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								Head of				spous	se (QSS)		
one box.		u checked the MFS box, enter the name is a child but not your dependent		our spo	use. I	r you che	еске	a the HOH o	r QS	5 box, ente	tne cr	ilia's i	name if the	qualitying	
Your first name	me and middle initial Last name Yo								You	our social security number					
Jessica	N <sub>!</sub>				Nguyen										
If joint return, spouse's first name and middle initial Last name											Spo	Spouse's social security number			
Home address (i	numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below.					State	te ZIP code				spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change					
Foreign country name			F	Foreign province/state/county									or refund.	nange 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	4000	n)	il dollo	110.)			
Deduction		pouse itemizes on a separate retur	n or you	were a	dual-	status a	lien								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	y 2, 19	58	Is blind	Ŀ	
<b>Dependents</b>	(see i	nstructions):		(2)		security		(3) Relationsh	hip	p (4) Check the box i			es for (see ins	structions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cre		C	Credit for other	dependents	
dependents,							$\top$				]		i		
see instructions and check							$\top$				]				
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a			
	b	Household employee wages not re	•			-2						1b			
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)								1c						
attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d						
W-2G and 1099-R if tax		e Taxable dependent care benefits from Form 2441, line 26									•	1e			
was withheld.		f Employer-provided adoption benefits from Form 8839, line 29									•	1f			
If you did not	g	Wages from Form 8919, line 6 .							•			1g		.0	
get a Form W-2, see	h	Other earned income (see instruct						1	. i			1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions			٠	1	ı			4_	28260	).124	
		Add lines 1a through 1h					· - T-				•	1z	2679	0.0	
Attach Sch. B if required.	2a	· —	2a					xable interes			•	2b 3b	207	9.0	
	3a 4a		3a 4a					dinary divide xable amour				4b	1099	1 76	
Standard	<del>т</del> а 5а		та 5а					xable amour				5b	7.		
Standard Deduction for—	6a		6a					xable amour				6b		-	
Single or Married filing	C	If you elect to use the lump-sum e		nethod	chec				и.		$\dot{\Box}$	OD			
separately,	7	Capital gain or (loss). Attach Sche				•		,	·		П	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin		•		•					_	8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7										9	8.0	0	
surviving spouse,	10	Adjustments to income from Sche										10	8.	.0	
\$25,900	11	Subtract line 10 from line 9. This is	•									11			
household, \$19,400	12	Standard deduction or itemized	•	-	_							12	45	.0	
If you checked	13	Qualified business income deduct						-A				13			
any box under Standard	<b>14</b> Add lines 12 and 13									14	14				
5 ' "	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	43.0					