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 one box.		Single Married filing jointly under the name of the MFS box, enter the name of the market the name of the name	_	ŭ		• `	,			•	, _	spou	ifying survivin se (QSS) name if the q	ŭ	
	pers	on is a child but not your dependent	:												
								Your social security number							
Rachael			Bake	r ———											
If joint return, spouse's first name and middle initial  Last name  S									Spouse's social security number						
Home address (	numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.		Presider	Presidential Election Campaigr		
								ere if you, or y							
City, town, or post office. If you have a foreign address, also complete s				lete spaces below. State					ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			unty		Foreign postal code						
Digital		t any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) xchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction									•		No		
Assets									assei	)? (See I	nstruc	tions.)	_ Yes _	JINO	
Standard Deduction		eone can claim:	•			spouse a status ali		pendent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spous	se:	Was bo	rn bef	ore Janu	ıary 2,	1958	Is blind		
Dependents	(see i	instructions):		(2)	Social s	security	(3)	Relationsh	hip (	4) Check	the box	x if qualif	ies for (see insti	ructions):	
If more		rst name Last name	number			er	to you			Child tax cr		redit Credit for other depend		ependents	
than four															
dependents, see instructions															
and check															
here $\square$															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instru	ctions)							1a	497.0	)	
	b	Household employee wages not re	eported	on Forn	n(s) W-	2						1b			
Attach Form(s) W-2 here. Also									1c						
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839, li	ine 29						1f			
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form W-2, see	h	Other earned income (see instruct	,						· .			1h	7057.	.0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions	)			. 1	i						
	Z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	' <u> </u>	2a					le interes				2b			
if required.	3a_		3a					ıry divide				3b	00710		
	4a		4a					le amoun				4b	69713		
Standard Deduction for—	5a		5a					le amoun				5b	24982		
Single or	6a	,	6a	111	-11			le amoun			_	6b	307.0	<u>J</u>	
Married filing separately,	c	If you elect to use the lump-sum e				•		,				] 	3531	0	
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	190.0				
Married filing jointly or	8									8	190.1	J			
Qualifying surviving spouse,	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	66935	10					
\$25,900	10		to income from Schedule 1, line 26								10	38200			
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									11	30200			
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									12	2917.	0		
If you checked any box under	13											13	8.0		
Standard Deduction,	14 15	<u> </u>									14	3.0			
see instructions.	15	Oublide into 14 noith line 11. ii 2010 on 1000, onter "U". This is your taxable into the								15					