

## 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 ☐ 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 <b>CHRISTOPHER A.</b>		Last name <b>O' BRYAN</b>		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial <b>JACQUELINE L.</b>		Last name <b>COLEMAN</b>		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. <b>FRANKFORT</b>				State ZIP code <b>KY 40601</b>	
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. <input type="checkbox"/> You <input type="checkbox"/> 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 instr.): Child tax credit Credit for other dependents
<b>NATHANIEL A O' BRYAN</b>	[REDACTED]	<b>SON</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>EVELYNNE J COLEMAN-O' BRYAN</b>	[REDACTED]	<b>DAUGHTER</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

Income		1a Total amount from Form(s) W-2, box 1 (see instructions) <b>STMT 1</b>		1a <b>192,748.</b>	
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 <b>192,748.</b>	
2a Tax-exempt interest		2a		2a	
3a Qualified dividends		3a		3a	
4a IRA distributions		4a		4a	
5a Pensions and annuities		5a		5a	
6a Social security benefits		6a		6a	
b Taxable interest				2b	
b Ordinary dividends				3b	
b Taxable amount				4b	
b Taxable amount				5b	
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 <b>total income</b>				9 <b>192,748.</b>	
10 Adjustments to income from Schedule 1, line 26				10 <b>250.</b>	
11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>				11 <b>192,498.</b>	
12 <b>Standard deduction or itemized deductions</b> (from Schedule A)				12 <b>25,900.</b>	
13 Qualified business income deduction from Form 8995 or Form 8995-A				13	
14 Add lines 12 and 13				14 <b>25,900.</b>	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>				15 <b>166,598.</b>	

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.

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

Form 1040 (2022)

**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	27,886.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	27,886.
19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
20	Amount from Schedule 3, line 8	20	600.
21	Add lines 19 and 20	21	3,100.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	24,786.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your <b>total tax</b>	24	24,786.

**Payments**

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	23,891.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	23,891.
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 <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	23,891.

**Refund**

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

**Amount You Owe**

37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	895.
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 \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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.

**Sign Here**

Your signature  Spouse's signature. If a joint return, <b>both</b> must sign.	Date  Date	Your occupation  Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		TEACHER	
		LT. GOVERNOR	
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	Phone no.			Firm's EIN
Firm's address				

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2022)

**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](http://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

**CHRISTOPHER A. O'BRYAN & JACQUELINE L. COLEMAN**

Your social security number

**Part 1 Additional Income**

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

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

Schedule 1 (Form 1040) 2022

**Part II Adjustments to Income**

<b>11</b>	Educator expenses .....	<b>11</b>	<b>250.</b>
<b>12</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	<b>12</b>	
<b>13</b>	Health savings account deduction. Attach Form 8889 .....	<b>13</b>	
<b>14</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	<b>14</b>	
<b>15</b>	Deductible part of self-employment tax. Attach Schedule SE .....	<b>15</b>	
<b>16</b>	Self-employed SEP, SIMPLE, and qualified plans .....	<b>16</b>	
<b>17</b>	Self-employed health insurance deduction .....	<b>17</b>	
<b>18</b>	Penalty on early withdrawal of savings .....	<b>18</b>	
<b>19a</b>	Alimony paid .....	<b>19a</b>	
<b>b</b>	Recipient's SSN .....		
<b>c</b>	Date of original divorce or separation agreement (see instructions): .....		
<b>20</b>	IRA deduction .....	<b>20</b>	
<b>21</b>	Student loan interest deduction .....	<b>21</b>	
<b>22</b>	Reserved for future use .....	<b>22</b>	
<b>23</b>	Archer MSA deduction .....	<b>23</b>	
<b>24</b>	Other adjustments:		
<b>a</b>	Jury duty pay (see instructions) .....	<b>24a</b>	
<b>b</b>	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit .....	<b>24b</b>	
<b>c</b>	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m .....	<b>24c</b>	
<b>d</b>	Reforestation amortization and expenses .....	<b>24d</b>	
<b>e</b>	Repayment of supplemental unemployment benefits under the Trade Act of 1974 .....	<b>24e</b>	
<b>f</b>	Contributions to section 501(c)(18)(D) pension plans .....	<b>24f</b>	
<b>g</b>	Contributions by certain chaplains to section 403(b) plans .....	<b>24g</b>	
<b>h</b>	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) .....	<b>24h</b>	
<b>i</b>	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 .....	<b>24i</b>	
<b>j</b>	Housing deduction from Form 2555 .....	<b>24j</b>	
<b>k</b>	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) .....	<b>24k</b>	
<b>z</b>	Other adjustments. List type and amount: .....	<b>24z</b>	
<b>25</b>	Total other adjustments. Add lines 24a through 24z .....	<b>25</b>	
<b>26</b>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a .....	<b>26</b>	<b>250.</b>

