form 5329.

9	Enter your excess contributions from line 16 of your 2021 Form 5329. See instructions. If zero, go to line 15			9	3,000
10	If your traditional IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	6,000		
11	2022 traditional IRA distributions included in income (see instructions)	11			
12	2022 distributions of prior year excess contributions (see instructions)	12			
13	Add lines 10, 11, and 12			13	6,000
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-			14	
15	Excess contributions for 2022 (see instructions)			15	
16	Total excess contributions. Add lines 14 and 15			16	
17	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 16 **or** the value of your traditional IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8			17	

Part IV **Additional Tax on Excess Contributions to Roth IRAs.** Complete this part if you contributed more to your Roth IRAs for 2022 than is allowable or you had an amount on line 25 of your 2021 Form 5329.

18	Enter your excess contributions from line 24 of your 2021 Form 5329. See instructions. If zero, go to line 23			18	
19	If your Roth IRA contributions for 2022 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19			
20	2022 distributions from your Roth IRAs (see instructions)	20			
21	Add lines 19 and 20			21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-			22	
23	Excess contributions for 2022 (see instructions)			23	
24	Total excess contributions. Add lines 22 and 23			24	
25	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 24 **or** the value of your Roth IRAs on December 31, 2022 (including 2022 contributions made in 2023). Include this amount on Schedule 2 (Form 1040), line 8			25	

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

Form **5329** (2022)

 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.

Form **8606**

Department of the Treasury
Internal Revenue Service

Nondeductible IRAs

Go to www.irs.gov/Form8606 for instructions and the latest information.
Attach to 2022 Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074
2022
Attachment Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2022 Form 8606. See instructions.
MELISSA A GOLEASH

Your social security number
483-23-6596

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home) | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

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

Part I Nondeductible Contributions to Traditional IRAs & Distributions From Traditional, SEP, & SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2022.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2022 **and** you made nondeductible contributions to a traditional IRA in 2022 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution, if any, from 2022 Form(s) 8915-F (see instructions)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2022 **and** you made nondeductible contributions to a traditional IRA in 2022 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2022, including those made for 2022 from January 1, 2023, through April 18, 2023. See instructions			1	6,000
2	Enter your total basis in traditional IRAs. See instructions			2	0
3	Add lines 1 and 2			3	6,000
	In 2022, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? — **No** — Enter the amount from line 3 on line 14. Do not complete the rest of Part I. — **Yes** — Go to line 4.				
4	Enter those contributions included on line 1 that were made from January 1, 2023, through April 18, 2023			4	
5	Subtract line 4 from line 3			5	
6	Enter the value of **all** your traditional, SEP, and SIMPLE IRAs as of December 31, 2022, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions, if any, from 2022 Form(s) 8915-F (see instructions)	6			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2022. **Do not** include rollovers (other than repayments of qualified disaster distributions, if any, from 2022 Form(s) 8915-F (see instructions)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2022. Also, enter this amount on line 16	8			
9	Add lines 6, 7, and 8	9			
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	X		
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also, enter this amount on line 17	11			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12			
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions			13	
14	Subtract line 13 from line 3. This is **your total basis in traditional IRAs for 2022 and earlier years**			14	6,000
15a	Subtract line 12 from line 7			15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2022 Form(s) 8915-F (see instructions). Also, enter this amount on 2022 Form(s) 8915-F, line 18, as applicable (see instructions)			15b	
c	**Taxable amount.** Subtract line 15b from line 15a. If more than zero, also include this amount on 2022 Form 1040, 1040-SR, **or** 1040-NR, line 4b			15c	
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.				

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

Form **8606** (2022)

Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.

Form **8606**

Department of the Treasury
Internal Revenue Service

Nondeductible IRAs

Go to www.irs.gov/Form8606 for instructions and the latest information.
Attach to 2022 Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074
2022
Attachment Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2022 Form 8606. See instructions.
CHASE A GOLEASH

Your social security number
325-82-5809

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home) | Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

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

Part I Nondeductible Contributions to Traditional IRAs & Distributions From Traditional, SEP, & SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2022.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2022 **and** you made nondeductible contributions to a traditional IRA in 2022 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution, if any, from 2022 Form(s) 8915-F (see instructions)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2022 **and** you made nondeductible contributions to a traditional IRA in 2022 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2022, including those made for 2022 from January 1, 2023, through April 18, 2023. See instructions			1	6,000
2	Enter your total basis in traditional IRAs. See instructions			2	0
3	Add lines 1 and 2			3	6,000
	In 2022, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? — **No** — Enter the amount from line 3 on line 14. Do not complete the rest of Part I. — **Yes** — Go to line 4.				
4	Enter those contributions included on line 1 that were made from January 1, 2023, through April 18, 2023			4	
5	Subtract line 4 from line 3			5	
6	Enter the value of **all** your traditional, SEP, and SIMPLE IRAs as of December 31, 2022, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions, if any, from 2022 Form(s) 8915-F (see instructions)	6			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2022. **Do not** include rollovers (other than repayments of qualified disaster distributions, if any, from 2022 Form(s) 8915-F (see instructions)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2022. Also, enter this amount on line 16	8			
9	Add lines 6, 7, and 8	9			
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	X		
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also, enter this amount on line 17	11			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12			
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions			13	
14	Subtract line 13 from line 3. This is **your total basis in traditional IRAs for 2022 and earlier years**			14	6,000
15a	Subtract line 12 from line 7			15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2022 Form(s) 8915-F (see instructions). Also, enter this amount on 2022 Form(s) 8915-F, line 18, as applicable (see instructions)			15b	
c	**Taxable amount.** Subtract line 15b from line 15a. If more than zero, also include this amount on 2022 Form 1040, 1040-SR, **or** 1040-NR, line 4b			15c	
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.				

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

Form **8606** (2022)

Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.

