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 one box.		Single Married filing jointly u checked the MFS box, enter the n						Head of				spou	se (QSS)	_	
		on is a child but not your dependent				,,									
Your first name	me and middle initial Last name Yo									Your social security number					
Teresa	Mck				lcknight										
If joint return, sp	If joint return, spouse's first name and middle initial Last name S									Spe	Spouse's social security number				
Home address (Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Presidential Election Campaign			
	l c										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 spaces below.							State ZIP code			to	go to		Checking a		
Foreign country name				Foreign province/state/co			ounty		eign postal co		T				
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) s														
Assets Standard	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No rd Someone can claim: You as a dependent Your spouse as a dependent														
Deduction Deduction		Spouse itemizes on a separate retur	•			•		черепиет							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	Is bli	nd	
Dependents	(see i	(see instructions): (2) Social security (3) Relationship (4) Check the box								e box if	if qualifies for (see instructions):				
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(Credit for other dependents		
dependents,							\top				<u>-</u>				
see instructions and check							\top								
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a			
moonic	b	Household employee wages not re	eported (on Form	n(s) W	'-2						1b	2	57.0	
Attach Form(s) W-2 here. Also	Iso Medical description and reported on the rational on Form(a) IM 2 (see instructions)									1c					
attach Forms											1d	6	9.0		
W-2G and 1099-R if tax	е	, , , , , , , , , , , , , , , , , , , ,										1e			
was withheld.	f	Employer-provided adoption bene										1f	704	45.000	
If you did not	g	Wages from Form 8919, line 6.										1g	/81	15.362	
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				4		
	Z	Add lines 1a through 1h				· · ·	•				•	1z	210	52.182	
Attach Sch. B if required.	2a	·	2a					xable interes			•	2b 3b	310	32.102	
	3a 4a		3a 4a					dinary divide				4b			
Standard	ч а 5а	_	1 а 5а					xable amour xable amour				5b	74	704.96	
Deduction for—	6a		6a			_		xable amour				6b		336.77	
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec						$\dot{\Box}$	0.0			
separately,	7	Capital gain or (loss). Attach Sche		•		`		,			П	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin									_	8	1	53.0	
jointly or Qualifying	9	·	o, 7, and 8. This is your total income								9				
aumining anauga	10	Adjustments to income from Sche									10				
	11	Subtract line 10 from line 9. This is	s your ac	ljusted								11			
household, \$19,400	12	12 Standard deduction or itemized deductions (from Schedule A)									12				
If you checked	13	Qualified business income deduct	ion from	Form 8	995 o	or Form 8	3995-	-A				13	1	1.0	
any box under Standard	14	14 Add lines 12 and 13									14	497	38.858		
Deduction, see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15	18	309.0			