§ 1040	Department of the Treasury—Internal		(99)	202	1						
Filing Status Check only one box.	U.S. Individual Incol Single X Married filing jo If you checked the MFS box, enter the person is a child but not your dependent.	ointly Marr	ried filing sepa	arately (MFS)	Hea	ad of househo		Qualif	fying widow(er		
Your first name	and middle initial	Last name						You	r social secu	rity number	
MICHAEL								100	Your social security number		
If joint return, sp	ouse's first name and middle initial								Spouse's social security number		
ANDREA	L	BEDENE	BAUGH								
	number and street). If you have a P.C. KINARD RD	box, see instruc	tions.				Apt. no.		Check here if		
	st office. If you have a foreign address	s, also complete s	spaces below.	State		ZIP code				g jointly, want \$3 und.Checking a	
PROSPER				SC	Later and the same of the same		27		box below will not change		
Foreign country	name Foreign p	rovince/state/cou	inty			_	ostal code	your tax or refund.			
									You	Spouse	
At any time durin	ng 2021, did you receive, sell, exc	hange, or other	rwise dispos	e of any fin	ancial inter	est in any vi	rtual currency?		Yes	X No	
Deduction Age/Blindness	Spouse itemizes on a separa You: Were born before Jai		Are bl			Was born be	efore January 2	, 1957	ls bl	ind	
Dependents (se		144.72, 100.	(2) Social s			elationship		_			
If more (1) Firs	mumber to usu				1 ') ✓ if qualifies for (see instructions):d tax credit Credit for other dependents					
than four	Last name					Offilia tex	Ciedit	Ordan for o	dier dependents		
dependents,		7									
see instr. ———— and check											
here											
1	Wages, salaries, tips, etc. Attach Fo	orm(s) W-2						1		85,101	
Attach 2a				b Taxable	interest			2b		7,784	
Sch.B if 3a						ends					
required. 4a				b Taxable				4b			
5a	Pensions and annuities 5a	i	b. T			51					
6a				b Taxable	amount			6b			
Standard Deduction for - 7		D if required. If not	required, check	here				7		-3,000	
• Single or 8	Other income from Schedule 1, line 10							8	-36,63		
Married filing separately, 9	Add lines 1, 2b, 3b, 4b, 5b, 6b	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							53,24		
\$12,550 • Married filing 10		Adjustments to income from Schedule 1, line 26							2.		
jointly or 11	Subtract line 10 from line 9. Th	Subtract line 10 from line 9. This is your adjusted gross income								52,996	
Qualifying widow(er), 12	Standard deduction or itemiz	zed deductions	s (from Sche	edule A)	12a		25,100			A	
\$25,100	b Charitable contributions if you take						600		AC.		
household,	c Add lines 12a and 12b							12c		25,700	
\$18,800 • If you checked 13	Qualified business income dec	luction from Fo	rm 8995 or F	Form 8995-	A			13			
any box under 14								14		25,700	
Standard 1.5	Tayable income Subtract line 14 fro	m line 11 If zero er	loss onter A					15		27.296	

Form 1040 (2021)

