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		Single   Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head	of hou	sehold (HOH	,		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	ama of v	our coo	uco l	f vou ch	ooko	d tha UOU	or 09	S hav anta			se (QSS)	o gualifying	
one box.		on is a child but not your dependen		our spo	use. i	i you cii	ecke	a the non	or Qo	oo box, ente	r trie Ci	iliu S	name ii iii	e qualifying	
Your first name			Last nar	me							Yo	ur soc	ial securit	v number	
Daniel	Snyder								Tour coolar coolarity number						
	·								Sp	Spouse's social security number					
n joint rotain, opouco o mot numo una minuai Luot nume									-						
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.									Pre	Presidential Election Campaign					
·		, ,										Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below.  State. 7IP code												tly, want \$3			
		-										to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/			ounty Fo		Foreign postal code			or refund.	onango		
												You Spouse			
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for pro	perty (	or services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of											☐ Yes	☐ No	
Standard	Som	eone can claim:	pendent		Your	spouse	as a	depender	nt						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	llien								
Age/Rlindness	You	Were born before January 2, 1	958 F	Are b	lind	Spor	IISE.	□ Was h	orn b	efore Janua	rv 2 10	158	☐ Is bli	nd	
Dependents				Ī		security								instructions):	
-		rst name Last name		(2)	numl		(3) Relationship to you			Child tax cr		· 1	,	redit for other dependents	
If more than four	( )	200.100.10										0.00.000		7	
dependents,											1			<del></del>	
see instructions and check											1				
here											<del>-</del>			<del>-</del>	
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a	84	189.0	
Income	b	Household employee wages not re										1b	4	523.0	
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c					
W-2 here. Also attach Forms										1d					
W-2G and	e Taxable dependent care benefits from Form 2441, line 26									1e	91264.0				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f		2.0	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruct	ions) .									1h	84	484.0	
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)	)				1i						
	z	Add lines 1a through 1h	. , .			. , .						1z			
Attach Sch. B	2a	Tax-exempt interest	2a				<b>b</b> Ta	xable inter	est			2b		3.0	
if required.	3a		3a			_		•				3b			
	4a		4a				<b>b</b> Ta	xable amo	unt .			4b			
Standard Deduction for—	5a	<del>_</del>	5a									5b		184.28	
Single or	6a	,	6a									6b	769	991.63	
Married filing separately,	C	If you elect to use the lump-sum e		· · · · · · · · ·		,			,		. 📙	_			
\$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here									. 📙	7				
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10									8				
Qualifying surviving spouse,	9										9	70/	104.044		
\$25,900	10	Adjustments to income from Sche									10		164.941 109.0		
<ul> <li>Head of household,</li> </ul>	Subtract line 10 from line 9. This is your adjusted gross income  Standard deduction or itemized deductions (from Schedule A)									11	- 2	108.0			
\$19,400	12			•			′				•	12	V1.	787.38	
If you checked any box under	13											13	41	. 01.00	
Standard Deduction,	14 15	· · · · · · · · · · · · · · · · · · ·									14				
see instructions.									•	15					