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**  
Attachment  
Sequence No. **03**

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

Your social security number

**CHRISTOPHER A. O'BRYAN & JACQUELINE L. COLEMAN**

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required .....	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 .....	<b>2</b>	<b>600.</b>
<b>3</b>	Education credits from Form 8863, line 19 .....	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 .....	<b>5</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 .....	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 .....	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 .....	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R .....	<b>6d</b>	
<b>e</b>	Alternative motor vehicle credit. Attach Form 8910 .....	<b>6e</b>	
<b>f</b>	Qualified plug-in motor vehicle credit. Attach Form 8936 .....	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 .....	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 .....	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 .....	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 .....	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 .....	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions .....	<b>6l</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: .....	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z .....	<b>7</b>	
<b>8</b>	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 .....	<b>8</b>	<b>600.</b>

(continued on page 2)

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

Schedule 3 (Form 1040) 2022

**Child and Dependent Care Expenses**

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

Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.**2022**Attachment  
Sequence No. **21**

Name(s) shown on return

Your social security number

**CHRISTOPHER A. O'BRYAN & JACQUELINE L. COLEMAN****A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box ☐**B** If you or your spouse was a student or was disabled during 2022 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box ☐**Part I** **Persons or Organizations Who Provided the Care** - You must complete this part.If you have more than three care providers, see the instructions and check this box ☐

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2022? For example, this generally includes nannies but not daycare centers.	(e) Amount paid
THE CAPITAL ACADEMY	317 CAPITAL AVENUE FRANKFORT, KY 40601		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5,480.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive  
dependent care benefits?☐ No

Complete only Part II below.

☐ Yes

Complete Part III on page 2 next.

**Caution:** If the care provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2022 but didn't pay them until 2023, or if you prepaid in 2022 for care to be provided in 2023, don't include these expenses in column (d) of line 2 for 2022. See the instructions.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box ☐

(a) Qualifying person's name First Last	(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2022 for the person listed in column (a)
EVELYNNE J COLEMAN-O'BRYAN		<input type="checkbox"/>	5,480.
		<input type="checkbox"/>	
		<input type="checkbox"/>	

<b>3</b> Add the amounts in column (d) of line 2. <b>Don't</b> enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31	<b>3</b>	3,000.
<b>4</b> Enter your <b>earned income</b> . See instructions	<b>4</b>	58,241.
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	134,507.
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	3,000.
<b>7</b> Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	<b>7</b>	192,498.
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: Over But not over Decimal amount is \$0 - 15,000 .35 15,000 - 17,000 .34 17,000 - 19,000 .33 19,000 - 21,000 .32 21,000 - 23,000 .31 23,000 - 25,000 .30 If line 7 is: Over But not over Decimal amount is \$25,000 - 27,000 .29 27,000 - 29,000 .28 29,000 - 31,000 .27 31,000 - 33,000 .26 33,000 - 35,000 .25 35,000 - 37,000 .24 If line 7 is: Over But not over Decimal amount is \$37,000 - 39,000 .23 39,000 - 41,000 .22 41,000 - 43,000 .21 43,000 - No limit .20	<b>8</b>	x .20
<b>9a</b> Multiply line 6 by the decimal amount on line 8	<b>9a</b>	600.
<b>b</b> If you paid 2021 expenses in 2022, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c	<b>9b</b>	0.
<b>c</b> Add lines 9a and 9b and enter the result	<b>9c</b>	600.
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	<b>10</b>	27,886.
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2	<b>11</b>	600.

DOES NOT APPLY  
Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2022  
Attachment  
Sequence No. 32Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.

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

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

Your social security number

CHRISTOPHER A. O'BRYAN &amp; JACQUELINE L. COLEMAN

**Part I Alternative Minimum Taxable Income**

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	166,598.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	25,900.
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$776,100, see instructions.)	4	192,498.

