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 Check only one box. | If yo | u checked the MFS box, enter the na | ame of y | | | | | ☐ Head of d the HOH o | | | | spou | se (QSS) | _ | |
|--|---|--|--|-------------------------------|----------|------------|--------------|-----------------------|---------------------------------|--------------|---|-------------------------------|-----------------------------|---------------|--|
| | • | on is a child but not your dependent | | | | | | | | | | | | | |
| | | | | | ast name | | | | | | | | Your social security number | | |
| Hannah | Baker | | | | | | | | | | | | | | |
| If joint return, spouse's first name and middle initial Last name Sp | | | | | | | | Spe | Spouse's social security number | | | | | | |
| Home address (| numbe | r and street). If you have a P.O. box, see | instruction | ons. | | | | | | Apt. no. | Pre | residential Election Campaign | | | |
| | | | | | | | | | | | | Check here if you, or your | | | |
| City, town, or post office. If you have a foreign address, also complete s | | | | lete spaces below. State | | | | zir code t | | | spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change | | | | |
| Foreign country name | | | F | Foreign province/state/county | | | | | Fore | | | | or refund. | Spouse | |
| Digital | At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) s | | | | | | | | | | | | | | |
| Assets | | ange, gift, or otherwise dispose of a | | | | | | | asse | t)? (See ins | structio | ns.) | Yes | ∐ No | |
| Standard Deduction | | eone can claim: | | | | | | dependent | | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are b | lind | Spou | use: | ☐ Was bo | rn be | fore Janua | ry 2, 19 | 958 | ☐ Is blir | nd | |
| Dependents | (see i | nstructions): | | (2) | Social | security | | (3) Relationsh | nip | (4) Check th | e box if | qualifi | es for (see i | nstructions): | |
| If more | | rst name Last name | | number | | | | to you | . | Child tax c | | redit Credit for other de | | er dependents | |
| than four | | | | | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | | | |
| here | | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (see | e instruc | ctions |) | | | | | | 1a | 493 | 30.84 | |
| | b | Household employee wages not re | eported o | on Form | n(s) W | -2 | | | | | | 1b | 753 | 365.52 | |
| Attach Form(s) W-2 here. Also | c Tip income not reported on line 1a (see instructions) | | | | | | | 1c | | | | | | | |
| attach Forms | d | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | 15100.0 | | | | | |
| W-2G and 1099-R if tax | • Taxable dependent out o benefite from | | | | | | | | | 1e | | | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | Form 8 | 3839, | line 29 | | | | | | 1f | 68 | 221.0 | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | | 1g | | | |
| get a Form | h | Other earned income (see instruction | ions) . | | | | | | 1 | | | 1h | 93 | 320.0 | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | uctions) |) . | | | 1 | i | | | | 20 | 377.0 | |
| | Z | Add lines 1a through 1h | | | | | | | | | | 1z | 30 | 577.0 | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | | | xable interes | | | | 2b | | | |
| if required. | 3a | | 3a | | | b | Orc | dinary divide | nds | | | 3b | 608 | 33.907 | |
| | 4a | | 4a | | | | | xable amoun | | | | 4b | | 39.309 | |
| Standard Deduction for— | 5a | _ | 5a | | | | | xable amoun | | | | 5b | 63 | 0.008 | |
| Single or | 6a | , | 6a | | | | | xable amoun | nt . | | | 6b | | | |
| Married filing separately, | C | If you elect to use the lump-sum e | | • | | ` | | , | ٠ | | . 📙 | _ | | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Sched | | | | | | | | | . Ц | 7 | | T 0 | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | | | | | 8 | | 5.0 58.714 | |
| Qualifying surviving spouse, | 9 | | ib, 6b, 7, and 8. This is your total income | | | | | | | 9 | | | | | |
| \$25,900 | 10 | Adjustments to income from Sche | • | | | | | | | | | 10 | 8 | 43.0 | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | - | - | _ | | | | | | | 11 | | | |
| \$19,400 | 12 | Standard deduction or itemized | | | | | | | | | | 12 | 096 | 68 344 | |
| If you checked any box under | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | 13 | | | | | |
| Standard Deduction, | 14 | | | | | | | | | 14 | | | | | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter | -U I | ilis is yo | ur ta | IXADIE INCON | ile | | • | 15 | 988 | 001.80 | |
| | | | | | | | | | | | | | | | |