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		0, , =	_	ŭ	•	•	ŕ	Head of		,	<i>,</i> —	spou	se (QSS)	Ü	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QS	S box, ente	r the cl	hild's	name if the	e qualifying	
Your first name											Yo	Your social security number			
Ruth	Doy				oyle										
If joint return, spouse's first name and middle initial Last r					st name								Spouse's social security number		
												Presidential Election Campaign			
										Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete s					o spaces 25.5			•					this fund. (w will not o	Checking a change	
Foreign country name					Foreign province/state/county				Fore				tax or refund. You Spouse		
Digital		At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)													
Assets		ange, gift, or otherwise dispose of a							asse	et)? (See ins	structio	ons.)	Yes	∐ No	
Standard Deduction		eone can claim:	•			•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is bli	nd	
Dependents	(see i	nstructions):	(2)	(2) Social security (3) Relations			hip	(4) Check th	e box if	qualifi	es for (see i	nstructions):			
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		: (Credit for oth	er dependents	
dependents,	_														
see instructions and check											1				
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	ctions)						1a			
IIICOIII C	b	Household employee wages not re	eported o	on Form	า(s) W	'-2						1b			
Attach Form(s) W-2 here. Also										1c	207	05.196			
attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s) W-2	2 (see ins	struc	tions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f										1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f		1.0	
If you did not	g	Wages from Form 8919, line 6 .										1g	570	91.872	
get a Form W-2, see	h	Other earned income (see instruct	ions) .						-			1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions))			1	i						
	Z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	' <u>-</u>	2a			_		kable interes				2b			
if required.	3a_		3a					dinary divide				3b	/(016.0	
	4a		4a					kable amour				4b	104	505.68	
Standard Deduction for—	5a		5a					kable amour				5b	100	303.00	
Single or	6a	,	6a	111	-1			kable amour	nt.			6b			
Married filing separately,	c	If you elect to use the lump-sum e		-		•		,	•		. 📙	_			
\$12,950	7	Capital gain or (loss). Attach Sche									. 🗀	7	206	663.03	
Married filing jointly or	8	Other income from Schedule 1, lin									•	8		606.12	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		54.0		
\$25,900	10	Adjustments to income from Sche									10		478.35		
Head of household,	11 12	subtract line 10 from line 9. This is your adjusted gross income									20-	0.00			
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A										13				
any box under	14 Add lines 12 and 13											14			
Standard Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					
see instructions.		Zana de milo i i i i i i i i i i i i i i i i i i	2. 1000	.,							·				