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.		Single Married filing jointly u checked the MFS box, enter the na	_	ŭ	•	•	,	Head of		,	_	spou	se (QSS)	ŭ	
		on is a child but not your dependent				,				, , , ,					
Your first name									Yo	our social security number					
Michelle	Gilbe				ilbert										
If joint return, spouse's first name and middle initial Last name Signature Signature Last name									Spe	Spouse's social security number					
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.						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 spaces below. State ZIP code						to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change								
Foreign country name				Foreign province/state/county					Fore	Foreign postal code yo			our tax or refund. You Spouse		
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction											Yes			
Standard		eone can claim: You as a de						dependent	4550	7. (OCC 1110	, ii dollo	,,,,			
Deduction		Spouse itemizes on a separate return	•			•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	y 2, 19	958	Is bli	nd	
Dependents	(see i	nstructions):		(2)		security		(3) Relationsh	hip	(4) Check the	e box if	qualifi	es for (see i	instructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cre		(Credit for other depende		
dependents,							\top]				
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a			
	b	Household employee wages not re	eported o	on Form	า(s) W	'-2						1b	533	33.442	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c	96086.64					
attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	4260.528						
W-2G and 1099-R if tax	е	Taxable dependent care benefits f					٠					1e		0.0	
was withheld.	f	Employer-provided adoption bene					•					1f		3.0	
If you did not	g	Wages from Form 8919, line 6 .							•		•	1g		758.0	
get a Form W-2, see	h	Other earned income (see instruction						1	. i		•	1h		81.0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions			٠	1	1			4-		7.0	
AU 101 B		Add lines 1a through 1h	 oo			 	. To:	 kable interes			•	1z			
Attach Sch. B if required.	2a 3a		2a 3a					dinary divide			•	2b 3b			
	4a		4a					kable amour				4b			
Standard	-а 5а		5a					kable amour				5b			
Deduction for—	6a	-	6a			_		kable amour				6b	922	88.384	
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec						Ė				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo		-		•		•				7	479	983.58	
• Married filing	8	Other income from Schedule 1, lin										8	422	250.01	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,										9			
aumining anauga	10	Adjustments to income from Sche										10			
	11	Subtract line 10 from line 9. This is	your ac	ljusted								11	765	01.161	
household, \$19,400	12	Standard deduction or itemized										12	263	48.166	
If you checked	Qualified business income deduction from Form 8995 or Form 8995-A										13	3 3667.861			
any box under Standard	14	14 Add lines 12 and 13									14	8746.47			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur ta	xable incon	ne			15	86	079.0	