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 you	Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	ame of y	_	separately (Nuse. If you c		_		ehold (HOH) box, enter	_	spous	fying surviving se (QSS) name if the qualifying		
Your first name and middle initial Last name Jennifer Morris							Y					Your social security number		
If joint return, spouse's first name and middle initial Last name								Spouse's social security number						
										Presidential Election Campaign Check here if you, or your				
City, town, or post office. If you have a foreign address, also co				mplete spaces below. State ZIP code						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							· ·			
Digital Assets														
Standard Deduction	Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien													
Age/Blindness	You:	Were born before January 2, 19	958	Are bl	ind Sp o	ouse:	☐ Was bo	orn bef	ore January	, 2, 19	58	Is blind		
Dependents		•		(2)	Social security		(3) Relations	٠,			if qualifies for (see instructions):			
If more		rst name Last name	number				to you		Child tax credit		C	Credit for other dependents		
than four dependents,														
see instructions														
and check here														
	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instruc	tions)						1a			
Income	b	Household employee wages not re	•		,						1b	68350.0		
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	struction	ıs)					.	1c	60271.0		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. [1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								. [1e	6855.0		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									1f	85153.35		
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instructi	ons) .					η.			1h	43978.0		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1	i				l.		
		Add lines 1a through 1h			· · ·	 . –					1z	2015.011		
Attach Sch. B if required.	2a	'	2a				axable interes				2b	6015.014		
ii required.	3a		3a				rdinary divide				3b			
24	4a		4a 5a				axable amour axable amour			t	4b 5b			
Standard Deduction for—	5a 6a		6a				axable amour			ī	6b	333.0		
Single or Married filing	C	If you elect to use the lump-sum el		nethod	check here					$\dot{\Box}$	UD	000.0		
separately,	7	· '		,		`	,			\exists	7	96141.736		
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here												
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									<u>8</u> 9	1130.0		
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									10	24727.618		
\$25,900 • Head of	11										11	19000.42		
household	12	Standard deduction or itemized deductions (from Schedule A)												
• If you checked	13	Qualified business income deducti								1	13	117.0		
any box under Standard	14	Add lines 12 and 13									14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 This is y	our t a	axable incor	ne .			15			