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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head o	f hous	sehold (HOH			fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spo	ו בפוו	f vou ch	ocko	d the HOH (	or OS	S hav enter			se (QSS)	a qualifying	
ONC DOX.		on is a child but not your dependen		oui spo	usc. i	i you cii	CORC		ی اوی	o box, critci	ti ic ci	ilia 3	name ii uii	c qualifying	
Your first name		· · · · · · · · · · · · · · · · · · ·	Last na	me							You	ur soc	ial security	/ number	
Ana	Webb														
	ouse's	first name and middle initial	Last na	me							Spo	Spouse's social security number			
, , , , , ,															
Home address (	numbe	er 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			
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete s	paces be	low.		State	)	ZIP	code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
													tnis fund. ( w will not (		
Foreign country name			F	Foreign province/state/o			county Fo		For				or refund.	51.idi.igi	
													You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for prop	erty c	or services);	or (b) s	sell,			
Assets		ange, gift, or otherwise dispose of											Yes	☐ No	
Standard	Som	eone can claim:	pendent	: [	Your	spouse	as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien								
Age/Blindness	Valle	Were born before January 2, 1	1958 F	Are b	lind	Spor	ICO.	□ Was b	orn he	efore Januar	v 2 10	158	☐ Is blii	nd	
		<u> </u>	1330 <u> </u>	Ī						(4) Check the					
-	cendents (see instructions):  (1) First name Last name			(2) Social securi number			y (3) Relationship to you		snib	Child tax o		· 1	•	er dependents	
If more than four	(1)	Last Harris								Silia tax ore			F		
dependents,											<u>.                                    </u>				
see instructions and check											1			<del>-</del>	
here											<u>.                                    </u>				
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)					<u> </u>	1a	712	21.248	
Income	b	Household employee wages not r	`			•						1b	732	45.287	
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c	664.0				
W-2 here. Also attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	64981.82					
W-2G and										1e	36041.0				
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8	3839,	line 29						1f	767	94.755	
If you did not	g	Wages from Form 8919, line 6 .										1g	638	336.88	
get a Form	h	Other earned income (see instruct	tions) .									1h	879	98.481	
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)				1	1i						
	z	Add lines 1a through 1h										1z	988	40.153	
Attach Sch. B	2a	Tax-exempt interest	2a			k	<b>o</b> Ta	xable intere	st			2b			
if required.	3a	<del>_</del>	3a			_		dinary divid				3b	454	101.63	
	4a	IRA distributions	4a			k	<b>o</b> Ta	xable amou	nt .			4b			
Standard Deduction for—	5a	_	5a									5b			
Single or	6a	,	6a			_					_	6b	663	316.84	
Married filing separately,	С	If you elect to use the lump-sum e				•		,							
\$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here														
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lir													
Qualifying surviving spouse,	9		6b, 7, and 8. This is your <b>total income</b>									07.0			
\$25,900	10	Adjustments to income from Sche									4	87.0			
<ul> <li>Head of household,</li> </ul>	, , ,									11					
\$19,400	12	Standard deduction or itemized									•	12	00	132 N	
If you checked any box under	13	to the contract of the contrac									13				
Standard Deduction,	14 15										14				
see instructions.	15	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	15					