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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head	of hou	sehold (HOH			fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spo	ו בפוו	f vou ch	acka	d the HOL	l or OS	S hav ente			se (QSS) name if th	e aualifyina
ONC DOX.		on is a child but not your dependent		oui spo	usc. i	i you on	CORC	a the Hor	i oi Qc	oo box, crito	i tile el	ilia 3	name ii tii	c qualifying
Your first name			Last na	me							Yo	ur soc	ial security	y number
William	Brown													
If joint return, sp	ouse's	first name and middle initial	Last na	me							Sp	Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										Pre	Presidential Election Campaign			
											Ch	eck he	ere if you,	or your
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code											tly, want \$3			
												to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/c			county Fo		oreign postal code			or refund.	J	
													You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for pro	perty	or services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (o	r a fin	ancial ir	nteres	st in a digi	tal ass	et)? (See ins	structio	ns.)	Yes	☐ No
Standard	Som	eone can claim: You as a de	pendent	t 🗌	Your	spouse	as a	depender	nt					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien							
Age/Blindness	You	Were born before January 2, 1	958 F	Are b	lind	Spor	use:	☐ Was	horn h	efore Janua	rv 2 19	958	☐ Is bli	nd
Dependents	_	<u> </u>		<u> </u>				(3) Relatio						instructions):
If more		rst name Last name		(2) Social security number				to you		Child tax cred		redit Credit for other dependents		
than four	<u> </u>													
dependents,											i		Ī	_
see instructions and check											1		Ī	
here]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a		
IIICOIII C	b	Household employee wages not re	eported	on Form	n(s) W	'-2						1b		
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c	С			
W-2 here. Also attach Forms										1d	16604.27			
W-2G and										1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f		
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					
	Z	Add lines 1a through 1h	. , .			. , .						1z		
Attach Sch. B	2a	Tax-exempt interest	2a			_		xable inter				2b		145.45
if required.	3a		3a					dinary divi				3b		159.0
	4a		4a					xable amo				4b		230.385
Standard Deduction for—	5a	-	5a			_						5b	49	532.31
Single or	6a	, <u> </u>	6a									6b		
Married filing separately,	C	If you elect to use the lump-sum e		•		,			,			_		
\$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here .									. Ш	7			
 Married filing jointly or 	8	·									8			
Qualifying surviving spouse,	9	dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								•	9			
\$25,900	10	•	ustments to income from Schedule 1, line 26									10		64.0
 Head of household, 	Subtract line 10 from line 9. This is your adjusted gross income								11	<u> </u>	U-T.U			
\$19,400	12										•	12		
If you checked any box under	13											13	918	885.289
Standard Deduction,	14 15										15	1	23.200	
see instructions.	13	Gubitadi iing 14 iidii iiile 11. ii 2010 di 1655, Gillel -U 11115 15 your taxable iilouile								15				