Form **2106**

Department of the Treasury
Internal Revenue Service

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)
Attach to Form 1040,1040-SR, or 1040-NR.
Go to www.irs.gov/Form2106 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **129**

Your name	Occupation in which you incurred expenses	Social security number
MELISSA A GOLEASH	Soldier	483-23-6596

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses

			Column A Other Than Meals	Column B Meals
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	726	
2	Parking fees, tolls, and transportation, including trains, buses, etc., that **didn't** involve overnight travel or commuting to and from work	2	100	
3	Travel expense while away from home overnight, including lodging, airfare, car rental, etc. **Don't** include meals	3		
4	Business expenses not included on lines 1 through 3. **Don't** include meals	4	1,250	
5	Meals expenses (see instructions)	5		3,000
6	**Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,076	3,000

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7	Enter reimbursements received from your employer that **weren't** reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7		

Step 3 Figure Expenses To Deduct

8	Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040 or 1040-SR, line 1 (or on Form 1040-NR, line 1a)	8	2,076	3,000
	Note: If **both columns** of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9	In Column A, enter the amount from line 8. In Column B, see the instructions for the amount to enter	9	2,076	2,505
10	Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040), line 12. Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return	10		4,581

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

Form **2106** (2022)

 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc

Part II Vehicle Expenses

Section A –– General Information (You must complete this section if you are claiming vehicle expenses.)

			(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	11	01/27/2022	
12	Total miles the vehicle was driven during 2022	12	4800 miles	miles
13	Business miles included on line 12	13	1200 miles	miles
14	Percent of business use. Divide line 13 by line 12	14	25.000%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	3600 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	[X] Yes	[ ] No
19	Do you (or your spouse) have another vehicle available for personal use?	[ ] Yes	[X] No
20	Do you have evidence to support your deduction?	[ ] Yes	[X] No
21	If "Yes," is the evidence written?	[ ] Yes	[ ] No

Section B –– Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 58.5 ¢ (0.585) (January 1–June 30) and 62.5 ¢ (0.625) (July 1–December 31). Enter the result here and on line 1	22	726

Section C –– Actual Expenses

			(a) Vehicle 1		(b) Vehicle 2	
23	Gasoline, oil, repairs, vehicle insurance, etc	23				
24a	Vehicle rentals	24a				
b	Inclusion amount (see instructions)	24b				
c	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2--see instructions)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation (see instructions)	28				
29	Add lines 27 and 28. Enter total here and on line 1	29				

Section D –– Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle 1		(b) Vehicle 2	
30	Enter cost or other basis (see instructions)	30				
31	Enter section 179 deduction and special allowance (see instructions).	31				
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32				
33	Enter depreciation method and percentage (see instructions)	33				
34	Multiply line 32 by the percentage on line 33 (see instructions)	34				
35	Add lines 31 and 34	35				
36	Enter the applicable limit explained in the line 36 instructions	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38				

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Form **2106**

Department of the Treasury
Internal Revenue Service

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)
Attach to Form 1040,1040-SR, or 1040-NR.
Go to www.irs.gov/Form2106 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **129**

Your name	Occupation in which you incurred expenses	Social security number
CHASE A GOLEASH	Soldier	325-82-5809

Part I **Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses

			Column A Other Than Meals	Column B Meals
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	848	
2	Parking fees, tolls, and transportation, including trains, buses, etc., that **didn't** involve overnight travel or commuting to and from work	2	200	
3	Travel expense while away from home overnight, including lodging, airfare, car rental, etc. **Don't** include meals	3		
4	Business expenses not included on lines 1 through 3. **Don't** include meals	4	1,500	
5	Meals expenses (see instructions)	5		3,000
6	**Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,548	3,000

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7	Enter reimbursements received from your employer that **weren't** reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7		

Step 3 Figure Expenses To Deduct

8	Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040 or 1040-SR, line 1 (or on Form 1040-NR, line 1a)	8	2,548	3,000
	Note: If **both columns** of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9	In Column A, enter the amount from line 8. In Column B, see the instructions for the amount to enter	9	2,548	2,400
10	Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule 1 (Form 1040), line 12. Employees with impairment-related work expenses, see the instructions for rules on where to enter the total on your return	10		4,948

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

Form **2106** (2022)

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Part II Vehicle Expenses

Section A –– General Information (You must complete this section if you are claiming vehicle expenses.)

			(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	11	01/27/2022	
12	Total miles the vehicle was driven during 2022	12	5000 miles	miles
13	Business miles included on line 12	13	1400 miles	miles
14	Percent of business use. Divide line 13 by line 12	14	28.000%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	3600 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	[X] Yes	[ ] No
19	Do you (or your spouse) have another vehicle available for personal use?	[ ] Yes	[X] No
20	Do you have evidence to support your deduction?	[ ] Yes	[X] No
21	If "Yes," is the evidence written?	[ ] Yes	[ ] No

Section B –– Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 58.5 ¢ (0.585) (January 1–June 30) and 62.5 ¢ (0.625) (July 1–December 31). Enter the result here and on line 1	22	848

Section C –– Actual Expenses

			(a) Vehicle 1		(b) Vehicle 2	
23	Gasoline, oil, repairs, vehicle insurance, etc	23				
24a	Vehicle rentals	24a				
b	Inclusion amount (see instructions)	24b				
c	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2--see instructions)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation (see instructions)	28				
29	Add lines 27 and 28. Enter total here and on line 1	29				

Section D –– Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle 1		(b) Vehicle 2	
30	Enter cost or other basis (see instructions)	30				
31	Enter section 179 deduction and special allowance (see instructions).	31				
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32				
33	Enter depreciation method and percentage (see instructions)	33				
34	Multiply line 32 by the percentage on line 33 (see instructions)	34				
35	Add lines 31 and 34	35				
36	Enter the applicable limit explained in the line 36 instructions	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38				