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

Form 1040 (20	21) M	CHAEL E & ANDREA L BEDEN	BAUGH				Page 2
	16	Tax (see instructions). Check if any from Form(s)): 1 8814 2	4972			
		3 📗				16	2,875
	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	2,875			
	19	Nonrefundable child tax credit or credit for other of	dependents from Sche	dule 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	r -0-			22	2,875
	23	Other taxes, including self-employment tax, from	Schedule 2, line 21			23	0.000
	24	Add lines 22 and 23. This is your total tax	24	2,875			
	25	Federal income tax withheld from:					
	a	Form(s) W-2	***************************************	25a 25b	10,682	4	
	b	Form(s) 1099	_				
	C	Other forms (see instructions)		25c			No. 10 - 12 20 1200
	d					25d	10,682
If you have a	26	2021 estimated tax payments and amount applied				26	
qualifying child, attach Sch. EIC	27a			27a		_	
		Check here if you were born after January 1, 1998, and be					
		January 2, 2004, and you satisfy all other requirements for					
		taxpayers who are at least age 18, to claim the EIC. See i	instructions				
	b	Nontaxable combat pay election 27b					
	c	Prior year (2019) earned income 27c					
	28	Refundable child tax credit or additional child tax credit from Sch. 8812		28			
	29	American opportunity credit from Form 8863, line	8	29			
	30	Recovery rebate credit. See instructions		30)	
	31			31	1		
	32	Add lines 27a and 28 through 31. These are your	32				
	33	Add lines 25d, 26, and 32. These are your total payment				33	10,682
Refund	34	If line 33 is more than line 24, subtract line 24 from			d	34	7,807
	35a	Amount of line 34 you want refunded to you. If F			. ▶ ∐ avings	35a	7,807
Direct deposit?	▶ b	Routing number					
See instructions.	▶d	Account number					
	36	Amount of line 34 you want applied to your 2022		36			
Amount	37	Amount you owe. Subtract line 33 from line 24. I	For details on how to p	oay, see instructions		37	
You Owe	38	Estimated tax penalty (see instructions)	▶	38			
Third Part	ty I	Do you want to allow another person to discuss this	return with the IRS?	See			1172 11 11 11
Designee	i	nstructions		▶ X Y	es. Comple	te belov	w. No
		Designee's		Personal identification			
		name M. DANIEL MAW CPA			3-276-4		
Sign	Under	penalties of perjury, I declare that I have examined this re- they are true, correct, and complete. Declaration of prepar	turn and accompanying s	schedules and stateme	nts, and to t	ne best c	of my knowledge and
Here					don of which		
Joint return?	Your si	gnature	Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here
See instructions.			EXECUTIVE DIRECTOR				(see instr.)
Keep a copy for your records.	Spouse	s'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
	TEACHER						(see instr.) ▶
	Phone						
	Prepare	er's name Preparer	r's signature		Date	PTIN	Check if:
Paid :		. DANIEL MAW CPA M. DANIEL MAW CPA					257445 Self-employed
Preparer _	Firm's name ▶ M. Daniel Maw, CPA, LLC						803-276-4346
Use Only	13861 C R Koon Hwy						
		address Newberry	SC 29108-	8493	F	rm's EIN	
Go to www.ii	rs.gov/F	orm1040 for instructions and the latest information.	4				Form 1040 (2021)

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return			202	22 on	ot write or staple i	in this space.			
Filing Status Check only one box.	Single X Married filing jo	intly Married filing se		Hea	d of household (Ho	он)	Qualify	ing surviving (QSS)	
	person is a child but not your dependent								
	and middle iritial Last name								number
MICHAEL		BEDENBAUGH							
	cuse's first name and middle initial	Last name					Spous	se's social secu	rity number
ANDREA		BEDENBAUGH					-		
	number and street). If you have a P.O I	oox, see instructions.			A	ot. no.		Presidential Elec Check here if yo	
	KINARD RD	-lan annual de consent fail ann	01-1-		710			spouse if filing jo	ointly, want \$3
	st office. If you have a foreign address,	also complete spaces below.	State SC		ZIP code 29127			to go to this fund box below will n	
PROSPER		rovince/state/county				codo	-	your tax or refur	
Foreign country	name Foreign p	Tovince/state/county			Foreign postal	code		You	Spouse
Digital	At any time during 2022, did you: (a) receive (as a reward a	ward or nav	ment for pror	nerty or services)	or (h) sell		Tou	Opouse
Assets	exchange, gift, or otherwise dispos		1					Yes	X No
Standard		u as a dependent	_	se as a depe		ou douono.)			110
Deduction	Spouse itemizes on a separat				Sildelit				
Deddellon	Spouse iterrizes on a separat	e letuil of you were a uu	ar-status alici						
Age/Blindness	You: Were born before Jar	uary 2 1958 Are	blind Spo	ouse: \	Nas born before	January 2	1958	Is bline	d
Dependents (se			al security		elationship		_		
	st name Last name	, ,	mber	, , ,	to you	Child tax	he box if qualifies for (see instruction credit Credit for other dep		
han four	trialite Lastrialite	,				OTHIC LOX	Olouit	Oredit for our	or dopondonto
dependents,							-		
see instr.									
and check here									
-	Total amount from Form(s) W-2	hov 1 (see instructions)					1a		62,830
							1b		02,000
Attach Form(s) W-2 here. Also	Household employee wages not reported on Form(s) W-2 Tip income not reported on line 1a (see instructions)								
attach Forms		1c							
W-2G and 1099-R if tax e		1e							
was withheld.		1f							
If you did not	Employer-provided adoption benefits from Form 8839, line 29 Wages from Form 8919, line 6								
get a Form 9			ns)						
W-2, see instructions.	Nontaxable combat pay electio						1h		
	Add lines 1a through 1h	(See modulons)					1z		62,830
Attach Sch. B 2		T	h Tayahi	l- !-tt			2b		3,853
if required. 3		b Taxable interest b Ordinary dividends					3b		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4:							4b		
5:			_				5b		
Standard Deduction for - 68		b Tarable arrangt					6b		
Single or	311111111	that the second of the second							
Married filing		Control and a March Colonida Differential March anniand about here							86,922
\$12.950		Capital gain or (loss). Attach Schedule D if required, if not required, check here Other income from Schedule 1, line 10							66,222
jointly or		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							87,383
Qualifying spouse, 1		Adjustments to income from Schedule 1, line 26							250
\$25,900		Subtract line 10 from line 9. This is your adjusted gross income							87,133
household, 1							11		25,900
\$19,400 • If you checked 1:							13		
any box under Standard		action from Form 0555 of					14		25,900
Deduction,	5 Subtract line 14 from line 11 If zero or less								61,233

