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

12022		2022
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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	r you cne	эске	a the HOH o	or QS	5 box, ente	r the ci	niia's	name if the	e qualitying	
Your first name	and mi	ddle initial	Last nar	ne							Yo	Your social security number			
Lauren					ernandez										
If joint return, spouse's first name and middle initial Last na					name								Spouse's social security number		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		Presidential Election Campaign Check here if you, or your			
City, town, or po	mplete sp	plete spaces below. State					ZIP	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change					
Foreign country name				Foreign province/state/county					Fore				or refund.	Spouse	
Digital Assets					eive (as a reward, award, or payment for property or services); or (l									□ No	
Standard Someone can claim: You as a dependent Your spouse as a dependent															
Deduction		Spouse itemizes on a separate retur													
		Were born before January 2, 1	958 _	Are b		Spou	ıse:			efore Janua			ls bli		
-	(see instructions): (1) First name Last name			(2) Social security number			(3) Relationship to you		hip	Child tax credit		qualifies for (see instructions): Credit for other dependents			
If more than four	(1)11	Last Harne						. , , , ,		Offilia ta					
dependents,							1								
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a		5.0	
	b	Household employee wages not re	•			'-2						1b			
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)											1c			
attach Forms W-2G and	 d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26										1d				
1099-R if tax	e						٠		•			1e	32	.70.0	
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.					٠		•				449	06.585	
If you did not get a Form	g h	Other earned income (see instruct							•			1g 1h		120.59	
W-2, see	i	Nontaxable combat pay election (s	,						ı İ						
instructions.	z	Add lines 1a through 1h						· · <u> </u>				1z			
Attach Sch. B	2a	1	2a	• •		b	Ta:	xable interes	st ·			2b			
if required.	3a		3a			_		dinary divide				3b	94	02.12	
	4a	IRA distributions	4a					xable amour				4b	531	108.89	
Standard	5a	Pensions and annuities	5a			b	Tax	xable amour	nt .			5b		2.0	
Deduction for—	6a	Social security benefits	6a			b	Tax	xable amour	nt .			6b	2	73.0	
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	428	314.25	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8			
jointly or Qualifying	9	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9	455	65.87		
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26												10			
Head of	11	Subtract line 10 from line 9. This is	your ac	ljusted	gross	s incom	е					11			
household, \$19,400											12		47.0		
If you checked any box under	13	Qualified business income deduct										13		90.0	
Standard	14	†									14	835	08.451		
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					