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2022 WAGES AND SALARIES SUMMARY ATTACHMENT

MELISSA A & CHASE A GOLEASH
483-23-6596

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
HI FITNESS LTD	37-1337951	T	20,975	1,379	1,300	IL	20,975	1,038	
DFAS ATTN DFASIN JAREA	35-1819323	S	9,153	917	567	IL			
DFAS ATTN DFASIN JAREA	35-1819323	T	21,053	3,014	713	IL			
STATE OF ILLINOIS 69-033000	37-6002057	S	91,771	8,838	5,727	IL	91,771	4,538	
MBC COLLISION CENTER INC	20-1440677	S	800	82	50	IL	800	40	
Total			143,752	14,230	8,357		113,546	5,616	

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2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

MELISSA A & CHASE A GOLEASH
483-23-6596

W-2	HI FITNESS LTD	1,379
W-2	DFAS ATTN DFASIN JAREA	917
W-2	DFAS ATTN DFASIN JAREA	3,014
W-2	STATE OF ILLINOIS 69-03300	8,838
W-2	MBC COLLISION CENTER INC	82

Total to Form 1040/1040-SR line 25d 14,230

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2022 SCHEDULE A - STATE AND LOCAL TAX ATTACHMENT

MELISSA A & CHASE A GOLEASH
483-23-6596

IL STATE W2 W/H FROM HI FITNESS LTD	1,038
IL STATE W2 W/H FROM STATE OF ILLINOIS 69-0330001	4,538
IL STATE W2 W/H FROM MBC COLLISION CENTER INC	40

TOTAL TO SCHEDULE A LINE 5A	5,616

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2022 IRA DEDUCTION WORKSHEET – SCHEDULE 1, LINE 20

MELISSA A & CHASE A GOLEASH
483-23-6596

Keep for Your Records

Before you begin:

- √ Be sure you have read the 10-item list in the instructions. You may not be able to use this worksheet.
- √ Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
- √ If you are married filing separately and you lived apart from your spouse for all of 2022, enter "D" on the dotted line next to Schedule 1, line 20. If you don't, you may get a math error notice from the IRS.

		Your IRA	Spouse's IRA
1a. Were you covered by a retirement plan (see instructions)?	1a.	X Yes No	
1b. If married filing jointly, was your spouse covered by a retirement plan?	1b.		X Yes No

Next: If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b if applicable), and go to line 8.

- $6,000, if under age 50 at the end of 2022.
- $7,000, if age 50 or older at the end of 2022.

Otherwise, go to line 2.

2. Enter the amount shown below that applies to you.
   - Single, head of household, or married filing separately and you **lived apart** from your spouse for all of 2022, enter $78,000.
   - Qualifying surviving spouse, enter $129,000.
   - Married filing jointly, enter $129,000 in both columns. But if you checked "No" on line 1a or 1b, enter $214,000 for the person who wasn't covered by a plan.
   - Married filing separately and you lived with your spouse at any time in 2022, enter $10,000.

2.	2a.	129,000	2b.	129,000
3. Enter the amount from Form 1040 or 1040-SR, line 9	3.	144,050		
4. Enter the total of the amounts from Schedule 1, lines 11 through 19a, plus 23 and 25	4.	9,471		
5. Subtract line 4 from line 3. If married filing jointly, enter the result in both columns	5a.	134,579	5b.	134,579

6. Is the amount on line 5 less than the amount on line 2?

No. **STOP** None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.

	Your IRA	Spouse's IRA
	X No	X No

Yes. Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you.

- If single, head of household, or married filing separately, and the result is $10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8:
  - **i.** $6,000, if under age 50 at the end of 2022.
  - **ii.** $7,000, if age 50 or older at the end of 2022.

  If the result is less than $10,000, go to line 7.
- If married filing jointly or qualifying surviving spouse, and the result is $20,000 or more ($10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8.
  - **i.** $6,000, if under age 50 at the end of 2022.
  - **ii.** $7,000 if age 50 or older at the end of 2022.

  Otherwise, go to line 7.

	Your IRA	Spouse's IRA
	Yes	Yes
6a.		6b.

2022 IRA DEDUCTION WORKSHEET – LINE 20 CONTINUED

MELISSA A & CHASE A GOLEASH
483-23-6596

Keep for Your Records

	Your IRA	Spouse's IRA
7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of $10, increase it to the next multiple of $10 (for example, increase $490.30 to $500). If the result is $200 or more, enter the result. But if it is less than $200, enter $200. ● Single, head of household, or married filing separately, multiply by 60% (0.60)(or by 70% (0.70) in the column for the IRA of a person who is age 50 or older at the end of 2022). ● Married filing jointly or qualifying surviving spouse, multiply by 30% (0.30) (or by 35% (0.35) in the column for the IRA of a person who is age 50 or older at the end of 2022). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who was not covered by a retirement plan, multiply by 60% (0.60) (or by 70% (0.70) if age 50 or older at the end of 2022).	7a.	7b.

8. Enter the total of your (and your spouse's if filing jointly):
   - Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 20.
   - Alimony and separate maintenance payments reported on Schedule 1, line 2a.
   - Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q or reported on Form 1040, line 1i.
   - Non-tuition portion of taxable fellowship and stipend payments included in return.

   8. _____

9. Enter the earned income you (and spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 15 and 16. If zero or less, enter -0-. For more details, see Pub 590-A. 9. 0

10. Add lines 8 and 9 . . . . . 10. _____

! Caution If married filing jointly and line 10 is less than $12,000 ($13,000 if one spouse is age 50 or older at the end of 2022; $14,000 if both spouses are age 50 or older at the end of 2022, **stop here** and use the worksheet in Pub. 590-A to figure your IRA deduction.

