Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

12022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only		Single Married filing jointly	Marrie	ed filing	separ	ately (MI	FS)	Head of	hous	ehold (HOH			fying surv se (QSS)	iving	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	ouse. It	f you che	ecke	d the HOH o	r QSS	S box, enter	the ch	ild's	name if th	e qualifying	
Your first name	our first name and middle initial						You	Your social security number							
Angel	Ke				Kent										
If joint return, spouse's first name and middle initial Last					ist name								Spouse's social security number		
												Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete					lete spaces below.					ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
Foreign country name				Foreign province/state/c			ounty		Fore				below will not change r 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) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)														
Assets									asse	t)? (See ins	tructio	ns.)	∐ Yes	∐ No	
Standard Deduction		eone can claim:	•			•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Januar	y 2, 19	58	☐ Is bli	nd	
Dependents	(see i	(see instructions):			(2) Social securit			''		(4) Check the box		qualifi	es for (see i	nstructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(Credit for oth	er dependents	
dependents,							\top				1				
see instructions and check							\top								
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	i)						1a	453	14.729	
IIICOIII C	b	Household employee wages not re	eported (on Form	n(s) W	-2						1b	2	21.0	
Attach Form(s)											1c				
w-2 nere. Also attach Forms	 -2 here. Also tach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instruction) 							ctions)				1d			
W-2G and	e Taxable dependent care benefits from Form 2441, line 26										1e	47814.88			
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, 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 (s	see instr	uctions))			1	i						
motruotions.	z	Add lines 1a through 1h	. , .			. , .						1z	787	35.384	
Attach Sch. B	2a	Tax-exempt interest	2a			t) Ta	xable interes	st			2b	696	372.11	
if required.	За	Qualified dividends	3a			t	Oro	dinary divide	ends			3b			
	4a	IRA distributions	4a			t) Tax	xable amour	nt.			4b	573	40.719	
Standard	5a	Pensions and annuities	5a			k) Tax	xable amour	nt.			5b			
Deduction for—	6a	Social security benefits	6a			k) Tax	xable amour	nt.			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	red, (check here				7			
Married filing	8	Other income from Schedule 1, lin	e 10 .									8	39	123.21	
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income											9			
surviving spouse, \$25,900	10	Adjustments to income from Sche	chedule 1, line 26												
Head of	11														
household, \$19,400	12	-													
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A											13			
Standard	14 Add lines 12 and 13										14				
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					