**Part II Alternative Minimum Tax (AMT)**

5	Exemption. IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ... Single or head of household ... \$539,900 ... \$75,900 Married filing jointly or qualifying widow(er) ... 1,079,800 ... 118,100 Married filing separately ... 539,900 ... 59,050 If line 4 is over the amount shown above for your filing status, see instructions.	5	118,100.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	74,398.
7	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result.	7	19,343.
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7	9	19,343.
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	27,886.
11	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0.

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

**CHRISTOPHER A. O'BRYAN & JACQUELINE L. COLEMAN**

**Part I Child Tax Credit and Credit for Other Dependents**

<b>1</b>	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	<b>1</b>	<b>192,498.</b>
<b>2a</b>	Enter income from Puerto Rico that you excluded	<b>2a</b>	
<b>b</b>	Enter the amounts from lines 45 and 50 of your Form 2555	<b>2b</b>	
<b>c</b>	Enter the amount from line 15 of your Form 4563	<b>2c</b>	
<b>d</b>	Add lines 2a through 2c	<b>2d</b>	
<b>3</b>	Add lines 1 and 2d	<b>3</b>	<b>192,498.</b>
<b>4</b>	Number of qualifying children under age 17 with the required social security number	<b>4</b>	<b>1</b>
<b>5</b>	Multiply line 4 by \$2,000	<b>5</b>	<b>2,000.</b>
<b>6</b>	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	<b>6</b>	<b>1</b>
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
<b>7</b>	Multiply line 6 by \$500	<b>7</b>	<b>500.</b>
<b>8</b>	Add lines 5 and 7	<b>8</b>	<b>2,500.</b>
<b>9</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly - \$400,000</li> <li>• All other filing statuses - \$200,000</li> </ul>	<b>9</b>	<b>400,000.</b>
<b>10</b>	Subtract line 9 from line 3. <ul style="list-style-type: none"> <li>• If zero or less, enter -0-.</li> <li>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.</li> </ul>	<b>10</b>	<b>0.</b>
<b>11</b>	Multiply line 10 by 5% (0.05)	<b>11</b>	<b>0.</b>
<b>12</b>	Is the amount on line 8 more than the amount on line 11? <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.	<b>12</b>	<b>2,500.</b>
<b>13</b>	Enter the amount from the <b>Credit Limit Worksheet A</b> <b>STMT 4</b>	<b>13</b>	<b>27,286.</b>
<b>14</b>	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	<b>14</b>	<b>2,500.</b>

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

<b>15</b>	Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
<b>16a</b>	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<b>16a</b>	0.
<b>b</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<b>16b</b>	
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.			
<b>17</b>	Enter the <b>smaller</b> of line 16a or line 16b	<b>17</b>	
<b>18a</b>	Earned income (see instructions)	<b>18a</b>	
<b>b</b>	Nontaxable combat pay (see instructions)	<b>18b</b>	
<b>19</b>	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result	<b>19</b>	
<b>20</b>	Multiply the amount on line 19 by 15% (0.15) and enter the result <b>Next.</b> On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27. <input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	<b>20</b>	

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

<b>21</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	<b>21</b>	
<b>22</b>	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	<b>22</b>	
<b>23</b>	Add lines 21 and 22	<b>23</b>	
<b>24</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	<b>24</b>	
<b>25</b>	Subtract line 24 from line 23. If zero or less, enter -0-	<b>25</b>	
<b>26</b>	Enter the <b>larger</b> of line 20 or line 25 <b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.	<b>26</b>	

**Part II-C Additional Child Tax Credit**

<b>27</b>	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	<b>27</b>	0.
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## FORM 1040

## WAGES RECEIVED AND TAXES WITHHELD

## STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T FRANKFORT INDEPENDENT SCHOOLS	58,241.	5,926.	2,774.	1,372.		976.
S LT GOVERNOR	134,507.	17,965.	6,587.	2,810.	8,809.	2,060.
TOTALS	192,748.	23,891.	9,361.	4,182.	8,809.	3,036.

## FORM 1040

## FEDERAL INCOME TAX WITHHELD - FORM(S) W-2

## STATEMENT 2

T S DESCRIPTION	AMOUNT
T FRANKFORT INDEPENDENT SCHOOLS	5,926.
S LT GOVERNOR	17,965.
TOTAL TO FORM 1040, LINE 25A	23,891.

## FORM 2441

## CREDIT LIMIT WORKSHEET

## STATEMENT 3

- 1 ENTER THE AMOUNT FROM FORM 1040, 1040-SR, OR 1040-NR, LINE 18 27,886.
- 2 ENTER THE AMOUNT FROM SCHEDULE 3 (FORM 1040), LINE 1  
(FOREIGN TAX CREDIT) AND LINE 6L (FORM 8978, LINE 14)
- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,  
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT 27,886.

