

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial DAWIT A	Last name KELLEL	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial HEIDI	Last name EDLEFSEN-KELLEL	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State CA
Foreign country name		ZIP code [REDACTED]
Foreign province/state/county		Foreign postal code

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):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	LIYA.	KELLEL	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DAVID	KELLEL	[REDACTED]	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	37707
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	
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
5a Pensions and annuities	5a	25128
6a Social security benefits	6a	
c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	(3000)
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	60021
10 Adjustments to income from Schedule 1, line 26	10	0
11 Subtract line 10 from line 9. This is your adjusted gross income	11	60021
12 Standard deduction or itemized deductions (from Schedule A)	12	25900
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	0
14 Add lines 12 and 13	14	25900
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	34121

Attach Sch. B if required.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	3684
	17	Amount from Schedule 2, line 3	17	0
	18	Add lines 16 and 17	18	3684
	19	Child tax credit or credit for other dependents from Schedule 8812	19	3684
	20	Amount from Schedule 3, line 8	20	0
	21	Add lines 19 and 20	21	3684
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your total tax	24	0

Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	852	
	b	Form(s) 1099	25b	0	
	c	Other forms (see instructions)	25c	0	
	d	Add lines 25a through 25c	25d	852	
	26	2022 estimated tax payments and amount applied from 2021 return	26	0	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28	316	
	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	316		
33	Add lines 25d, 26, and 32. These are your total payments	33	1168		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1168
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	1168
	b	Routing number [redacted] c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account number [redacted]		
36	Amount of line 34 you want applied to your 2023 estimated tax	36		

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

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>Dawn S. K.</i>	Date 04/17/2023	Your occupation Veteran	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. <i>[Signature]</i>	Date 4-17-2023	Spouse's occupation Flight Attendant	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

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