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 Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying rson is a child but not your dependent:														
					t name									Your social security number		
Rachel Ellis				ils												
If joint return, sp	ouse's	first name and middle initial	Last na	me							Sp	Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.											Dr	Presidential Election Campaign				
Tiomo address (	iambo	rana su segi. Il you have a 1 .e. bex, see	ii loti dotic	J110.						, tpt. no.		Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete s				te spaces below. State Z					ZI	t t		spouse if filing jointly, want \$3 to go to this fund. Checking a				
Foreign country name				Foreign province/state/count			ounty	ty For					w will not on or refund.	change		
				Totalgit province/state/county						Torcigir postar code y		You Spouse				
 Digital	At an	y time during 2022, did you: (a) rece	eive (as	a rewar	d, awa	ard, or p	oaym	ent for p	roperty	or services	s); or (b)	sell,		_		
Assets	exch	ange, gift, or otherwise dispose of a								set)? (See i	nstructio	ons.)	Yes	☐ No		
Standard Someone can claim:  You as a dependent Your spouse as a dependent																
Deduction		Spouse itemizes on a separate return	n or you	were a	dual-	status a	alien									
Age/Blindness	You:	Were born before January 2, 19	958	Are b	lind	Spo	use:	☐ Was	s born b	efore Janu	ary 2, 1	958	Is bli	nd		
<b>Dependents</b>	(see instructions):			(2) Social security		-	(3) Relationsh			(4) Check the box i		qualifi	es for (see i	nstructions):		
If more	<b>(1)</b> Fi	rst name Last name	number			oer	to you					t (	Credit for oth	er dependents		
than four dependents,											<u> </u>					
see instructions											<u> </u>		L			
and check here													L			
	10	Total amount from Form(a) W 2, he	ov 1 (00)	o inatru	otiono	١						10				
Income	1a b	Total amount from Form(s) W-2, both Household employee wages not re	•			•						1a 1b				
Attach Form(s)	c	Tip income not reported on line 1a	•			۷						1c				
W-2 here. Also attach Forms	d											1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26										1e	720	01.191		
1099-R if tax was withheld.	f											1f	839	955.37		
If you did not	g	Wages from Form 8919, line 6 .										1g	10	07.86		
get a Form	h	Other earned income (see instructi	ons) .									1h	4	55.0		
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)	)				1i							
	Z	Add lines 1a through 1h				. , .						1z				
Attach Sch. B	2a	Tax-exempt interest	2a				<b>b</b> Ta	xable inte	erest			2b	438	383.38		
if required.	3a	Qualified dividends	3a				<b>b</b> Or	dinary di	vidends	S		3b		40.933		
	4a		4a									4b		8.0		
Standard Deduction for—	5a	<del>-</del>	5a									5b		105.0		
Single or	6a	,	6a ∣									6b	508	304.52		
Married filing separately,	c	If you elect to use the lump-sum el		· · · · · · · · ·		`			,		. 🗀	_		7.0		
\$12,950	7	Capital gain or (loss). Attach School									. Ш	7		46.449		
Married filing jointly or	8 9	Other income from Schedule 1, line 10										9	043	+0.443		
Qualifying surviving spouse,	9 10	Add lines 12, 25, 35, 45, 35, 65, 7, and 6. This is your total income										10	268	349.358		
\$25,900 Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>														
household,	12															
\$19,400 If you checked	13	Qualified business income deducti		•			,					13		83.045		
any box under Standard	14	Add lines 12 and 13									14	20724.04				
Deduction,	15										15					
see instructions.																