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.

		Single [Married filing jointly	Marrie	ed filing separately (I	ИFS)	Head of	house	hold (HOH)				
Check only one box.	If you	u obook	ed the MFS box, enter the	nama of s	vour anguage If you a	hooko	d tha UOU a	* Oee	hay antar t		ouse (QS		
one box.			child but not your depende		your spouse. If you d	Hecke		ี นูงง	box, enter ti	ie criliu	SHame	ii trie quaiityirig	
Your first name				Last na	ıme					Vour	ocial sec	curity number	
Russell	ana mi	adio irritio	41	_	Cantrell						Your social security number		
	eturn, spouse's first name and middle initial Last name								Spouse's social security number				
ii joint rotaini, o	ouse s	, ili St Hall	ic and middle initial	Lastria									
Home address	numbe	er and stre	eet). If you have a P.O. box, se	e instructi	ons				Apt. no.	Drosic	ential Fla	ection Campaign	
			, o.,		0.10.				.p	Check here if you, or your			
City, town, or p	ost offic	ce. If you	have a foreign address, also	complete s	paces below.	State	<u> </u>	ZIP c	ode	spous	spouse if filing jointly, want \$3		
,,, p		,									to go to this fund. Checking a box below will not change		
Foreign country name					Foreign province/state/county			Foreign postal code		-	ax or refu	•	
,					Total grip provinces, etailer, essentity					You Spou			
Digital	At an	ny time c	during 2022, did you: (a) re	ceive (as	a reward, award, or	navm	ent for prope	ertv or	services): o	(b) sell			
Assets			ft, or otherwise dispose of								_	es 🗌 No	
Standard			n claim: You as a d								,		
Deduction			temizes on a separate retu	•	•								
			·		_					0 4050			
	_		ere born before January 2,	1958 _	<u> </u>	ouse:			ore January			s blind	
Dependents	dents (see instructions):				(2) Social securi number		(3) Relationsh to you	hip ('	•		1	(see instructions):	
If more	(1) Fi) First name Last name			Tiuribei	to you			Child tax cr		Credit fo	or other dependents	
than four dependents,	_												
see instructions	-								<u> </u>				
and check here \square											1		
	4 -	Tatala		h 1 /	- :						_		
Income	1a		mount from Form(s) W-2,	•	•					_	a b		
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2									C		
W-2 here. Also	d	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								_	d	58579.36	
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26									1e 1.0		
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29									f		
was withheld.	g	Wages from Form 8919, line 6								_	1g 7696.0		
If you did not get a Form	h	_	earned income (see instruc								h	3940.9	
W-2, see	i		cable combat pay election	,			1						
instructions.	z		es 1a through 1h	•			· · <u> </u>			. 1	z	54.0	
Attach Sch. B	2a		empt interest	2a		b Ta	xable interes	st .		_	b	7.0	
if required.	За	Qualifie	ed dividends	3a		b Or	dinary divide	nds .		. 3	b	48551.201	
	4a	IRA dis	stributions	4a		b Ta	xable amoun	nt		. 4	b		
Standard	5a		ns and annuities	5a			xable amoun				b	2828.0	
Deduction for—	6a	Social	security benefits	6a		b Ta	xable amoun	nt		. 6	b	85862.708	
Single or Married filing	С	If you e	elect to use the lump-sum	election i	method, check here	(see ir	nstructions)		[
separately, \$12,950	7									□ [·	7	77072.17	
Married filing	8										3	30.0	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								. 1	0		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									1 54335.662		
household, \$19,400	12										2		
If you checked										1	3	56613.079	
any box under Standard	14	Add lines 12 and 13								. 1	14 152.0		
Deduction, see instructions.	15	Subtra	ct line 14 from line 11. If z	ero or les	s, enter -0 This is y	our ta	xable incon	ne .		. 1	5	54.0	