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								Head of				spous	se (QSS)	_	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	S box, enter	the ch	ild's r	name if the	e qualifying	
Your first name	t name and middle initial Last name Yo										You	Your social security number			
Rachael	achael Wr				Vright										
If joint return, spouse's first name and middle initial Last na					t name								Spouse's social security number		
												Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete					ete spaces below.				ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
Foreign country name				Foreign province/state/co					eign postal cod		box below will not change your tax or refund. You Spouse				
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)														
Assets	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Someone can claim: You as a dependent Your spouse as a dependent													□ NO	
Standard Deduction		eone can claim:	•			•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Januar	y 2, 19	58	ls blir	nd	
Dependents	(see i	nstructions):		(2) Social security			` '		hip	(4) Check the box is		qualifie	es for (see i	nstructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		C	Credit for other	er dependents	
dependents, see instructions															
and check]				
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a			
	b	Household employee wages not re	eported	on Form	า(s) W	'-2						1b			
Attach Form(s) W-2 here. Also										1c					
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d				
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26											1e			
was withheld.	f	Employer-provided adoption bene										1f			
If you did not	g	Wages from Form 8919, line 6.										1g			
get a Form W-2, see	h	Other earned income (see instruct						1	. 1		•	1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	,			1	i				216	61.15	
	Z	Add lines 1a through 1h				· i .			. •		•	1z			
Attach Sch. B	2a	· -	2a			_		xable interes			•	2b			
if required.	3a		3a					dinary divide			1	3b	14/	110.51	
	4a	_	4a					xable amour				4b		516.0	
Standard Deduction for—	5a	-	5a			_		xable amour				5b	- '-	310.0	
Single or	6a	,	6a	n ath a d	abaa			xable amour	π.			6b			
Married filing separately,	C 7	If you elect to use the lump-sum e		-		•		•	•		H	7			
\$12,950	7	Capital gain or (loss). Attach Scherother income from Schedule 1, lin										8	396	68.336	
Married filing jointly or	8	·									•	9	3300	00.000	
Qualifying surviving spouse,	nitring apoulog										•				
\$25,900	10 11	Subtract line 10 from line 9. This is									•	10 11	263	14.044	
Head of household,	12										•	12			
\$19,400 If you checked	13	 ` ` ` ' ` ' ' ' ' ' ' ' ' ' ' ' ' ' '									13				
any box under	14 Add lines 12 and 13										14	787	⁷ 25.97		
Standard Deduction,	15	Subtract line 14 from line 11. If zer										15	+		
see instructions.		200	2. 1000	.,											