## SCHEDULE 8812

## CREDIT LIMIT WORKSHEET A

## STATEMENT 4

1. ENTER THE AMOUNT FROM LINE 18 OF FORM 1040 OR FORM 1040-NR 27,886.
2. ADD THE FOLLOWING AMOUNTS (IF APPLICABLE) FROM:
- |                     |      |
|---------------------|------|
| SCHEDULE 3, LINE 1  |      |
| SCHEDULE 3, LINE 2  | 600. |
| SCHEDULE 3, LINE 3  |      |
| SCHEDULE 3, LINE 4  |      |
| SCHEDULE 3, LINE 6D |      |
| SCHEDULE 3, LINE 6E |      |
| SCHEDULE 3, LINE 6F |      |
| SCHEDULE 3, LINE 6L |      |
| FORM 5695, LINE 30  |      |
| ENTER THE TOTAL     | 600. |
3. SUBTRACT LINE 2 FROM LINE 1 27,286.
- COMPLETE THE CREDIT LIMIT WORKSHEET B ONLY IF YOU MEET ALL OF THE FOLLOWING:
1. YOU ARE CLAIMING ONE OR MORE OF THE FOLLOWING CREDITS:
- A. MORTGAGE INTEREST CREDIT, FORM 8396
  - B. ADOPTION CREDIT, FORM 8839
  - C. RESIDENTIAL CLEAN ENERGY CREDIT, FORM 5695, PART I
  - C. DISTRICT OF COLUMBIA FIRST-TIME HOMEBUYER CREDIT, FORM 8859
3. YOU ARE NOT FILING FORM 2555
4. LINE 4 OF SCHEDULE 8812 IS MORE THAN ZERO
4. IF YOU ARE NOT COMPLETING CREDIT LIMIT WORKSHEET B, ENTER -0-; OTHERWISE, ENTER THE AMOUNT FROM THE CREDIT LIMIT WORKSHEET B. 0.
5. SUBTRACT LINE 4 FROM LINE 3. ENTER THIS AMOUNT ON SCHEDULE 8812, LINE 13. 27,286.

Check if deceased: ☐ Spouse ☐ Taxpayer For calendar year or other taxable year beginning , 2022, and ending , 20 .

A. Spouse's Social Security Number

B. Your Social Security Number

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

O' BRYAN

CHRISTOPHER

A

COLEMAN

JACQUELINE

L

Mailing Address (Number and Street including Apartment Number or P.O. Box)

City, Town or Post Office

State ZIP Code

FRANKFORT

KY 40601

## FILING STATUS (see instructions)

- 1 ☐ Single
- 2 ☐ Married, filing separately on this combined return.  
(If both had income.)
- 3 ☒ Married, filing joint return.
- 4 ☐ Married, filing separate returns. Enter spouse's  
Social Security number above and full name here.

## Check if applicable:

- ☐ Amended (Enclose  
copy of 1040X, if  
applicable.)

## POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic (1) <input type="checkbox"/>	(4) <input type="checkbox"/>	
Republican (2) <input type="checkbox"/>	(5) <input type="checkbox"/>	
No Designation (3) <input checked="" type="checkbox"/>	(6) <input checked="" type="checkbox"/>	

- 5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of  
Columns A and B is \$36,908 or less, you may qualify for the  
Family Size Tax Credit. See instructions.)
- 6 Additions from Schedule M, line 6
- 7 Add lines 5 and 6
- 8 Subtractions from Schedule M, line 17
- 9 Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**
- 10 **Itemizers:** Enter itemized deductions from Kentucky Schedule A.  
**Nonitemizers:** Enter \$2,770 in Columns A and/or B
- 11 Subtract line 10 from line 9. This is your **Taxable Income**
- 12 **Tax Computation:** Multiply line 11 by 5% (.05) or amount from Schedule J ☐
- 13 Enter tax from Form 4972-K ☐ ; Schedule RC-R ☐ ;  
Schedule DS-R ☐ ; Angel Investor Recapture ☐
- 14 Add lines 12 and 13 and enter total here
- 15 Enter amounts from Schedule ITC, Section A, lines 25E and 25F
- 16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero
- 17 Enter personal tax credit amounts from Schedule ITC, Section B
- 18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero
- 19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2

