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		single Married filing jointly	Marrie	d filing	separ	ately (MI	FS)	Head o	f hous	sehold (HOH			ifying survi se (QSS)	ving	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. It	f you che	ecke	d the HOH o	or QS	S box, ente	r the ch	nild's	name if the	e qualifying	
Your first name	ne and middle initial Last name Yo									our social security number					
Brian	Patri				trick										
If joint return, spouse's first name and middle initial Last name								,			Spouse's social security number				
												Presidential Election Campaign			
City town or post office. If you have a foreign address, also complete spaces below.  State. ZIP code.									spo	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/co			ounty		box below will your tax or ref		or refund.	_			
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)												You	Spouse	
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (o	r a fin	ancial in	teres	st in a digita	l asse	et)? (See ins	tructio	ns.)	Yes	∐ No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•			•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	☐ Is blir	nd	
<b>Dependents</b>	(see i	see instructions): (2) Social security (3) Relationship (4) Check the box								e box if	if qualifies for (see instructions):				
If more than four	<b>(1)</b> Fi	rst name Last name		number				to you		Child tax credit		(	Credit for other	er dependents	
dependents,							$\top$				1			<u> </u>	
see instructions and check														]	
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a	836	605.0	
IIICOIII <del>C</del>	b	Household employee wages not re	eported (	on Form	n(s) W	'-2						1b	673	46.051	
Attach Form(s)	m(s) c Tip income not reported on line 1a (see instructions)								1c	<b>c</b> 4004.0					
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	Form(	s) W-2	2 (see ins	struc	tions)				1d			
W-2G and	e Taxable dependent care benefits from Form 2441, line 26									1e	e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .										1g	928	346.32	
get a Form	h	Other earned income (see instruct	ions) .									1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	) .			1	li						
motruotions.	z	Add lines 1a through 1h										1z	2008	89.341	
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable intere	st			2b	387	25.25	
if required.	3a	Qualified dividends	3a			b	Or	dinary divide	ends			3b	155	16.878	
	4a	IRA distributions	4a			b	Tax	xable amou	nt .			4b			
Standard	5a	Pensions and annuities	5a			b	Tax	xable amou	nt .			5b			
Deduction for—	6a	Social security benefits	<b>b</b> Taxable amount							6b					
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	red, d	check here				7			
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 y	our <b>t</b> o	otal inco	me					9			
surviving spouse, \$25,900	10	Adjustments to income from Sche										10		94.29	
Head of	11	Subtract line 10 from line 9. This is	your <b>ac</b>	ljusted	gross	s incom	е					11		0.222	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	١)					12		36.0	
If you checked any box under	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A										13	790	3.664		
Standard	14	Add lines 12 and 13										14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur <b>ta</b>	xable inco	me			15			