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

202	2
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OMB No. 1545-0074

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

Filing Status		ingle Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOH)		alifying su		
Check only one box.	If you	u checked the MFS box, enter the na	ama of v	our spouse. If you	chook	ad tha UOU a	r OSS boy ontor		ouse (QSS		
one box.		on is a child but not your dependent		our spouse. If you	CHECK	ed the HOH of	Q33 box, enter	trie Crilia	S Hallie II	trie qualityirig	
Your first name			Last nar	me				Your	social secu	rity number	
Rodney	A ATH				100.	Your social security number					
				ast name					Spouse's social security number		
n journation, operate o mornano una madio madi						- Spoul					
Home address (number	and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Presid	lential Flect	tion Campaign	
, , , , , , , , , , , , , , , , , , ,								Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code								spouse if filing jointly, want \$3			
									to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county			Foreign postal code	your t	ax or refund	d.	
								You Spouse			
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward. award. d	r pavr	nent for prope	ertv or services): o	or (b) sel	ļ.		
Assets		ange, gift, or otherwise dispose of a								. □ No	
Standard											
Deduction	□ s	pouse itemizes on a separate retur	n or you	were a dual-statu	s alien	ı.					
Ago/Blindness	Vau	Were born before January 2, 1	059	Are blind S	oouse	• Mac box	rn before January	, 2 1059		olind	
	-	•	936 _	T			(4) (1)			e instructions):	
Dependents		rst name Last name		(2) Social secur number	ty	(3) Relationsh to you	"P ` '	•			
If more than four	(1) 1 11	Striame Lastriame				711	Offilia tax	Child tax credit		Credit for other dependents	
dependents,	_									 	
see instructions										\vdash	
and check here \square										H	
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)				1	la		
Income	b	• • • • • • • • • • • • • • • • • • • •							b	93.0	
Attach Form(s)	 b Household employee wages not reported on Form(s) W-2							_	lc		
W-2 here. Also attach Forms								_	d		
W-2G and	е									е	
1099-R if tax was withheld.	f								1f 224.0		
If you did not	g	W (E 0040 E 0								1g	
get a Form	h	Other earned income (see instruct	ions) .						h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i					
motruotions.	z	Add lines 1a through 1h	. , .					. 1	Iz		
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t	. 2	2b		
if required.	3a	Qualified dividends	3a			rdinary divide		. 3	Bb		
	4a	IRA distributions	4a		b T	axable amoun	t	. 4	lb		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t	. 5	ib		
Deduction for— Single or	6a	,	6a			axable amoun		. 6	Sb ·	49858.0	
Married filing separately,	С	If you elect to use the lump-sum e		•	`	,			_	5000 400	
\$12,950	7		oital gain or (loss). Attach Schedule D if required. If not required, check here						<u> </u>		
Married filing jointly or	8	Other income from Schedule 1, line 10							8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							_	_	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							60.0 11 54.0		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									
If you checked any box under	13								13 59329.233		
Standard	14	Add lines 12 and 13							4		
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is	your 1	axable incom	ie	. 1	15	0.0	