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.		ingle Married filing jointly u checked the MFS box, enter the name	_	ŭ	•	• •	,	Head of		,	<i>,</i> —	spou	se (QSS)	Ū	
		on is a child but not your dependent													
Your first name								Yo	Your social security number						
Jason	Williams														
If joint return, sp	return, spouse's first name and middle initial Last name Spouse's first name and middle initial								Sp	Spouse's social security number					
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.						Apt. no.	Pre	Presidential Election Campaign			
												Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete space				te spaces below.				ZIP	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								your tax or refund. You Spouse			
Digital Assets	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 instruction											Yes	No		
Standard		eone can claim: You as a de						dependent	. 4555	.,. (000	0				
Deduction		pouse itemizes on a separate retur	•			•		Соронаст							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ary 2, 19	958	Is blind	b L	
Dependents	(see i	nstructions):		(2)	Social	security		(3) Relations	hip	(4) Check th	ne box if	if qualifies for (see instructions):			
If more	(1) Fi	rst name Last name		number			to you			Child tax of		redit Credit for other		dependents	
than four															
dependents, see instructions															
and check															
here \square															
Income	1a	Total amount from Form(s) W-2, b	•			•						1a	1021	4.07	
	b	Household employee wages not re	•			/-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a										1c			
attach Forms	d	Medicaid waiver payments not rep				•	struc	tions)				1d	0747	0.54	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f					•		٠			1e	6717	2.54	
was withheld.	f	Employer-provided adoption bene					•		٠			1f			
If you did not	9	Wages from Form 8919, line 6 .							•			1g	50	. 0	
get a Form W-2, see	h	Other earned income (see instruct						1	. i			1h	52	.0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions			٠	1							
		Add lines 1a through 1h	 o-		•	 	· . т					1z	8.	0	
Attach Sch. B if required.	2a	· —	2a					xable interes				2b 3b	325		
	3a		3a 4a					dinary divide				4b	0.		
Standard	4a 5a		ч а 5а					xable amour xable amour				5b	0.	.0	
Standard Deduction for—	6a		6a					xable amour				6b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod	chec						· .	OD			
separately,	7	Capital gain or (loss). Attach Scher		-		•		,	•		. Ц	7	6552	6.02	
\$12,950 Married filing	8	Other income from Schedule 1, lin									. Ш	8			
jointly or	9	·									•	9	5912	6.12	
Qualifying surviving spouse,	10	Adjustments to income from Sche	4b, 5b, 6b, 7, and 8. This is your total income								10	9.			
\$25,900 • Head of	11	•	This is your adjusted gross income								11	5.			
household,	12		duction or itemized deductions (from Schedule A)								12				
\$19,400 If you checked										13					
any box under Standard		14 Add lines 12 and 13									14				
Deduction,	15	Subtract line 14 from line 11. If zer										15	706	8.0	
see instructions.															