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								Head of				spou	se (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	box, ente	r the ci	niid's	name if th	e qualifying	
Your first name and middle initial Last name													Your social security number		
Kaylee	ee Spe				pence										
If joint return, spouse's first name and middle initial Last					st name							Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												residential Election Campaign			
										Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete					te spaces below. State)	ZIF Code		to	to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county					Fore	oreign postal code your ta			or refund.	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															
Deduction		Spouse itemizes on a separate retur	n or you												
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									e box if	if qualifies for (see instructions):				
If more	(1) Fi	rst name Last name		number			to you			Child tax cred		(Credit for other dependents		
than four dependents,	_				$\vdash \vdash \vdash$		+				<u></u>		L		
see instructions and check							+				<u></u>		L	<u></u>	
here	_						+			Г	<u>-</u>			<u></u>	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)					-	1a			
moonic	b	Household employee wages not re	eported (on Form	n(s) W	/-2						1b			
Attach Form(s) W-2 here. Also	re. Also														
attach Forms	ttach Forms d Medicaid waiver payments not reported						ed on Form(s) W-2 (see instructions)						1d 98988.0		
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26										1e				
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	/(511.0	
get a Form W-2, see	h i	Other earned income (see instruction						1	. i		•	1h			
instructions.	z	Nontaxable combat pay election (s Add lines 1a through 1h	see msu	uctions	,		٠	· ·	•			1z	540	96.492	
Attach Sch. B	2a	ı ı	2a				Ta	 xable interes	· :t			2b			
if required.	3a		3a					dinary divide				3b			
	4a		4a					xable amour				4b			
Standard	5a		5a					xable amour				5b	6	614.0	
Deduction for-	6a	Social security benefits	b Taxable amount								6b	301	52.954		
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)			. 🔲				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requi	red, c	check here			. 🗌	7			
Married filing	8	Other income from Schedule 1, lin	e 10 .									8	2	21.0	
jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your						otal income						9	179	55.224	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26								10	2:	983.0	
Head of	11	Subtract line 10 from line 9. This is	your ac	ljusted	gross	s incom	е					11			
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)										793.93			
If you checked any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A										13		5.0		
Standard Deduction,	14 Add lines 12 and 13										14				
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur ta	xable incon	ne			15		9.0	