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 nation is a child but not your dependent		our spo	use. I	f you che	eckec	d the HOH o	r QSS	S box, ente	r the ch	nild's	name if the	qualifying	
Your first name	Last name									Your social security number					
Jonathan	onathan T				Thomas										
If joint return, spouse's first name and middle initial Last					ast name								Spouse's social security number		
												Presidential Election Campaign			
City, town, or po	mplete sp	olete spaces below. State					ZIP	ZIP code		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a					
Foreign country name				Foreign province/state/c					Fore				pelow will not change tax or refund. You Spouse		
Digital	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													<u></u>	
Assets									asse	t)? (See ins	structio	ins.)	Yes	∐ No	
Standard Deduction		eone can claim:						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 blin	ıd	
Dependents	(see i	instructions):		(2) Social security			(3) Relationship		hip	(4) Check the box if q		qualifi	ualifies for (see instructions):		
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(Credit for othe	er dependents	
dependents,							\top				-			<u>-</u>	
see instructions and check							\top]			<u> </u>	
here]]	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	64	4.0	
IIICOIII C	b Household employee wages not reported on Form(s) W-2								1b	b 17494.206					
Attach Form(s)										1c	С				
W-2 here. Also d Medicaid waiver payments not reported on Form(s) W-2 (s							struct	tions)				1d	564	04.14	
W-2G and	e Taxable dependent care benefits from Form 2441, line 26										1e	2828.0			
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	205	53.08	
get a Form	h	Other earned income (see instruct	ions) .						•			1h	365	48.99	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions))			1	i						
motruotions.	z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	able interes	st			2b	621	55.0	
if required.	3a	Qualified dividends	3a			b	Orc	dinary divide	ends			3b			
	4a	IRA distributions	4a			b	Tax	able amour	nt.			4b			
Standard	5a	Pensions and annuities	5a			b	Tax	able amour	nt.			5b	2443	32.745	
Deduction for—	6a	Social security benefits	6a			b	Tax	able amour	nt.			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee in	structions)			. 🗆				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If n	ot requir	ed, c	heck here			. 🗆	7		5.0	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8			
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income											9			
surviving spouse, \$25,900	10	Adjustments to income from Sche	Schedule 1, line 26												
Head of	11	1 Subtract line 10 from line 9. This is your adjusted gross income													
household, \$19,400	12	2 Standard deduction or itemized deductions (from Schedule A)													
If you checked	Qualified business income deduction from Form 8995 or Form 8995-A											13	8349	1.976	
any box under Standard	14 Add lines 12 and 13										14	4			
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					