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

12022

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	IFS)	Head	of hou	sehold (HOF	l) 🗌		fying surv	viving	
Check only one box.	If you	u checked the MFS box, enter the n	ame of v	our spo	nuea l	f vou ch	ocko	d the HOH	or OS	S hov ente	r the c		se (QSS) name if th	a qualifying	
ONE BOX.		on is a child but not your dependen		oui spo	usc. I	i you on	CORC		OI QO	o box, crito	i tile e	illia 3	name ii tii	ic qualifying	
Your first name		· · · · · · · · · · · · · · · · · · ·	Last na	ne							Yo	ur soc	ial securit	y number	
Nancy			Mora												
	return, spouse's first name and middle initial Last name												Spouse's social security number		
											'				
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pre	esiden	tial Election	on Campaign	
7,500											Check here if you, or your				
City, town, or po	st offic	e. If you have a foreign address, also co	omplete s	olete spaces below. State				ZIF	code				tly, want \$3		
													this fund. (w will not	Checking a	
Foreign country	F	Foreign province/state			county		For	Foreign postal code			or refund.				
													You Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d. awa	ard. or p	oavm	ent for pro	perty (or services):	or (b)	sell.			
Assets		ange, gift, or otherwise dispose of a											☐ Yes	☐ No	
Standard															
Deduction		Spouse itemizes on a separate return or you were a dual-status alien													
A /Dii al a													, 1958		
		Were born before January 2, 1	958				use:							instructions):	
-	(see instructions): (1) First name Last name			(2) Social sec					(3) Relationship to you			· .	•	•	
If more than four	(1) FI	rst name Last name		Hamber			to you			Child tax cr			realt for otr	ner dependents	
dependents,	_				$\vdash \vdash \vdash$		_			_			L	┽──	
see instructions	_				\vdash									┽──	
and check here \square	_				\vdash						<u></u>				
	10	Total amount from Form(s) W-2, b	ov 1 (so	o inetru	otions	١						1a			
Income	1a b	, ,	`			•					•	1b			
Attach Form(s)	n(s) c Tip income not reported on line 1a (see instructions)								1c		84.0				
W-2 here. Also									1d						
attach Forms W-2G and	e Taxable dependent care benefits from Form 2441, line 26										1e				
1099-R if tax	f	Employer-provided adoption bene										1f			
was withheld.		g Wages from Form 8919, line 6										1g			
If you did not get a Form	h	Other earned income (see instruct										1h	43	3634.0	
W-2, see	i	Nontaxable combat pay election (,					1	1i						
instructions.	z	A statistical and a state of the state of th										1z			
Attach Sch. B	2a	Tax-exempt interest	2a			ı	b Ta	xable intere	est			2b	649	94.871	
if required.	3a	Qualified dividends	3a			ı	b Or	dinary divid	lends			3b		1.0	
	4a	IRA distributions	4a			ı	b Ta	xable amou	ınt .			4b			
Standard	5a	Pensions and annuities	5a			ı	b Ta	xable amou	ınt .			5b	1	141.0	
Deduction for—	6a	Social security benefits	6a			ı	b Ta	xable amou	ınt .			6b	4	l51.0	
Single or Married filing	С	c If you elect to use the lump-sum election method, check here (see instructions)									. 🗌				
separately, \$12,950	7	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here													
Married filing	8	8 Other income from Schedule 1, line 10									8				
jointly or Qualifying	9	dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9				
surviving spouse, \$25,900	10	Adjustments to income from Sche	s to income from Schedule 1, line 26									10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									11		83.0		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	om Sc	hedule /	A)					12		50.0	
If you checked any box under	13	Qualified business income deduct	ion from	Form 8	1995 o	r Form	8995	-A				13		202.0	
Standard	14											14	5274.91		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter	-0 T	his is yo	our ta	xable inco	me			15			