A. Spouse (Use if  
Filing Status 2 is checked.)B. Yourself  
(or Joint)

5	00	5	192,498 00
6	00	6	00
7	00	7	192,498 00
8	00	8	00
9	00	9	192,498 00
10	00	10	11,139 00
11	00	11	181,359 00
12	00	12	9,068 00
13	00	13	00
14	00	14	9,068 00
15	00	15	00
16	00	16	9,068 00
17	00	17	00
18	00	18	9,068 00
19		19	9,068 00



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20	Check the box that represents your total family size ( <b>see instructions</b> before completing lines 20 and 21)	20	1	2	3	4	X
21	Multiply line 19 by <b>Family Size Tax Credit</b> decimal amount _____ ( _____ %) from Schedule ITC	21					00
22	Subtract line 21 from line 19	22			9,068		00
23	Enter the <b>Education Tuition Tax Credit</b> from Form 8863-K, line 17	23					00
24	Enter <b>Child and Dependent Care Credit</b> from federal Form 2441, line 11 $\blacktriangleright$ <u>600</u> x 20% (.20)	24			120		00
25	RESERVED	25					00
26	<b>Income Tax Liability.</b> Subtract lines 23 through 25 from line 22. If zero or less, enter zero	26			8,948		00
27	Enter <b>KENTUCKY USE TAX</b> due on Internet, mail order, or other out-of-state purchases (see instructions)	27					00
28	Add lines 26 and 27. This is your <b>TOTAL TAX LIABILITY</b>	28			8,948		00
29	For amended return; overpayment, if any, shown on original return	29					00
30	Add lines 28 and 29, enter here	30			8,948		00
31 a	Enter <b>Kentucky income tax withheld</b> as shown on enclosed Schedule KW-2	31a			9,361		00
b	Enter 2022 Kentucky estimated tax/extension payments	31b					00
c	Enter 2022 refundable certified rehabilitation credit	31c					00
d	Enter 2022 refundable film industry tax credit	31d					00
e	Enter 2022 refundable development area tax credit	31e					00
f	Enter 2022 refundable decontamination tax credit	31f					00
g	For amended return; enter amount paid with original return plus additional payment(s) made after it was filed	31g					00
32	Add lines 31(a) through 31(g)	32			9,361		00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter <b>ADDITIONAL TAX DUE</b>	33					00
34 a	Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	34a					00
b	Interest	34b					00
c	Late payment penalty	34c					00
d	Late filing penalty	34d					00
35	Add lines 34(a) through 34(d). Enter here	35					00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the <b>AMOUNT YOU OWE</b> , continue to page 3 <b>OWE</b>	36					00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the <b>AMOUNT YOU OVERPAID</b> , continue to page 3	37			413		00

**38 FUND CONTRIBUTIONS; see instructions.**

a Nature and Wildlife Fund .....	38a		00
b Child Victims' Trust Fund .....	38b		00
c Veterans' Program Trust Fund .....	38c		00
d Breast Cancer Research/Education Trust Fund .....	38d		00
e Farms to Food Banks Trust Fund .....	38e		00
f Local History Trust Fund .....	38f		00
g Special Olympics Kentucky .....	38g		00
h Pediatric Cancer Research Trust Fund .....	38h		00
i Rape Crisis Center Trust Fund .....	38i		00
j Court Appointed Special Advocate Trust Fund .....	38j		00
k YMCA Youth Association Fund .....	38k		00
39 Add lines 38(a) through 38(k) .....			00
40 Amount of line 37 to be <b>CREDITED TO YOUR 2023 ESTIMATED TAX</b> (Credit forwards not available for amended returns)			00
41 Subtract lines 39 and 40 from line 37. Amount to be <b>REFUNDED TO YOU</b>			413 00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

<b>Sign Here</b>	Signature of Taxpayer		Driver's License/State issued ID No.	Date	Telephone Number (daytime)
	Signature of Spouse		Driver's License/State issued ID No.	Date	
	Signature of Preparer			Date	
<b>Paid Preparer Use</b>	Name of Preparer or Firm			ID Number	
	Email	Telephone No.	May the DOR discuss this return with this preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Enclose</b>	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input checked="" type="checkbox"/>			<b>Refund or No Payment</b>	Kentucky Department of Revenue Frankfort, KY 40618-0006
<b>Payment</b>	Check Payable: <b>Kentucky State Treasurer</b> E-Pay Options: <a href="http://www.revenue.ky.gov">www.revenue.ky.gov</a> Include: Your Social Security number and "KY Income Tax - 2022"			<b>With Payment</b>	Kentucky Department of Revenue Frankfort, KY 40619-0008



