

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.

► Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.**This return is for calendar year** (enter year) **or fiscal year** (enter month and year ended)

Your first name and middle initial Last name

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions. Apt. no. Your phone number

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

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

**Amended return filing status.** You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ►

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

Use Part III on page 2 to explain any changes.

**A. Original amount**  
reported or as  
previously adjusted  
(see instructions)**B. Net change—**  
amount of increase  
or (decrease)—  
explain in Part III**C. Correct  
amount****Income and Deductions**

- 1** Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . ► ☐
- 2** Itemized deductions or standard deduction . . . . .
- 3** Subtract line 2 from line 1 . . . . .
- 4a** Reserved for future use . . . . .
- b** Qualified business income deduction . . . . .
- 5** Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0- . . . . .

**1**  
**2**  
**3**  
**4a**  
**4b**  
**5****Tax Liability**

- 6** Tax. Enter method(s) used to figure tax (see instructions):
- 7** Nonrefundable credits. If a general business credit carryback is included, check here . . . . . ► ☐
- 8** Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .
- 9** Reserved for future use . . . . .
- 10** Other taxes . . . . .
- 11** Total tax. Add lines 8 and 10 . . . . .

**6**  
**7**  
**8**  
**9**  
**10**  
**11****Payments**

- 12** Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing**, see instructions.) . . . . .
- 13** Estimated tax payments, including amount applied from prior year's return . . . . .
- 14** Earned income credit (EIC) . . . . .
- 15** Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136  
☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify): . . . . .
- 16** Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .
- 17** Total payments. Add lines 12 through 15, column C, and line 16 . . . . .

**12**  
**13**  
**14**  
**15**  
**16**  
**17****Refund or Amount You Owe**

- 18** Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .
- 19** Subtract line 18 from line 17. (If less than zero, see instructions.) . . . . .
- 20** **Amount you owe.** If line 11, column C, is more than line 19, enter the difference . . . . .
- 21** If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return . . . . .
- 22** Amount of line 21 you want **refunded to you** . . . . .
- 23** Amount of line 21 you want **applied to your (enter year):** **estimated tax** **23**

**18**  
**19**  
**20**  
**21**  
**22****Complete and sign this form on page 2.**

**Part I Dependents**

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

		A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
<b>24</b>	Reserved for future use . . . . .	<b>24</b>		
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b>		
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>		
<b>27</b>	Other dependents . . . . .	<b>27</b>		
<b>28</b>	Reserved for future use . . . . .	<b>28</b>		
<b>29</b>	Reserved for future use . . . . .	<b>29</b>		
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return.			

**Dependents** (see instructions):

If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund** (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

► Attach any supporting documents and new or changed forms and schedules.

**Sign Here**

**Remember to keep a copy of this form for your records.**

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

► Devon Urbigkeit 01/13/2023 \_\_\_\_\_  
Your signature Date Your occupation

► \_\_\_\_\_  
Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

Firm's name ► Firm's EIN ►

Firm's address ► Phone no. ►

# Electronic Deposit of Tax Refund of \$1 Million

► Attach to your income tax return (other than Forms 1040, 1120, 1120S, Form 1045, or Form 1139.

No. 1545-1763

Name(s) shown on income tax return

Devon Urbekeit

Name and location (City, State) of bank

Suncoast Credit Union Dade City, FL

Taxpayer's phone number

352-760-0975

1 **Method of deposit (one box must be checked)** ☒ Direct Deposit ☐ Fedwire

2 **Routing number (must be nine digits).** The first two digits must be between 01 and 12 or 21 through 32.

263182817

3 **Spaces and special symbols:**

4 **Type of account (one box must be checked):**

☒ Checking ☐ Savings

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

File Form 8302 to request that the IRS electronically deposit a tax refund of \$1 million or more directly into an account at any U.S. bank or other financial institution (such as a mutual fund, credit union, or brokerage firm) that accepts electronic deposits.

The benefits of an electronic deposit include a faster refund, the added security of a paperless payment, and the savings of tax dollars associated with the reduced processing costs.

### Who May File

Form 8302 may be filed with any tax return other than Form 1040, 1120, or 1120S to request an electronic deposit of a refund of \$1 million or more. You are not eligible to request an electronic deposit if:

- The receiving financial institution is a foreign bank or a foreign branch of a U.S. bank or
- You have applied for an employer identification number but are filing your tax return before receiving one.

