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

2022
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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.	If yo	u checked the MFS box, enter the n	ame of y					Head of d the HOH o				spou	se (QSS)	_	
	•	on is a child but not your dependent									1			_	
					st name								Your social security number		
Lori	Phillips														
If joint return, spouse's first name and middle initial Last name										Sp	Spouse's social security number				
Home address (	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				e 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/co			ounty	y Foreign postal o				<b>–</b>			
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) s														
Assets		ange, gift, or otherwise dispose of a							asse	et)? (See ins	structio	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 Janua	ry 2, 19	958	ls blir	nd	
Dependents	(see i	(see instructions): (2) Social security (3) Relationship (4) Check the box is								e box if	f qualifies for (see instructions):				
If more than four	<b>(1)</b> Fi	rst name Last name		number			to you			Child tax credit		C	Credit for other dependents		
dependents,											<del>-</del>				
see instructions and check	_						$\dashv$				<del>-</del>		F	<del></del>	
here											1			<del></del>	
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a		_	
Income	b	Household employee wages not re	•			•						1b			
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c					
W-2 here. Also attach Forms	d										1d				
W-2G and	е										1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .										1g	1	9.0	
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						
instructions.	z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable interes	st			2b			
if required.	3a	Qualified dividends	3a			b	Or	dinary divide	nds			3b			
	4a	IRA distributions	4a			b	Tax	xable amoun	nt.			4b	412	06.018	
Standard	5a	Pensions and annuities	5a			b	Tax	xable amoun	nt.			5b			
Deduction for—	6a	Social security benefits	6a			b	Tax	xable amoun	nt.			6b	754	79.13	
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If n	ot requi	red, o	check here				7	520	009.99	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is y	our <b>t</b> o	otal inco	ome					9	141	15.055	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26								10			
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	ljusted	gross	s incom	е					11			
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	4)					12			
If you checked any box under	13										13				
Standard	14	Add lines 12 and 13										14		5.0	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter	-0 T	his is yo	ur <b>ta</b>	xable incon	ne			15	529	33.27	