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

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OMB No. 1545-0074

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

person is a child but not your dependent: Vour first name and middle initial Last name Dorsey It join return, spouse's first name and middle initial Last name Dorsey Apt. no. Apt. no. Check here if you, or your spouse's first name and streep. If you have a P.O. box, see instructions. City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Check here if you, or your spouse if filing jointly, want 3S and section and page in the property or services; or it is fund. Checking a box below will not change box below will not box belo	Filing Status Check only one box.								Head of				spou	se (QSS)	_	
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Hybrit return, spouse's first name and middle initial Last name Spouse's social security number	Your first name	Your first name and middle initial Last name You								Yo	Your social security number					
Home address (number and street). If you have a P.O. box, see instructions. City, town, or post office. If you have a foreign address, also complete spaces below. State	Melissa	a Do				Dorsey										
Cley, town, or post office. If you have a foreign address, also complete spaces below. State Cley, town, or post office. If you have a foreign address, also complete spaces below.	If joint return, spouse's first name and middle initial Last name Signature Signature Last name								Spe	Spouse's social security number						
State ZIP code Spouse If filing jointly, want SS togo to this faunc Checking a box below will not change Foreign province/state/county Foreign postal code You Spouse Total amount from Formis You as a dependent Your spouse as a dependent Your spouse Yes No No No No No No No N	Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.					
Foreign country name	City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code to								spo to	spouse if filing jointly, want \$3 to go to this fund. Checking a						
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, asset	Foreign country name			F	Foreign province/state/county					Fore				our tax or refund.		
Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bilindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name																
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