If Form 8302 is filed with **Form 1045**, Application for Tentative Refund, or **Form 1139**, Corporation Application for Tentative Refund, both of which allow for more than one year's reporting, electronic deposits may be made only for a year for which the refund is at least \$1 million.

**Note.** Filers of Form 1040 must request a direct deposit of refund by completing the account information on that form. Filers of Forms 1120 or 1120S must request a direct deposit of a refund using **Form 8050**, Direct Deposit of Corporate Tax Refund. This includes a request for a refund of \$1 million or more.

## Conditions Resulting in a Refund by Check

If the IRS is unable to process this request for an electronic deposit, a refund by check will be generated. Reasons for not processing a request include:

- The name on the tax return does not match the name on the account.
- You fail to indicate the method of deposit to be used (i.e., direct deposit or Fedwire).
- The financial institution rejects the electronic deposit because of an incorrect routing or account number.
- You fail to indicate the type of account the deposit is to be made to (i.e., checking or savings).
- There is an outstanding liability the offset of which reduces the refund to less than \$1 million.

### How To File

Attach Form 8302 to the applicable return or application for refund. To ensure that your tax return is correctly processed, see **Assembling the Return**

in the instructions for the form with which the Form 8302 is filed. For Forms 1045 or 1139, attach a separate Form 8302 for each carryback year.

## Specific Instructions

**Identifying number.** Enter the employer identification number or social security number shown on the tax return to which Form 8302 is attached.

**Line 1.** Direct deposit is an electronic payment alternative that uses the Automated Clearing House (ACH) system. Fedwire is a transaction-by-transaction processing system designed for items that must be received by payees the same day as originated by the IRS.

**Line 2.** Enter the financial institution's routing number and **verify** that the institution will accept the type of electronic deposit requested. See the Sample Check below for an example of where the routing number may be shown.



Check with your financial institution, if necessary, to verify the routing number entered on line 2 is correct.

## Sample Check

ABC Corporation  
123 Main Street  
Anyplace, NJ 07000

Pay to the order of

ROUTING NUMBER (line 2)

ACCOUNT NUMBER (line 3)

1234

\$

1234

Do not include the routing number

5555555555 12345678901234

**Note.** The routing and account numbers may be in different places on your check.

				OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
<b>c Employer's name, address, and ZIP code</b> Aces Allianz 5052 Mockingbird Dr Ridge Manor FL 33523 US				<b>1 Wages, tips, other compensation</b>		<b>2 Federal income tax withheld</b>					
				50732000.00		45256950.00					
				<b>3 Social security wages</b>		<b>4 Social security tax withheld</b>					
				50732000.00		3145384.00					
				<b>5 Medicare wages and tips</b>		<b>6 Medicare tax withheld</b>					
				50732000.00		1190402.00					
<b>d Control number</b>				<b>7 Social security tips</b>		<b>8 Allocated tips</b>					
<b>e Employee's first name and initial</b>		<b>Last name</b>		<b>Suff.</b>		0.00		0.00			
Devon		Urbigkeit									
<b>f Employee's address and ZIP code</b> 5052 MOCKINGBIRD DR DADE CITY FL 33523-8851 US				<b>9</b>		<b>10 Dependent care benefits</b>					
						0.00					
				<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b>					
				0.00		e o W e 3400.00					
				<b>13 Statutory employee</b>		<b>Retirement plan</b>		<b>Third-party sick pay</b>		<b>12b</b>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		e o e 0.00					
				<b>14 Other</b>		<b>12c</b>					
						e o d e 0.00					
						<b>12d</b>					
e o d e 0.00											
<b>a Employee's social security number</b>		<b>b Employer identification number (EIN)</b>									
XXX-XX-4764		84-2046085									
<b>15 State</b>	<b>Employer's state ID number</b>	<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>	<b>20 Locality name</b>					
FL		0.00	0.00	0.00	0.00						

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury-Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS.



