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		0, , =	_	ŭ	•	• •	,	<u>—</u>		`	<i>,</i> —	spou	ifying surviving se (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	or QSS	S box, ente	r the ch	nild's	name if the qualifying		
Your first name	e and middle initial Last name									Yo	Your social security number				
Timothy	Mills														
If joint return, sp	If joint return, spouse's first name and middle initial Last				ist name								Spouse's social security number		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		Presidential Election Campaign			
							spo	Check here if you, or your spouse if filing jointly, want \$3							
City, town, or post office. If you have a foreign address, also complete				- State						bo	x belo	this fund. Checking a ow will not change			
Foreign country name				Foreign province/state/county					Foreign postal code y			ur 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) sell,														
Assets	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) LYes No														
Standard Deduction															
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is blind		
Dependents	(see i	instructions):		(2)		security		(3) Relations	hip	(4) Check the box if			ies for (see instructions):		
If more than four	(1) Fi	rst name Last name	number			oer	to you			Child tax cred		(Credit for other dependents		
dependents,					\Box		+				1				
see instructions and check					\Box		\dashv				-				
here					\Box		\dashv				-				
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	8581.0		
Income	b	Household employee wages not re	•			•						1b	9.0		
Attach Form(s)	c Tip income not reported on line 1a (see instructions)								1c	79241.89					
W-2 here. Also attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	43894.304					
W-2G and	е									1e	4.0				
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	40815.197		
get a Form	h	Other earned income (see instruction	ions) .						•			1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)) .			1	i						
mondonono.	z	Add lines 1a through 1h	. , .			. , .						1z			
Attach Sch. B	2a	Tax-exempt interest	2a			L:) Ta	xable interes	st			2b	357.0		
if required.	3a	Qualified dividends	3a			b	Orc	dinary divide	ends			3b			
	4a	IRA distributions	4a			b) Tax	xable amour	nt.			4b	8313.0		
Standard	5a	_	5a			b) Tax	xable amour	nt.			5b	66581.315		
Deduction for— Single or	6a	Social security benefits	6a			b) Tax	xable amour	nt.			6b			
Married filing	С	If you elect to use the lump-sum e	lection r	nethod,	chec	k here (s	see ir	nstructions)			. 🖳				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requir	red, d	check here			. 📙	7	55.0		
Married filing jointly or	8	Other income from Schedule 1, lin										8			
Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	92947.28					
\$25,900	10	Adjustments to income from Sche										10	19134.152		
Head of household,	Subtract line 10 from line 9. This is your adjusted gross income									11	89485.08				
\$19,400	12										00005.55				
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A										13	83295.57			
Standard	14										14				
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			