11. Enter traditional IRA contributions made, or that will be made by the due date of your 2022 return not counting extensions (April 18, 2023 for most people), for 2022 to your IRA on line 11a and to your spouse's IRA on line 11b . . . . . 11a. _____ 11b. _____

12. On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 20. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606) . . . . . 12a. _____ 12b. _____

*LIMITED BY KAY BAILEY HUTCHISON SPOUSAL IRA LIMIT

2022 AUTO EXPENSE WORKSHEET

MELISSA A GOLEASH
483-23-6596

Keep for Your Records

VEHICLE INFORMATION

1.	Vehicle description	1.	LEXUS ES350
2.	Carried to form or schedule	2.	FORM 2106 AUTO # 1
3.	Date vehicle was placed in service	3.	01/27/2022
4.	Odometer beginning mileage _____ ending mileage		4,800

CALCULATION OF BUSINESS USE PERCENTAGE

5.	Total business mileage driven during the year	5.	1,200
6.	Total commuting mileage driven during the year	6.	3,600
7.	Total medical mileage driven during year (to Sch A, Ln 1)	7.	
8.	Total charitable mileage driven during the year (to Sch A, Ln 11)	8.	
9.	Total other personal mileage driven during the year	9.	
10.	Total mileage driven during the year	10.	4,800
11.	Business use percentage (Line 5 divided by Line 10)	11.	25.00000 %

	CALCULATION OF THE STANDARD MILEAGE RATE METHOD	**Input**			**Deduction Allowed**
12.	Business miles driven 01/01 to 06/30	600	x .585	12.	351
13.	Business miles driven 07/01 to 12/31	600	x .625	13.	375
14.	Parking fees and tolls			*14.	
15.	Total automobile expenses (Line 12 through Line 14) (carries to auto expense line of form on Line 2)			15.	726
16.	Interest expense (carries to interest expense line of form on Line 2)		x Line 11	16.	
17.	Property tax (carries from taxes line of form on Line 2)		x Line 11	17.	
18.	Property tax to Schedule A, Line 5c (Line 17 input less Line 17 deduction allowed)			18.	
19.	Total expenses using SMR Method (Line 15 through Line 17)			19.	726
	Standard Mileage Rate Depreciation Allowance				
20.	Total business mileage driven during the year	1,200	x .26	20.	312
21.	Prior depreciation allowance			21.	
22.	Accumulated depreciation allowance (Line 20 + 21)			22.	312

	CALCULATION OF THE ACTUAL EXPENSE METHOD	**Input**			**Deduction Allowed**
23.	Parking fees and tolls			*23.	
24.	Gasoline and oil		x Line 11	24.	
25.	Repairs		x Line 11	25.	
26.	Licensing fees		x Line 11	26.	
27.	Registration fees		x Line 11	27.	
28.	Insurance		x Line 11	28.	
29.	Other expenses		x Line 11	29.	
30.	Total automobile expenses (Line 23 through 29) (carries to auto expense line of form on Line 2)			30.	
31.	Property tax (carries to taxes line of form on Line 2)		x Line 11	31.	
32.	Property tax to Schedule A, Line 5c (Line 31 input less Line 31 deduction allowed)			32.	
33.	Interest expense (carries to interest expense line of form on Line 2)		x Line 11	33.	
34.	Lease payments		x Line 11	34.	
35.	Inclusion amount		x Line 11	35.	
36.	Total lease expense (Line 34 less Line 35) (carries to lease expense line of form on Line 2)			36.	
37.	Section 179 expense deduction			*37.	
38.	Special depreciation allowance			**38.	
39.	Current depreciation expense			**39.	
40.	Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2)			40.	
41.	Value of employer-provided vehicle		x Line 11	41.	
42.	Total expenses using Actual Expense Method (total of Lines 30, 31, 33, 36, 40, and 41)			42.	

* Not subject to business use percentage. ** Already adjusted for business use percentage.

DEDUCTION TAKEN Standard Mileage Rate 726 Actual Expenses _____

Note: The program automatically optimizes between the Actual and SMR methods for the first year the vehicle was placed in service. Otherwise, the program carries forward the method used the previous year. See the tax code and regulations for information on switching between the Actual and SMR methods in subsequent years.

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2022 AUTO EXPENSE WORKSHEET

MELISSA A GOLEASH
483-23-6596

Keep for Your Records

VEHICLE INFORMATION

1.	Vehicle description	1.	GMC Suburban
2.	Carried to form or schedule	2.	FORM 2106 AUTO # 2
3.	Date vehicle was placed in service	3.	01/27/2022
4.	Odometer beginning mileage _____ ending mileage		5,000

CALCULATION OF BUSINESS USE PERCENTAGE

5.	Total business mileage driven during the year	5.	1,400
6.	Total commuting mileage driven during the year	6.	3,600
7.	Total medical mileage driven during year (to Sch A, Ln 1)	7.	
8.	Total charitable mileage driven during the year (to Sch A, Ln 11)	8.	
9.	Total other personal mileage driven during the year	9.	
10.	Total mileage driven during the year	10.	5,000
11.	Business use percentage (Line 5 divided by Line 10)	11.	28.00000 %

	CALCULATION OF THE STANDARD MILEAGE RATE METHOD	**Input**			**Deduction Allowed**
12.	Business miles driven 01/01 to 06/30	700	x .585	12.	410
13.	Business miles driven 07/01 to 12/31	700	x .625	13.	438
14.	Parking fees and tolls			*14.	
15.	Total automobile expenses (Line 12 through Line 14) (carries to auto expense line of form on Line 2)			15.	848
16.	Interest expense (carries to interest expense line of form on Line 2)		x Line 11	16.	
17.	Property tax (carries from taxes line of form on Line 2)		x Line 11	17.	
18.	Property tax to Schedule A, Line 5c (Line 17 input less Line 17 deduction allowed)			18.	
19.	Total expenses using SMR Method (Line 15 through Line 17)			19.	848
	Standard Mileage Rate Depreciation Allowance				
20.	Total business mileage driven during the year	1,400	x .26	20.	364
21.	Prior depreciation allowance			21.	
22.	Accumulated depreciation allowance (Line 20 + 21)			22.	364