This Product Contains Sensitive Taxpayer Data

Request Date: 01-11-2023  
Response Date: 01-11-2023  
Tracking Number: 103480318977

Wage and Income Transcript

SSN Provided: XXX-XX-4764  
Tax Period Requested: December, 2020

Form W-2 Wage and Tax Statement

Employer:  
Employer Identification Number (EIN):XXXXX6085  
DEVO  
5052 M

Employee:  
Employee's Social Security Number:XXX-XX-4764  
DEVO G YATE  
6320 W

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$50,732,000.00  
Federal Income Tax Withheld:.....\$45,256,950.00  
Social Security Wages:.....\$137,700.00  
Social Security Tax Withheld:.....\$8,537.00  
Medicare Wages and Tips:.....\$50,732,000.00  
Medicare Tax Withheld:.....\$1,190,402.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$0.00  
Code "Q" Nontaxable Combat Pay:.....\$0.00  
Code "W" Employer Contributions to a Health Savings Account:.....\$3,400.00  
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "Z" Income under section 409A on a nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "R" Employer's Contribution to MSA:.....\$0.00  
Code "S" Employer's Contribution to Simple Account:.....\$0.00  
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00  
Code "V" Income from exercise of non-statutory stock options:.....\$0.00  
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00  
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00  
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00  
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)  
Plan:.....\$0.00  
Code "FF" Permitted benefits under a qualified small employer health  
reimbursement arrangement:.....\$0.00  
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00  
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close  
of the Calendar Year:.....\$0.00  
Third Party Sick Pay Indicator:.....Unanswered

Retirement Plan Indicator:.....Unanswered  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXXX8532

G-SP

PAYPAL

Employee:

Employee's Social Security Number:XXX-XX-4764

DEVO G URBI

5052 M

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$25,200,000.00  
Federal Income Tax Withheld:.....\$9,323,227.00  
Social Security Wages:.....\$137,700.00  
Social Security Tax Withheld:.....\$8,537.00  
Medicare Wages and Tips:.....\$25,200,000.00  
Medicare Tax Withheld:.....\$590,400.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$0.00  
Code "Q" Nontaxable Combat Pay:.....\$0.00  
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00  
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "Z" Income under section 409A on a nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "R" Employer's Contribution to MSA:.....\$0.00  
Code "S" Employer's Contribution to Simple Account:.....\$0.00  
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00  
Code "V" Income from exercise of non-statutory stock options:.....\$0.00  
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00  
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00  
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00  
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)  
Plan:.....\$0.00  
Code "FF" Permitted benefits under a qualified small employer health  
reimbursement arrangement:.....\$0.00  
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00  
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close  
of the Calendar Year:.....\$0.00  
Third Party Sick Pay Indicator:.....Unanswered  
Retirement Plan Indicator:.....Unanswered  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX4868  
DEVO  
5052 M

Employee:  
Employee's Social Security Number:XXX-XX-4764  
DEVO G URBI  
5052 M

Submission Type:.....Original document  
Wages, Tips and Other Compensation:.....\$5,493,684.00  
Federal Income Tax Withheld:.....\$1,690,794.00  
Social Security Wages:.....\$137,700.00  
Social Security Tax Withheld:.....\$8,537.00  
Medicare Wages and Tips:.....\$5,493,684.00  
Medicare Tax Withheld:.....\$127,301.00  
Social Security Tips:.....\$0.00  
Allocated Tips:.....\$0.00  
Dependent Care Benefits:.....\$0.00  
Deferred Compensation:.....\$0.00  
Code "Q" Nontaxable Combat Pay:.....\$0.00  
Code "W" Employer Contributions to a Health Savings Account:.....\$7,200.00  
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "Z" Income under section 409A on a nonqualified Deferred Compensation  
plan:.....\$0.00  
Code "R" Employer's Contribution to MSA:.....\$0.00  
Code "S" Employer's Contribution to Simple Account:.....\$0.00  
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00  
Code "V" Income from exercise of non-statutory stock options:.....\$0.00  
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00  
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00  
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00  
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b)  
Plan:.....\$0.00  
Code "FF" Permitted benefits under a qualified small employer health  
reimbursement arrangement:.....\$0.00  
Code "GG" Income from Qualified Equity Grants Under Section 83(i):.....\$0.00  
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close  
of the Calendar Year:.....\$0.00  
Third Party Sick Pay Indicator:.....Unanswered  
Retirement Plan Indicator:.....Unanswered  
Statutory Employee:.....Not Statutory Employee  
W2 Submission Type:.....Original  
W2 WHC SSN Validation Code:.....Correct SSN

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Payer:  
Payer's Federal Identification Number (FIN):XXXXX6564  
DRIV  
97 MAI

Recipient:  
Recipient's Identification Number:XXX-XX-4764  
DEVO URBI  
5052 M

Submission Type:.....Original document  
Account Number:.....XXXX5249