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		ingle Married filing jointly	Marrie	ed filing se	eparately (M	1FS)	Head of	household (HO	,		fying surv se (QSS)	iving		
Check only one box.	If vou	u checked the MFS box, enter the n	ame of v	our spous	se. If vou ch	necke	d the HOH or	QSS box. ent				e aualifvina		
		on is a child but not your dependent			,			, ,						
Your first name	and mid	ddle initial	Last nar	me					Yo	ur soc	ial security	y number		
Kimberly	erly Rhod			hodes										
If joint return, sp	oint return, spouse's first name and middle initial Last n				st name							Spouse's social security number		
Home address (number	and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pre	esiden	tial Electio	n Campaign		
									Check here if you, or your					
								spouse if filing jointly, want \$3 to go to this fund. Checking a						
									bo	box below will not change				
Foreign country name			F	Foreign province/state/county For					Foreign postal code you		or refund.			
											You	Spouse		
Digital		y time during 2022, did you: (a) rec												
Assets		ange, gift, or otherwise dispose of a						asset)? (See ir	structio	ns.)	∐ Yes	□ No		
Standard	_	eone can claim: You as a de	•		•		dependent							
Deduction	<u> s</u>	pouse itemizes on a separate retur	n or you	were a d	ual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blir	nd Spo	use:	Was bor	n before Janua	ary 2, 19	958	Is bli	nd		
Dependents	(see i	nstructions):		(2) So	ocial security		(3) Relationsh	ip (4) Check t	he box if	qualifi	es for (see i	nstructions):		
If more	(1) Fir	st name Last name	number			to you		Child t	ax credit	dit Credit for other depend		er dependents		
than four														
dependents, see instructions														
and check														
here \square														
Income	1a	Total amount from Form(s) W-2, b								1a				
Attach Form(s)	b Household employee wages not reported on Form(s) W-2								1b					
W-2 here. Also	c Tip income not reported on line 1a (see instructions)								1c	64929.145 20.0				
attach Forms W-2G and		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	97.0			
1099-R if tax	R if tay								1e 1f					
was withheld.	f	had a harmonia harmon												
If you did not get a Form	g h									1h	.9			
W-2, see	,	e instructions)						- ' ' '	1.2.	101.27				
instructions.	i z	Add lines 1a through 1h	300 111311	·		•				1z				
Attach Sch. B	2a	ŭ l	2a			b Ta:	xable interes	 t		2b		9.0		
if required.	3a	· –	3a				dinary divide			3b	72	48.36		
	4a	IRA distributions	4a			b Ta:	xable amoun	t		4b	674	27.302		
Standard	5a		5a					t		5b	280	43.108		
Deduction for—	6a	Social security benefits	6a			b Ta:	xable amoun	t		6b	302	215.95		
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, c	heck here (see ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	Schedule D if required. If not required, check here							7	51802.05			
Married filing	8	Other income from Schedule 1, lin	r income from Schedule 1, line 10								35184.273			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									613.0			
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									0			
	11	Subtract line 10 from line 9. This is your adjusted gross income										7.0		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)												
If you checked any box under	13									13				
Standard	14	Add lines 12 and 13								14				
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -C	J This is y	our ta	xable incom	ie		15	658	85.516		