	CALCULATION OF THE ACTUAL EXPENSE METHOD	**Input**			**Deduction Allowed**
23.	Parking fees and tolls			*23.	
24.	Gasoline and oil		x Line 11	24.	
25.	Repairs		x Line 11	25.	
26.	Licensing fees		x Line 11	26.	
27.	Registration fees		x Line 11	27.	
28.	Insurance		x Line 11	28.	
29.	Other expenses		x Line 11	29.	
30.	Total automobile expenses (Line 23 through 29) (carries to auto expense line of form on Line 2)			30.	
31.	Property tax (carries to taxes line of form on Line 2)		x Line 11	31.	
32.	Property tax to Schedule A, Line 5c (Line 31 input less Line 31 deduction allowed)			32.	
33.	Interest expense (carries to interest expense line of form on Line 2)		x Line 11	33.	
34.	Lease payments		x Line 11	34.	
35.	Inclusion amount		x Line 11	35.	
36.	Total lease expense (Line 34 less Line 35) (carries to lease expense line of form on Line 2)			36.	
37.	Section 179 expense deduction			*37.	
38.	Special depreciation allowance			**38.	
39.	Current depreciation expense			**39.	
40.	Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2)			40.	
41.	Value of employer-provided vehicle		x Line 11	41.	
42.	Total expenses using Actual Expense Method (total of Lines 30, 31, 33, 36, 40, and 41)			42.	

* Not subject to business use percentage. ** Already adjusted for business use percentage.

DEDUCTION TAKEN Standard Mileage Rate 848 Actual Expenses _____

Note: The program automatically optimizes between the Actual and SMR methods for the first year the vehicle was placed in service. Otherwise, the program carries forward the method used the previous year. See the tax code and regulations for information on switching between the Actual and SMR methods in subsequent years.

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2022 INVESTMENT INCOME WORKSHEET FOR EIC

MELISSA A & CHASE A GOLEASH
483-23-6596

Keep for Your Records
Publication 596

Use this worksheet to figure investment income for the earned income credit when you file Form 1040.

Interest and Dividends

1. Enter any amount from Form 1040, line 2b 1. 298
2. Enter any amount from Form 1040, line 2a, plus any amount on Form 8814, line 1b . . . . . 2.
3. Enter any amount from Form 1040, line 3b . . . . . 3.
4. Enter the amount from Schedule 1 (Form 1040), line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2 to figure the amount to enter on this line.) . . . . . 4.

Capital Gain Net Income

5. Enter the amount from Schedule 1 (Form 1040), line 13. If the amount on that line is a loss, enter –0– 5. 0
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter –0–. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. 0
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter –0–.) 7. 0

Royalties and Rental Income from Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 21 . . . . . 8.
9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 36 . . . . . 9.
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter –0–.). 10. 0

Passive Activities

11. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40; or an ordinary gain identified as "FPA" on Form 4797, line 10). (See instructions below for lines 11 and 12.) . . . . . 11.
12. Enter the total of any losses from passive activities (such as losses included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.) 12. 0
13. Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter–0–.) . . . . . 13.
14. Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. **This is your investment income** 14. 298
15. Is the amount on line 14 more than **$10,300**?
    - ☐ **Yes.** You cannot take the credit.
    - ☒ **No.** Go to Step 3 of the Form 1040 instructions for line 17a to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next.)

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4,7, or 10 of this worksheet. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

2022 BUSINESS USE OF HOME EXPENSES FOR FORM 2106

MELISSA A GOLEASH
483-23-6596

Keep for Your Records
Publication 587

Use this worksheet to figure the deduction for business use of your home if you are an employee or a partner.

PART 1 – PART OF YOUR HOME USED FOR BUSINESS:

1. Area of home used for business	1.	150
2. Total area of home	2.	1,200
3. Percentage of home used for business (divide line 1 by line 2 and show result as percentage)	3.	12.50 %

PART 2 – FIGURE YOUR ALLOWABLE DEDUCTION

		(a) Direct expenses	(b) Indirect expenses		
4. Enter the amount of the employee's net income (W-2 wages less other business expenses)				4.	2,000
5. Casualty losses	5.				
6. Deductible mortgage interest and qualified mortgage insurance premiums	6.				
7. Real estate taxes	7.				
8. Total of lines 5 through 7	8.				
9. Multiply line 8, column (b), by line 3	9.				
10. Add line 8, column (a), and line 9	10.				
11. Business expenses not from business use of home (see instructions)	11.		500		
12. Add lines 10 and 11				12.	500
13. Deduction limit. Subtract line 12 from line 4				13.	1,500
14. Excess mortgage interest and qualified mortgage insurance premiums	14.				
15. Excess real estate taxes	15.				
16. Insurance	16.				
17. Rent	17.				
18. Repairs and maintenance	18.				
19. Utilities	19.				
20. Other expenses	20.				
21. Add lines 14 through 20	21.				
22. Multiply line 21, column (b) by line 3	22.				
23. Carryover of operating expenses from prior year (see instructions)	23.				
24. Add line 21, column (a), line 22, and line 23				24.	
25. Allowable operating expenses. Enter the **smaller** of line 13 or line 24				25.	
26. Limit on excess casualty losses and depreciation. Subtract line 25 from line 13				26.	1,500
27. Excess casualty losses (see instructions)	27.				
28. Depreciation of your home from line 40 below	28.				
29. Carryover of excess casualty losses & depreciation from prior year	29.				
30. Add lines 27 through 29				30.	
31. Allowable excess casualty losses and depreciation. Enter the **smaller** of line 26 or line 30				31.	
32. Add lines 25, and 31				32.	
33. Casualty losses included on line 31 (see instructions)				33.	
34. Allowable expenses for business use of your home. Subtract line 33 from line 32. Enter here and on Form 2106, line 4. If your home was used for more than one business, see instructions				34.	

