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

2022		2022
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OMB No. 1545-0074

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

	☐ S	ingle 🗹 Married filing jointly 🗌	Marrie	ed filing	separa	ately (MFS) Head of	household (H	НОН)			
Check only one box.	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											
one box.	-	on is a child but not your dependent		our spi	Jusc. 11	you onco		QOO DOX, C	inter the	Orina 3	name ii ine qualifying	
Your first name	ur first name and middle initial Last r						1	Your social security number				
John J Smith											1 2 3 4 5 6 7 8 9	
If joint return, spouse's first name and middle initial Last na								Spouse's social security number				
Jane K Smith											9 8 7 6 5 4 3 2 1	
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Presidential Election Campaign			
1040 N Phoenix Rd								C	Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete sp					spaces below. State				P code spot		f filing jointly, want \$3	
Glendale					AZ			85308			this fund. Checking a w will not change	
Foreign country	F	Foreign province/state/o				Foreign posta			or refund.			
,										You Spouse		
Digital	At an	y time during 2022, did you: (a) rece	eive (as a	a rewar	rd. awa	ard. or pav	ment for prope	rtv or servic	es): or (b) sell.		
Assets		ange, gift, or otherwise dispose of a	,					•	,. ,	•	☐ Yes ✓ No	
Standard	3, 3, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,											
Deduction		pouse itemizes on a separate return	•			•	•					
			F									
		Were born before January 2, 1	958 _	Are b	olind	Spouse		rn before Ja			☐ Is blind	
Dependents				(2) Social security			(3) Relationsh	"P ' '	(4) Check the box if quali			
If more	(1) First name Last name			number			to you	Chi			Credit for other dependents	
than four dependents,	Jay	Smith		1 3 5	7 9	2 4 6 8	Son				<u> </u>	
see instructions											<u> </u>	
and check									<u> </u>			
here \square					1 1							
Income	1a	Total amount from Form(s) W-2, bo	•		•					1a	100,000	
Attach Form(s)		b Household employee wages not reported on Form(s) W-2										
W-2 here. Also	С											
attach Forms	d											
W-2G and 1099-R if tax	·								1e	5,000		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	·								1h		
instructions.	1	Nontaxable combat pay election (s	see instr	uctions	5)		<u>1</u> i			-		
		Add lines 1a through 1h				- 1 1 1 1				1z	105,000	
Attach Sch. B	2a		2a		4,0		axable interes			2b	6,000	
if required.	3a_		3a				Ordinary divide			3b		
	4a	<u> </u>	4a				axable amoun			4b		
Standard Deduction for—	5a		5a			_	axable amoun			5b		
Single or	6a	,	6a			_	axable amoun	t		6b		
Married filing separately,	С	If you elect to use the lump-sum el				•	•		📙			
\$12,950		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing jointly or									8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	111,000	
\$25,900	10	Adjustments to income from Sche	•							10	7,000	
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									104,000	
\$19,400	12	•									12,000	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
Standard	14									14	12,000	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 TI	nis is your	taxable incom	ne		15	92,000	