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

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only								Head of			:	spou	se (QSS)	_
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	S box, enter	the ch	ild's	name if the	e qualifying
Your first name	r first name and middle initial Las						You	Your social security number						
Jared			Jense	lensen										
If joint return, spouse's first name and middle initial Last				st name								Spouse's social security number		
												Presidential Election Campaign		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code									spc	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a				
Foreign country name				Foreign province/state/co			ounty		Fore				elow will not change ax or refund.	
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)												You	Spouse
Assets	exch	ange, gift, or otherwise dispose of a			r a fin	ancial in	teres	st in a digital	asse	et)? (See ins	tructio	าร.)	Yes	∐ No
Standard Deduction		eone can claim: You as a de prouse itemizes on a separate return				•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Januar	y 2, 19	58	☐ Is blin	nd
Dependents	(see i	nstructions):		(2) Social security				(3) Relationship		(4) Check the box if qu		qualifi	alifies for (see instructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(Credit for othe	er dependents
dependents,											1			
see instructions and check											1			ī
here											1			<u> </u>
Incomo	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instruc	ctions							1a	6171	12.068
Income	b	Household employee wages not re	ported	on Form	า(s) W	-2					. 1	1b	43	314.0
Attach Form(s)	rm(s) Also ms c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26									1c	557.0			
W-2 here. Also attach Forms									. [1d				
W-2G and										. [1e	207	'21.42	
1099-R if tax 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		
get a Form	h	Other earned income (see instructi	ons) .						•		. [1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions))			1	i					
motruotions.	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	ends		.	3b		
	4a	IRA distributions	4a			b	Tax	xable amour	nt.		.	4b		
Standard	5a	Pensions and annuities	5a			b	Tax	xable amour	nt.		.	5b		
Deduction for—	6a	Social security benefits	b Taxable amount								6b			
Single or Married filing	С	If you elect to use the lump-sum el	lection r	nethod,	checl	k here (s	ee ir	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	require	d. If n	ot requir	red, o	check here				7	2650	06.128
Married filing	8	Other income from Schedule 1, line	e 10 .									8	27	73.0
jointly or Qualifying	fying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is						s your total income					9	5544	43.382
surviving spouse, \$25,900	10	•										10	5222	26.845
Head of	11	ubtract line 10 from line 9. This is your adjusted gross income									11	8009	98.587	
household, \$19,400	12													
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A											13		
Standard	14 Add lines 12 and 13										14	7672	28.472	
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15				