

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: Single, Married filing jointly (checked), 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: LEOPOLDO; Last name: NARANJO; Your social security number: [redacted]; Spouse's first name and middle initial: BRIGIT I; Last name: HENDRIX-NARANJO; Spouse's social security number: [redacted]

Home address (number and street): [redacted]; City, town or post office: [redacted]; State: CA; ZIP code: [redacted]; Foreign country name: [redacted]; Foreign province/state/county: [redacted]; Foreign postal code: [redacted]; Presidential Election Campaign: [] You [] Spouse

Digital Assets: At any time during 2022, did you: (a) receive... or (b) sell, exchange, gift, or otherwise dispose of a digital asset? [] Yes [X] No; Standard Deduction: Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness: You: [] Were born before January 2, 1958 [] Are blind; Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income section: 1a Total amount from Form(s) W-2, box 1 (see instructions) 42,175; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions); 1i Nontaxable combat pay election (see instructions); 1z Add lines 1a through 1h 42,175; 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount 47,826; 6a Soc. sec. ben. 24,613; 6b Taxable amount 20,921; 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here; 8 Other income from Schedule 1, line 10; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 111,187; 10 Adjustments to income from Schedule 1, line 26 2,430; 11 Subtract line 10 from line 9. This is your adjusted gross income 108,757; 12 Standard deduction or itemized deductions (from Schedule A) 29,993; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 29,993; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 78,764

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for: Single or Married filing separately, \$12,950; Married filing jointly or Qualifying surviving spouse, \$25,900; Head of household, \$19,400; If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate 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	9,042
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,042
	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	9,042
	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	9,042	

Payments	25	Federal income tax withheld from:			25d	8,731	
	a	Form(s) W-2	25a	7,988			
	b	Form(s) 1099	25b	743			
	c	Other forms (see instructions)	25c				
	d	Add lines 25a through 25c				25d	8,731
	26	2022 estimated tax payments and amount applied from 2021 return	26				
	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		8,731			

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 <input type="checkbox"/>	35a	
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
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	311
	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 **MARK A. STOCKDALE** Phone no. **916-372-7000** 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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
<input type="text"/>	<input type="text"/>	ELIGIBILITY SPECIALIST	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)
<input type="text"/>	<input type="text"/>	RETIRED	<input type="text"/>

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> Self-employed
MARK A. STOCKDALE	MARK A. STOCKDALE	04/17/23	<input type="text"/>	
Firm's name	Firm's address		Phone no.	Firm's EIN
MARK A STOCKDALE CPA	2950 BEACON BLVD # 70 WEST SACRAMENTO CA 95691-5031		916-372-7000	<input type="text"/>

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