PART 3 – DEPRECIATION OF YOUR HOME

35. Smaller of adjusted basis or fair market value of home (see instructions)	35.	
36. Basis of land	36.	
37. Basis of building (subtract line 36 from line 35)	37.	
38. Business basis of building (multiply line 37 by line 3)	38.	
39. Depreciation percentage (from applicable table or method)	39.	%
40. Depreciation allowable (multiply line 38 by line 39)	40.	

PART 4 – CARRYOVER OF UNALLOWED EXPENSES TO NEXT YEAR

41. Operating expenses. Subtract line 25 from line 24. If less than zero, enter -0-	41.	
42. Excess casualty losses and depreciation. Subtract line 31 from line 30. If less than zero, enter -0-	42.	

2023 CARRYFORWARD INFORMATION

MELISSA A & CHASE A GOLEASH
483-23-6596

Keep for Your Records

Itemized Returns Only – 2022 state and local tax refund (this amount may not be taxable in 2022)	
Charitable contributions carryover to 2023	
Estimated short-term capital loss carryover	
Estimated long-term capital loss carryover	
2022 tax liability (for 2023 Form 2210 purposes)	15,143
Form 8839: 2021 carryover of unqualified expenses	
Refund amount applied to 2023	
Disallowed investment interest in 2022	
Additional state taxes paid	
Form 8396: Mortgage interest credit from 2020	
Mortgage interest credit from 2021	
Mortgage interest credit from 2022	
Form 8801: Minimum tax credit carryforward	0
Potential 2023 IRA contribution from 2022 tax refund	

NOL carryforward:

Regular Tax				AMT Tax			
from 2002		from 2012		from 2002		from 2012	
from 2003		from 2013		from 2003		from 2013	
from 2004		from 2014		from 2004		from 2014	
from 2005		from 2015		from 2005		from 2015	
from 2006		from 2016		from 2006		from 2016	
from 2007		from 2017		from 2007		from 2017	
from 2008		from 2018		from 2008		from 2018	
from 2009		from 2019		from 2009		from 2019	
from 2010		from 2020		from 2010		from 2020	
from 2011		from 2021		from 2011		from 2021	
Gross NOL generated in 2022				Gross AMT NOL generated in 2022			
To be absorbed in carryback period				To be absorbed in carryback period			
Net carryforward from 2022				Net carryforward from 2022			
Total carryforward to 2023				Total carryforward to 2023			

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2023
- General Business Credit carryforward to 2023
- First-Time Homebuyer Credit Repayment carryforward to 2023
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2023.

Illinois Department of Revenue

2022 Form IL-1040

Individual Income Tax Return

or for fiscal year ending _____

Step 1: Personal Information

Do not write above this line.

NO HANDWRITTEN ENTRIES ON THIS FORM

MELISSA A GOLEASH 483-23-6596
1994
CHASE A GOLEASH 325-82-5809
1988
120 WILLOW LANE SANGAMON
SHERMAN IL 62684

melissagoleash@Gmail.com

B Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Widowed ☐ Head of household

C **Check** If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse

D **Check** the box if this applies to you during 2022: ☐ Nonresident – **Attach** Sch. NR ☐ Part-year resident – **Attach** Sch. NR

Step 2: Income

(Whole dollars only)

1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	134,579 .00
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. **Attach** Schedule M.	3	.00
4	**Total income.** Add Lines 1 through 3.	4	134,579 .00

Step 3: Base Income

5	Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return.	5	.00		
6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Sch. 1, Ln. 1.	6	.00		
7	Other subtractions. **Attach** Schedule M.	7	30,206 .00		
8	Add Lines 5, 6, and 7. This is the total of your subtractions.			8	30,206 .00
9	**Illinois base income.** Subtract Line 8 from Line 4.			9	104,373 .00

Step 4: Exemptions

10	**a** Enter the exemption amount for yourself and your spouse. **See instructions.**		a	4,850 .00	
	b **Check** if 65 or older: ☐ You + ☐ Spouse **# of checkboxes** x $1,000 =		b	.00	
	c **Check** if legally blind: ☐ You + ☐ Spouse **# of checkboxes** x $1,000 =		c	.00	
	d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. **Attach** Schedule IL-E/EIC.		d	.00	
	Exemption allowance. Add Lines 10a through 10d.			10	4,850 .00

Step 5: Net Income and Tax

11	**Residents: Net income.** Subtract Line 10 from Line 9. **Nonresidents and part-year residents:** Enter the **Illinois net income** from Schedule NR. **Attach** Schedule NR.	11	99,523 .00
12	**Residents:** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. **Nonresidents and part-year residents:** Enter the tax from Schedule NR.	12	4,926 .00
13	Recapture of investment tax credits. **Attach** Schedule 4255.	13	.00
14	**Income tax.** Add Lines 12 and 13. Cannot be less than zero.	14	4,926 .00

Step 6: Tax After Nonrefundable Credits

15	Income tax paid to another state while an Illinois resident. **Attach** Schedule CR.	15	.00		
16	Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR.	16	.00		
17	Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C.	17	.00		
18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.			18	.00
19	**Tax after nonrefundable credits.** Subtract Line 18 from Line 14.			19	4,926 .00

Step 7: Other Taxes

20	Household employment tax. See instructions.	20	.00
21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank.	21	0 .00
22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
23	**Total Tax.** Add Lines 19, 20, 21, and 22.	23	4,926 .00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

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24 Total tax from Page 1, Line 23. **24** 4,926 .00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. **25** 5,616 .00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. **26** .00

