Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

12022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only		Single Married filing jointly	Marrie	d filing	separa	ately (MF	FS)	Head of	hous	ehold (HOH			fying surv se (QSS)	iving
one box.		u checked the MFS box, enter the na		our spo	use. If	f you che	ecked	the HOH o	r QSS	S box, ente	r the ch	nild's	name if th	e qualifying
	•	on is a child but not your dependent												
Your first name and middle initial Last name						Yo	Your social security number							
If joint return, spouse's first name and middle initial Last name				name						Spe	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Presidential Election Campaign Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code						spo	spouse if filing jointly, want \$3 to go to this fund. Checking a							
Foreign country name				Foreign province/state/county				Fore				w will not or refund.	change	
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or serv					r corvicos):	or (b)	You Spouse							
Digital Assets		ange, gift, or otherwise dispose of a											☐ Yes	☐ No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur				•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	Is bli	nd
Dependents	(see i	nstructions):		(2)	Social:	security		(3) Relationsh	hip	(4) Check the	e box if	qualifi	es for (see i	instructions):
If more than four	(1) Fi	(1) First name Last name			number			to you		Child tax credit		C	Credit for oth	er dependents
dependents,											<u></u> T		L	
see instructions and check											<u>-</u>			
here											-			
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruc	ctions))					<u> </u>	1a		
Income	b	Household employee wages not re	eported (on Form	า(s) W	-2						1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	truction	າຣ) .							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s	s) W-2	(see ins	struct	ions)				1d		
W-2G and	е	e Taxable dependent care benefits from Form 2441, line 26										1e		
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29										1f		
If you did not	g	Wages from Form 8919, line 6 .										1g		
get a Form	h	Other earned income (see instruction	ions) .						,			1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				<u>1</u> i	i					
	Z	Add lines 1a through 1h										1z		
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	able interes	t			2b		
if required.	3a	Qualified dividends	3a			b	Orc	linary divide	ends			3b		
	4a	IRA distributions	4a			b	Tax	able amoun	nt.			4b		
Standard Deduction for—	5a	_	5a			_		able amoun				5b		
Single or	6a	,							Ŀ	6b				
Married filing separately,	С	If you elect to use the lump-sum e		,		`		,						
\$12,950	7	Capital gain or (loss). Attach Sched									Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin										8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,										9		
\$25,900	10	Adjustments to income from Sche										10		
 Head of household, 	11	Subtract line 10 from line 9. This is									•	11		
\$19,400	12	Standard deduction or itemized									•	12		
If you checked any box under	13	Qualified business income deducti									•	13		
Standard Deduction,	 Add lines 12 and 13										14			
see instructions.	15	Subtract line 14 HOITI line 11. If Zer	o or iess	, enter	-U II	ilio io yol	ur tä ž	Navie IIICON	ile		•	15		

Form 1040 (2022)								Page 2			
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16				
Credits	17	Amount from Schedule 2, lir	ne 3				- 	17				
	18	Add lines 16 and 17						18				
	19	Child tax credit or credit for	19									
	20	Amount from Schedule 3, lir	20									
	21 Add lines 19 and 20											
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			23				
	24	Add lines 22 and 23. This is	your total tax					24				
Payments	25	Federal income tax withheld										
-	а	Form(s) W-2				25a						
	b	Form(s) 1099				25b						
	С	Other forms (see instructions)										
	d	Add lines 25a through 25c	25d									
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26				
qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30 Reserved for future use											
	32	Add lines 27, 28, 29, and 31	32									
	33	Add lines 25d, 26, and 32. T	33									
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid										
	35a	Amount of line 34 you want										
Direct deposit? See instructions.	b	Routing number	\$									
Coo mondonono.	d	Account number				36						
	36	Amount of line 34 you want										
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	0.7									
100 OWE	38	Estimated tax penalty (see in	37									
Third Dorty		you want to allow another				Soc.						
Third Party Designee		tructions	below.	No								
200.900	Des	Designee's Phone Personal identific										
	nar	me		no.		nur	nber (PIN)					
Sign		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.										
Here		•	piete. Deciaration c	Date	Your occupation	ased on all lillornia			nt you an Identity			
	YOU	ur signature			Your occupation		Pr	otection P	PIN, enter it here			
Joint return?	\mathcal{C}	HARLAC		29.08.23			(see inst.)					
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, I	Date	Spouse's occupat		f the IRS sent your spouse an						
your records.	Al	VNE G		29.08.23			Ide (see		ection PIN, enter it here			
	Pho	one no.		Email address								
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:			
Preparer									Self-employed			
Use Only	Firm's name Phone							one no.	ne no.			
————	Firm's address Firm's											
Go to www.irs.ac	v/Form	1040 for instructions and the late	st information.						Form 1040 (2022)			