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**KENTUCKY INCOME TAX WITHHELD**

► Enclose with Form 740, 740-NP or 740-NP-R

**2022**

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

**NAME(S) AS SHOWN ON THE TAX RETURN**  
**CHRISTOPHER A. O'BRYAN**  
**JACQUELINE L. COLEMAN**

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

**Part I-Form W-2** Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)	F KY Income Tax Withheld (Box 17 of Form W-2)
1		KY		58,241 <sup>00</sup>	2,774 <sup>00</sup>
2		KY		134,507 <sup>00</sup>	6,587 <sup>00</sup>
3					
4					
5					
6					
7					
8					
9					
10					
11	<b>TOTAL FROM ALL W-2s</b>			192,748 <sup>00</sup>	9,361 <sup>00</sup>

**Part II-Form 1099 and W-2G** Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount	F KY Income Tax Withheld
12					
13					
14					
15					
16					
17	<b>TOTAL FROM ALL 1099s AND W-2Gs</b>			0 <sup>00</sup>	0 <sup>00</sup>

**Part III-Totals** Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

				F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.			9,361 <sup>00</sup>



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**KENTUCKY ITEMIZED DEDUCTIONS**  
**FULL-YEAR RESIDENTS ONLY**

**2022**

▶ Enclose with Form 740

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

**O'BRYAN, CHRISTOPHER A. & COLEMAN, JACQUELINE L.**

<b>Interest Expense</b>	1 Home mortgage interest and points reported to you on federal Form 1098 <b>SEE STATEMENT 1</b>	1	9,689	00
	2 Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, provide that person's name, identifying number and address)	2		00
	3 Points not reported to you on federal Form 1098	3		00
	4 RESERVED	4		00
	5 Investment interest (enclose federal Form 4952 if required)	5		00
	6 <b>Total Interest.</b> Add lines 1 through 5. Enter here	6	9,689	00
<b>Contributions</b> <i>Note: For any contribution of \$250 or more, see instructions.</i>	7 Contributions by cash or check <b>STATEMENT 3</b>	7	1,000	00
	8 Other than cash or check (enclose federal Form 8283 if over \$500) <b>STATEMENT 2</b>	8	450	00
	9 Artistic charitable contributions deduction (enclose copy of appraisal)	9		00
	10 Carryover from prior year	10		00
	11 <b>Total Contributions.</b> Add lines 7 through 10. Enter here	11	1,450	00
<b>Other Miscellaneous Deductions</b>	12 Gambling losses	12		00
	13 Other (see instructions)	13		00
	14 <b>Total Other Miscellaneous Deductions.</b> Add lines 12 and 13. Enter here	14		00
<b>Total Itemized Deductions</b>	15 Add lines 6, 11, and 14. Enter here	15	11,139	00

**DIVIDING DEDUCTIONS BETWEEN SPOUSES**

Use this schedule if married filing separately on a combined return.

16	Total itemized deductions, line 15	.....	.00
17	Percent of income (Form 740, line 9, Column A) to total income (Form 740, total of line 9, Columns A and B)	.....	%
18	Percent of income (Form 740, line 9, Column B) to total income (Form 740, total of line 9, Columns A and B)	.....	%
19	Percent on line 17 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column A)	.....	.00
20	Percent on line 18 times total deductions entered on line 16 (enter here and on Form 740, line 10, Column B)	.....	.00

## KY SCHEDULE A HOME MORTGAGE INTEREST AND POINTS (1098) STATEMENT 1

DESCRIPTION	SPOUSE	YOURSELF
CARRINGTON MORTGAGE SERVICES	4,210.00	4,211.00
WHITAKER BANK		1,268.00
TOTAL TO SCHEDULE A, LINE 1	4,210.00	5,479.00

## KY SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 2

DESCRIPTION	SPOUSE	YOURSELF
GOODWILL CLOTHING	225.00	225.00
TOTAL TO SCHEDULE A, LINE 8	225.00	225.00

## KY SCHEDULE A CASH CONTRIBUTIONS STATEMENT 3

DESCRIPTION	SPOUSE	YOURSELF
MISCELLANEOUS	500.00	500.00
TOTAL TO SCHEDULE A, LINE 7	500.00	500.00