27 Pass-through withholding. **Attach** Sch. K-1-P or K-1-T. **27** .00

28 Pass-through entity tax credit. **Attach** Sch. K-1-P or K-1-T. **28** .00

29 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. **29** .00

30 **Total payments and refundable credit.** Add Lines 25 through 29. **30** 5,616 .00

Step 9: Total

31 If Line 30 is greater than Line 24, subtract Line 24 from Line 30. **31** 690 .00

32 If Line 24 is greater than Line 30, subtract Line 30 from Line 24. **32** 0 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations

33 Late-payment penalty for underpayment of estimated tax. **33** .00

a ☐ Check if at least two-thirds of your federal gross income is from farming.

b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.

c ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.

d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

34 Voluntary charitable donations. **Attach** Schedule G. **34** .00

35 **Total penalty and donations.** Add Lines 33 and 34. **35** .00

Step 11: Refund or Amount you owe

36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your **overpayment.** **36** 690 .00

37 Amount from Line 36 you want **refunded to you.** Check **one** box on Line 38. See instructions. **37** 690 .00

38 I choose to receive my refund by

a ☒ **direct deposit –** Complete the information below if you check this box.

You may also contribute to college savings funds here. See instructions!

Routing number	071109406	☒ Checking or	☐ Savings
Account number	01005177		

b ☐ **paper check.**

39 Amount to be **credited forward.** Subtract Line 37 from Line 36. See instructions. **39** .00

40 If you have an amount on Line 32, add Lines 32 and 35. **–or–**
If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the **amount you owe.** See instructions. **40** .00

Step 12: Health Insurance Checkbox and Signature

41 ☐ Check this box if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature – Note: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
					563-320-1788-(i
Paid Preparer Use Only	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	☐ Check if self-employed / Paid Preparer's PTIN
	Firm's name ▶			Firm's FEIN ▶	
	Firm's address ▶			Firm's phone ▶	
Third Party Designee	Designee's name (please print)		Designee's phone number		☐ Check if the Department may discuss this return with the third party designee shown in this step.

Refer to the 2022 IL-1040 Instructions for the address to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

DR _____ AP _____ RR DC IR ID
ID# 1K2 **22 IL2** TXO 1040

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Illinois Department of Revenue

2022 Schedule M Other Additions and Subtractions for Individuals

Attach to your Form IL-1040 **IL Attachment No. 15**

NO HANDWRITTEN ENTRIES ON THIS FORM

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note → If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

Step 1: Provide the following information

MELISSA A & CHASE A GOLEASH — Your name as shown on Form IL-1040

483 23 6596 — Your Social Security number

Step 2: Figure your additions for Form IL-1040, Line 3

(Whole dollars only)

Enter the amount of

1	Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.	1	.00
2	Distributive share of additions you received from a partnership, S corporation, trust, or estate. **Attach** Illinois Schedule K-1-P or Schedule K-1-T and enter the additions from Column A on this line.	2	.00
3	Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.	3	.00
4	Earnings distributed from IRC Section 529 college savings, tuition, and ABLE programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs, or other college savings and tuition programs that meet certain disclosure requirements, or Illinois ABLE account programs. See instructions.)	4	.00
5	Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. **Attach** Form IL-4562.	5	.00
6	Business expense recapture (nonresidents only).	6	.00
7	Recapture of deductions for contributions to Illinois college savings plans and ABLE plans transferred to an out-of-state plan.	7	.00
8	Student-Assistance Contribution Credit taken on Schedule 1299-C.	8	.00
9	Recapture of deductions for contributions to college savings plans and ABLE plans withdrawn for nonqualified expenses or refunded.	9	.00
10	RESERVED	10	
11	Other income - Identify each item. _____	11	.00
12	**Total Additions.** Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.	12	.00

Step 3: Figure your subtractions for Form IL-1040, Line 7

Enter the amount of

13 Contributions made to "Bright Start" and "Bright Directions" College Savings Programs and "College Illinois" Prepaid Tuition Program - Enter the account number and amount contributed for each. Check the box in Column C if your contribution was a gift. See Instructions.

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1		☐
2		☐
3		☐
4		☐
5		☐
6		☐
7		☐
8		☐
9		☐
10		☐

Total- Add Column B, Lines 1-10 and enter here. **13a** .00

Continue Line 13 calculation on Page 2. →

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22 ILM1 TXO 1040 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.

Step 3: Continued

13	Enter the lesser amount from Page 1, Line 13a or $10,000 ($20,000 if married filing a joint return).	13	.00
14	Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) **Attach** Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. **Enter** the subtractions from Column A on this line.	14	.00
15	Restoration of amounts held under claim of right under IRC Section 1341.	15	.00
16	Contributions to a job training project.	16	.00
17	Expenses related to federal credits or federally tax-exempt income.	17	.00
18	RESERVED	18	
19	Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 11. **Attach** Form IL-4562.	19	.00
20	Contributions made to a qualified Illinois ABLE account - Enter the account number and amount contributed for each Illinois ABLE account. Check the box in Column C if your contribution was a gift. See Instructions.		

Column A: Account Number	Column B: Contribution Amount	Column C: Gift
1		☐
2		☐
3		☐
4		☐

Total - Add Column B, Lines 1-4 and enter here. **20a** .00

Enter the lesser amount of Line 20a or $10,000 ($20,000 if married filing a joint return). **20** .00

Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

21	Military pay earned. **Attach** military W-2.	21	30,206.00
22	U.S.Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040 or 1040-SR. **Attach** a copy of federal Form 1040 or 1040-SR, Schedule B, if required federally.	22	.00
23	August 1, 1969, valuation limitation amount from your Schedule F, Line 17. **Attach** Schedule F and required federal forms.	23	.00
24	River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 1, Line 7. **Attach** Schedule 1299-C.	24	.00
25	Recovery of items previously deducted on federal Form 1040 or 1040-SR, Schedule A (including refunds of any state and local income taxes, other than Illinois). **Attach** a copy of federal Form 1040 or 1040-SR, Page 1, Schedule 1, and any other required federal forms.	25	.00
26	Ridesharing money and other benefits. See instructions.	26	.00
27	Payment of life insurance, endowment, or annuity benefits received.	27	.00
28	Lloyd's plan of operation income if reported on your behalf on Form IL-1065.	28	.00
29	Income from Illinois pre-need funeral, burial, and cemetery trusts.	29	.00
30	Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act.	30	.00
31	Reparations or other amounts received as a victim of persecution by Nazi Germany.	31	.00
32	Add Lines 13 through 31 and enter the amount here and on Page 3, Line 33.	32	30,206.00

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Step 3: Continued

33	Enter the amount from Page 2, Line 32.	**33**	30,206.00
34	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.		
a	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	**34a**	.00
b	Tri-County River Valley Development Authority bonds	**34b**	.00
c	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	**34c**	.00
d	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	**34d**	.00
e	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	**34e**	.00
f	Illinois Sports Facilities Authority bonds	**34f**	.00
g	Higher Education Student Assistance Act bonds	**34g**	.00
h	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	**34h**	.00
i	Rural Bond Bank Act bonds and notes	**34i**	.00
j	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	**34j**	.00
k	Quad Cities Interstate Metropolitan Authority bonds	**34k**	.00
l	Southwestern Illinois Development Authority bonds	**34l**	.00
m	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	**34m**	.00
n	Illinois Power Agency bonds issued by the Illinois Finance Authority	**34n**	.00
o	Central Illinois Economic Development Authority bonds	**34o**	.00
p	Eastern Illinois Economic Development Authority bonds	**34p**	.00
q	Southeastern Illinois Economic Development Authority bonds	**34q**	.00
r	Southern Illinois Economic Development Authority bonds	**34r**	.00
s	Illinois Urban Development Authority bonds	**34s**	.00
t	Downstate Illinois Sports Facilities Authority bonds	**34t**	.00
u	Western Illinois Economic Development Authority bonds	**34u**	.00
v	Upper Illinois River Valley Development Authority Act bonds	**34v**	.00
w	Will-Kankakee Regional Development Authority bonds	**34w**	.00
x	Export Development Act of 1983 bonds	**34x**	.00
y	New Harmony Bridge Authority bonds	**34y**	.00
z	New Harmony Bridge Bi-State Commission bonds	**34z**	.00
35	Interest on the following non-U.S. government bonds.		
a	Bonds issued by the government of Guam	**35a**	.00
b	Bonds issued by the government of Puerto Rico	**35b**	.00
c	Bonds issued by the government of the Virgin Islands	**35c**	.00
d	Bonds issued by the government of American Samoa	**35d**	.00
e	Bonds issued by the government of the Northern Mariana Islands	**35e**	.00
f	Mutual mortgage insurance fund bonds	**35f**	.00
36	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 22, 34, or 35 as reported on federal Form 8814.	**36**	.00
37	Railroad sick pay and railroad unemployment income. **Attach** Form 1099-G or W-2 and a copy of your federal return.	**37**	.00
38	Unjust imprisonment compensation awarded by Illinois Court of Claims.	**38**	.00
39	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	**39**	.00
40	**Total Subtractions.** Add Lines 33 through 39. Enter the amount here and on Form IL-1040, Line 7.	**40**	30,206.00

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Illinois Department of Revenue
2022 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

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Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

MELISSA A GOLEASH — Your name as shown on Form IL-1040

483 23 6596 — Your Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1	W	37-1337951	$ 20,975.00	$ 20,975.00	$ 1,038.00
2			$ .00	$ .00	$ .00
3			$ .00	$ .00	$ .00
4			$ .00	$ .00	$ .00
5			$ .00	$ .00	$ .00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

CHASE A GOLEASH — Your spouse's name as shown on Form IL-1040

325 82 5809 — Your spouse's Social Security number

	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6	W	37-6002057	$ 91,771.00	$ 91,771.00	$ 4,538.00
7	W	20-1440677	$ 800.00	$ 800.00	$ 40.00
8			$ .00	$ .00	$ .00
9			$ .00	$ .00	$ .00
10			$ .00	$ .00	$ .00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25. 11 $ 5,616.00

Attach all Schedules IL-WIT to your IL-1040.

IL-1040 Schedule IL-WIT Front (R-12/22)

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Submission ID

Illinois Department of Revenue

2022 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(**Do not mail** Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type

MELISSA A & CHASE A GOLEASH	483-23-6596
First name and middle initial Spouse's first name (and last name if different) Last name	Social Security number
120 WILLOW LANE	325-82-5809
Mailing address	Spouse's Social Security number
Sherman IL 62684	563-320-1788-(in
City State ZIP	Daytime phone number

Step 2: Complete information from tax return

Choose one: [X] IL-1040 [ ] IL-1040-X

1	Net income from Form IL-1040 or IL-1040-X, Line 11	1	99,523 00
2	Tax from Form IL-1040 or IL-1040-X, Line 14	2	4,926 00
3	Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 **only** (enter **"0"** if none)	3	5,616 00
4	Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35	4	690 00
5	Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38	5	00

6 Filing status: ___ Single X Married filing jointly ___ Married filing separately ___ Widowed ___ Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN): 071109406

8 Account no. (AN): 01005177

9 Type of account: X Checking ___ Savings

10 Date the payment is to be electronically withdrawn: _____

11 Electronic funds withdrawal amount: _____ 00

12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

[X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

[ ] I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2022 Illinois Orginal or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here

Your signature _____ Date _____ Spouse's signature (if joint return, **both** must sign) _____ Date _____

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Check if paid preparer: [ ] (See instructions.)

ERO use only

ERO's signature / Date	
Firm's name or your name if self-employed	Your PTIN
Mailing address	Federal employer identification number (FEIN)
City State ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

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