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 because the market	_		• '	· -	_	household (H · QSS box, er	· —	spou	fying surviving se (QSS) name if the qualifying	
	pers	on is a child but not your dependent	:									
Your first name	and mi	ddle initial	Last name						Y	Your social security number		
Charles			PhD									
If joint return, spouse's first name and middle initial Last name S							Si	Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Presidential Election Campaign				
							Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code						to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change					
Foreign country name			Foreign province/state/county				Foreign postal			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		ange, gift, or otherwise dispose of a						asset)? (See	instructi	ons.)	Yes No	
Standard Deduction												
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spo	use:	Was bor	n before Jan	uary 2, 1	958	Is blind	
Dependents	(see i	instructions):		(2) Soc	ial security	(3) Relationsh	ip (4) Check	the box i	f qualifi	es for (see instructions):	
If more	(1) Fi	rst name Last name	number				to you		Child tax credit		Credit for other dependents	
than four												
dependents, see instructions						\perp			<u> </u>			
and check	_					+			<u> </u>			
here										\perp		
Income	1a	Total amount from Form(s) W-2, bo	•		,					1a		
Attach Form(s)	b Household employee wages not reported on Form(s) W-2							1b 1c				
W-2 here. Also	re. Also Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
attach Forms W-2G and									1e			
1099-R if tax	f										5.0	
was withheld.	g	W										
If you did not get a Form	h	Other earned income (see instructi								1g 1h	432.0	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions) .			. 1i					
instructions.	z										65396.23	
Attach Sch. B	2a	Tax-exempt interest	2a			b Taxal	ble interest	t		2b	18614.66	
if required.	3a	Qualified dividends	3a			b Ordin	nary divide	nds		3b		
	4a	IRA distributions	4a			b Taxal	ble amoun	t		4b		
Standard	5a		5a			b Taxal	ble amoun	t		5b	9103.0	
• Single or	6a	Social security benefits	6a			b Taxal	ble amoun	t	· <u>·</u>	6b		
Married filing	С	If you elect to use the lump-sum el	lection r	nethod, ch	eck here (see inst	ructions)		. 🔲		40005.004	
separately, \$12,950	7	Capital gain or (loss). Attach Scheo							. 📙	7	10835.031	
 Married filing jointly or 	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							8	47251.0			
Qualifying									9			
surviving spouse, \$25,900	10								10	87214.0		
 Head of household, 	Subtract line 10 from line 9. This is your adjusted gross income								11	15001.831		
\$19,400	12										68.0	
If you checked any box under	13									13		
Standard Deduction,	14									14	E0000 00	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U-	. This is yo	our taxa	ible incom	ie		15	50802.26	