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Form 1040 (2022)

Form 1040 (20	22) M I	CHAEL E & ANDRE	A L BEDE	NBAUG	H						Page 2
Tax and	16	Tax (see instructions). Check	if any from Form(s): 1	8814 2	4972					
Credits		3				_			16		0
	17	Amount from Schedule 2, line 3									
	18	Add Free 40 and 47									0
	19	Child tax credit or credit for other dependents from Schedule 8812							19		
	20	Amount from Schedule 3, line 8							20		
	21	4118 40 100							21		
	22								22		0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21							23		
	24								24		0
Payments											
	a	Farm(a) W 2							3		
		**							1		
									1		
	C					250			254		6,703
	⊓ d								25d		0,703
If you have a	26	2022 estimated tax payments	and amount appli	ed from 20	021 return			corrector	26		
qualifying child, attach Sch. EIC	27	Earned income credit (EIC)				27			-		
	28							4			
	29	American opportunity credit from Form 8863, line 8									
	30	Reserved for future use 30							4		
	31	Amount from Schedule 3, line 15							-		
	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 a							33		6,703
Refund	34	If line 33 is more than line 24,							34		6,703
	35a	1	funded to you. If						35a		6,703
Direct deposit?	b	Routing number		С	Type: X	Checking	S	avings			
See instructions.	d	Account number			J						
	36	Amount of line 34 you want ap	plied to your 20	23 estima	ted tax	36					
Amount	37	Subtract line 33 from line 24.		•							
You Owe		For details on how to pay, go				ns			37		
	38	Estimated tax penalty (see ins				38					
Third Par	•	you want to allow another pers	on to discuss this	return with	h the IRS? See	;	_			_	
Designee	ins	tructions					Х ү	es. Comple	ete belov	v	No
	De	esignee's Phone								Personal identifica	ion
	na	me M. DANIEL MAW	CPA			1	no. 80:	3-276-4	1346	number (PIN)	21197
Sign		penalties of perjury, I declare that I h									
Here		hey are true, correct, and complete.	Declaration of prep	1			all information	of which pre	parer ha		
Joint return?	Your sig	gnature		Date	Your occupation	on				If the IRS sent y Protection PIN,	ou an Identity enter it here
See instructions.		****			EXECUT:		IRECTO	R		(see instr.)	
Keep a copy for your records.	Spouse	's signature. If a joint return, both m	ust sign.	Date	Spouse's occu	upation				If the IRS sent y Identity Protect	your spouse an ion PIN, enter it here
,00.100000		TEACHER							(see instr.)		
	Phone		Email address								
	Prepare	er's name	Prep	arer's signa	ture			Date	PTIN	l	Check if:
Paid	M. DAN	IEL MAW CPA	м. р	ANIEL M	AW CPA				P00	257445	Self-employed
Preparer	Firm's name M. Daniel Maw, CPA, LLC Ph						hone no	803-	276-4346		
Use Only		13861 C R K	oon Hwy								
	Firm's a		_	5	C 29108-	-8493		F	irm's EIN	26	-3021197
Go to warm i		orm1040 for instructions and the	latest information								1040 (2022)