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

2022	
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OMB No. 1545-0074

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

Filing Status Check only one box.		ingle Married filing jointly u checked the MFS box, enter the na										spou	fying surviving se (QSS)	ina	
one box.		on is a child but not your dependent		our spo	use. I	i you cire	ECKE	d the HOLLC	الري	o box, enter	li le Ci	iliu 5	name ii the quality	/irig	
Your first name	ur first name and middle initial Last name									You	Your social security number				
Kimberly	erly				Carey										
If joint return, spouse's first name and middle initial Last name							Spo	Spouse's social security number							
											Presidential Election Campaign Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces by					paces below. State ZIP co					code spouse if filing to go to this fu			f filing jointly, want this fund. Checking		
Foreign country name				Foreign province/state/count			ounty	,	Fore	eign postal cod		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) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction											Yes No			
Standard		eone can claim: You as a de						dependent	1 4330	5t): (OCC 1113	iiuciio	113.)		_	
Deduction		pouse itemizes on a separate return	•			•									
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	efore Januar	y 2, 19	58	☐ Is blind		
Dependents	(see i	see instructions):				(2) Social security			hip	(4) Check the bo		qualifi	es for (see instruction	ns):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax c		C	Credit for other depend	dents	
dependents,							\pm]			_	
see instructions and check							\top				1				
here							\top]				
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	9375.7		
moonic	b	Household employee wages not re	eported (on Form	n(s) W	'-2						1b	309.0		
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)											1c			
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d	97707.73		
W-2G and	е	, , , , ,										1e	44804.43		
1099-R if tax was withheld.	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) .						- 1			1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i						
	Z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	Tax-exempt interest	2a					xable interes				2b	81422.85		
if required.	3a	Qualified dividends	3a			b	Orc	dinary divide	ends			3b			
	4a	IRA distributions	4a			b) Tax	xable amour	nt .			4b	3.0		
Standard Deduction for—	5a	_	5a					xable amour				5b			
Single or	6a	,	6a					xable amour	nt .		<u>.</u>	6b			
Married filing separately,	С	If you elect to use the lump-sum e		•		`		,					4		
\$12,950	7	Capital gain or (loss). Attach Scheo		require	d. If n	ot requi	red, d	check here	•		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	42629.56		
surviving spouse, \$25,900	10	Adjustments to income from Sche						14052.364							
Head of household,	11		det into to item into e. This is your dajusted groot into into								35.0				
\$19,400	12	- · · · · · · · · · · · · · · · · · · ·									6104.0				
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A									13	40000 700				
Standard Deduction,	14	· · · · · · · · · · · · · · · · · · ·								14	48606.762				
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 Г	nis is yo	ur ta	ixable incor	ne		•	15	13060.35		