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

2022

OMB No. 1545-0074

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

Filing Status Check only		0, , =	_	ŭ		• `	,	Head o		,	<i>'</i> —	spou	se (QSS)	ŭ	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	or QS	S box, ente	r the ci	niid's	name if the	e qualifying	
Your first name										our social security number					
Tony	Coc				ooper										
If joint return, sp	If joint return, spouse's first name and middle initial Last n				ot name							Spouse's social security number			
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 spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete				e spaces below. State				ZIP	t k			to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county				For	oreign postal code your ta			tax or refund. You Spouse			
Digital Assets	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											Yes	□ No		
Standard		eone can claim: You as a de						dependent				,			
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spot	ıse:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	☐ Is blii	nd	
Dependents	(see i									e box if	if qualifies for (see instructions):				
If more	(1) Fi	rst name Last name		number			to you			Child tax cre		(Credit for other dependents		
than four dependents,	_						+						L		
see instructions	_						+			L			L		
and check here	_						+				_		<u>L</u>	<u></u>	
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)	_					1a	573		
Income	b	Household employee wages not re	,			•						1b			
Attach Form(s)	С	Tip income not reported on line 1a	•									1c			
W-2 here. Also attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d					
W-2G and 1099-R if tax	е	, , , , ,										1e			
was withheld.	f	Employer-provided adoption bene										1f			
If you did not	g	Wages from Form 8919, line 6 .										1g		004.0	
get a Form W-2, see	h	Other earned income (see instruct						1				1h	39	621.0	
instructions.	i	Nontaxable combat pay election (s Add lines 1a through 1h	see instr	uctions				🗀	i			1-	291	50.753	
Attach Sch. B	z 2a	1	2a		•	 .	Ta		· et			1z 2b	844	ļ51.12	
if required.	3a		3a					dinary divide				3b		964.44	
	4a		4a					xable amou				4b			
Standard	5a		5a					xable amou				5b	51	04.51	
Deduction for—	6a	Social security benefits	b Taxable amount								6b	652	49.515		
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)			. 🗌				
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requi	red, o	check here			. 🗌	7	72	241.0	
Married filing jointly or	8	Other income from Schedule 1, lin	e 10 .									8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	lb, 5b, 6b, 7, and 8. This is your total income									9			
surviving spouse, \$25,900	10	Adjustments to income from Sche										10			
Head of household,	11	, , ,									11	4.	0E0 0		
\$19,400	12	Standard deduction or itemized										12		353.8 93.0	
If you checked any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A											13	6	83.0	
Standard Deduction,	14 15	14 Add lines 12 and 13									14				
see instructions.	10	Subtract line 14 HOITI line 11. II Zer	o or less	s, enter	-U I	ilio io yo	ui tä	ivanie ilicoi	iie			15			