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 (MI	FS)	Head	d of hou	usehold (l	НОН)		lifying sur	-		
Check only one box.	If you	u checked the MFS box, enter the r	name of v	unur enc	nica H	f vou che	acka	d the HO	H or O	SS boy	antar th		ıse (QSS) name if t			
ONE BOX.		on is a child but not your dependen		your spc	Juse. II	i you cin	CORC	a the Ho	iioi Q	JO DOX, (SIIICI III	c crilic 3	name ii t	ne qualifying		
Your first name			Last na	me								Your so	cial securi	ity number		
Vanessa	sa Clark				_											
	ouse's	first name and middle initial	Last na	me								Spouse's social security number				
, , , , , ,																
Home address (numbe	r and street). If you have a P.O. box, see	instructi	ons.						Apt. no).	Preside	ntial Electi	ion Campaign		
`		, ,								'			nere if you			
									ntly, want \$3							
											to go to this fund. Checking a box below will not change					
Foreign country name			Foreign province/state/cou			ounty	unty Fc		Foreign postal code			or refund	J			
							-						You	Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d. awa	ard. or p	avm	ent for pr	opertv	or service	es): or	(b) sell.				
Assets		ange, gift, or otherwise dispose of											Yes	☐ No		
Standard	Som	eone can claim:	ependen	t 🔲	Your	spouse	as a	depende	ent			-				
Deduction		Spouse itemizes on a separate return or you were a dual-status alien														
A /Di		Wasa bassa bafasa Jasasasa O S	1050 [7 A h	line al	C			la aa la			1050	☐ Is b	line al		
		Were born before January 2, 1	1958 [Are b		Spot	use:			efore Ja						
-		see instructions):			(2) Social security (3) Relationship number to you					1. /		ox if qualifies for (see instructions):				
If more than four	(1) FI	rst name Last name		Tiumbei			to you			Child tax cred		edit Credit for other depender		tner dependents		
dependents,	-						-				౼					
see instructions	_										౼					
and check here \square	-						-				旹					
	10	Total amount from Form(s) W-2, b	20 1 (co	o inetru	otions)	١						. 1a	1			
Income	1a b		•		,						• •	1b		52.0		
Attach Form(s)	1 7 0 1								10 1c		02.0					
W-2 here. Also	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		2.0						
attach Forms W-2G and								1e		4158.53						
1099-R if tax	f	Employer-provided adoption bene			-		•					1f				
was withheld.	g											1g				
If you did not get a Form	h	Other earned income (see instruct										1h		2821.92		
W-2, see	i	Nontaxable combat pay election (,					1	1i							
instructions.	z	Add lines 1a through 1h			, 							1z				
Attach Sch. B	2a	Tax-exempt interest	2a			b	Ta	xable inte	erest			. 2b	42	2792.44		
if required.	3a	Qualified dividends	За			b	Or	dinary div	/idends	3		. 3b	80	0648.01		
	4a	IRA distributions	4a			b	Ta	xable am	ount .			. 4b				
Standard	5a	Pensions and annuities	Pensions and annuities 5a b Taxable amount								. 5b					
Deduction for—	6a	Social security benefits									. 6b					
Single or Married filing	С	If you elect to use the lump-sum e	election i	method,	checl	k here (s	see ir	nstruction	ns) .		[]				
separately, \$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here .									[7					
Married filing	8 Other income from Schedule 1, line 10									. 8						
jointly or Qualifying								. 9								
surviving spouse, \$25,900 10 Adjustments to income from Schedule 1, line 26													1191.0			
Head of	11									. 11		5.0				
household, \$19,400	12									. 12						
If you checked any box under	13											. 13	41	1249.86		
Standard	14	Add lines 12 and 13										. 14				
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter	-0 T	his is yo	ur ta	xable in	come			15				