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

2022
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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	IFS)	Head	of hou	sehold (HOH)			fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	amo of v	our coo	uco I	f vou ch	ooko	d tha UOU	or OS	S hav antar			se (QSS)	o gualifying	
one box.		on is a child but not your dependen		our spc	use. I	i you cii	lecke	a the non	or Qa	os box, enter	trie Ci	iliu S	name ii ui	e qualifying	
Your first name			Last na	me							You	ur soc	ial security	v number	
Benjamin															
	Last na	<u> </u>							Spo	Spouse's social security number					
If joint return, spouse's first name and middle initial  Last name										"					
Home address (	numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pre	siden	tial Election	n Campaign	
·		, ,								'		Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code									code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
											tnis fund. ( w will not	•			
Foreign country	F	Foreign province/state/			ounty		Foi	reign postal cod			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	oaym	ent for pro	perty	or services);	or (b) s	sell,			
Assets		ange, gift, or otherwise dispose of											☐ Yes	☐ No	
Standard Someone can claim:  You as a dependent  Your spouse as a dependent															
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien								
Ago/Blindness	Vau	Were born before January 2, 1	059	Are b	lind	Spor		□ Was k	orn h	efore Januar	v 2 10	150	☐ Is bli	nd	
			930 _	Ī			use.			(4) Check the					
Dependents		rst name Last name		(2) Social securit number			(3) Relationship to you			Child tax cre		i i i		,	
If more than four	(1)	Lust name					,			Orma tax or					
dependents,											]			┪	
see instructions and check	_										1		Ē		
here											1			<del></del>	
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a	3	03.0	
Income	b										1b				
Attach Form(s)	С										1c				
W-2 here. Also attach Forms	d									1d	343.0				
W-2G and	e Taxable dependent care benefits from Form 2441, line 26											1e	366	43.875	
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8	3839,	line 29						1f	Į į	52.0	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruct	ions) .									1h			
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions	) .				1i					40.000	
	z	Add lines 1a through 1h				. , .						1z	564	19.289	
Attach Sch. B	2a	Tax-exempt interest	2a				<b>b</b> Ta	xable inter	est			2b	1	73.0	
if required.	3a		3a			_		dinary divi				3b	503	303.02	
	4a		4a				<b>b</b> Ta	xable amo	unt .			4b			
Standard Deduction for—	5a		5a								•	5b			
Single or	6a	,	6a								Ė	6b			
Married filing separately,	_C											_			
\$12,950	7										7				
<ul> <li>Married filing jointly or</li> </ul>	8	·	er income from Schedule 1, line 10												
Qualifying surviving spouse,	9														
\$25,900	10	•									74	764.96			
<ul> <li>Head of household,</li> </ul>	11										26.684				
\$19,400	12 Standard deduction or itemized deductions (from Schedule A)										•	12	391	20.004	
If you checked any box under	13											13			
Standard Deduction,	14 15	14 Add lines 12 and 13										14			
see instructions.	15	Subtract line 14 ITOHT line 11. II Zel	io or ies	s, enter	-U I	ilio io yc	Jui <b>ta</b>	ivanie ilici	Jille		•	15			