

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 JOHN J		Last name SMITH	Your social security number 123 45 6789
If joint return, spouse's first name and middle initial JANE K		Last name SMITH	Spouse's social security number 987 65 4321
Home address (number and street). If you have a P.O. box, see instructions. 1040 N PHOENIX RD			Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. GLENDALE		State AZ	ZIP code 85308
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.

☐ You ☐ 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 instructions):	
				Child tax credit	Credit for other dependents
JAY	SMITH	123 79 2468	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICTORIA	SMITH	246 81 3579	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	100,000
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	5,000
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	105,000

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	6,000
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		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	111,000
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	7,000
10	Adjustments to income from Schedule 1, line 26					10	104,000
11	Subtract line 10 from line 9. This is your adjusted gross income					11	
12	Standard deduction or itemized deductions (from Schedule A)					12	
13	Qualified business income deduction from Form 8995 or Form 8995-A					13	
14	Add lines 12 and 13					14	12,000
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	92,000

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.