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

12022

OMB No. 1545-0074

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

Filing Status		Single 🔲 Married filing jointly 🗌	Marrie	ed filing separately (N	MFS) Head	of hous	sehold (HOH)			ı	
Check only	spouse (QSS)										
one box. If you 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 qualifyin person is a child but not your dependent:											
			_								
Your first name	and mi	adie initiai	1	Last name Martin					Your social security number		
Jamie											
If joint return, spouse's first name and middle initial Last name									Spouse's social security number		
									ential Election Ca		
									here if you, or yo if filing jointly, w		
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete s	mplete spaces below. State					go to this fund. Checking a		
									low will not chang	ge	
Foreign country name				Foreign province/state/o	county	ty Foreign po					
									∐ You ∐ \$	Spouse	
Digital		y time during 2022, did you: (a) rec									
Assets	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No										
Standard		eone can claim:	•	•	•	nt					
Deduction Spouse itemizes on a separate return or you were a dual-status alien											
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind Spo	ouse: 🗌 Was I	oorn be	fore January 2	2, 1958	ls blind		
Dependents									alifies for (see instructions):		
If more		rst name Last name		number	to you		Child tax credit		Credit for other dep	pendents	
than four											
dependents,											
see instructions and check											
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)				. 1	a		
IIICOIII C	b	Household employee wages not re	eported	on Form(s) W-2				. 11	o		
Attach Form(s)	ere. Also a Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26							. 10	89285.83	3	
W-2 here. Also attach Forms								. 10	t		
W-2G and								. 10	Э		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							f		
If you did not	g	Wages from Form 8919, line 6 .						. 19	12118.5	6	
get a Form	h	Other earned income (see instruct	tions)					. 11	า		
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		1i					
instructions.	z	Add lines 1a through 1h						. 1:	5001.87	7	
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxable inter	est		. 21	0		
if required.	За	Qualified dividends	3a		b Ordinary divi	dends		. 31	13424.0)	
	4a	IRA distributions	4a		b Taxable amo	unt .		. 41	338.0		
Standard	5a	Pensions and annuities	5a		b Taxable amo			. 51	0		
Deduction for -	6a	Social security benefits	6a		b Taxable amo	unt .		. 61	92.0		
Single or Married filing	С	If you elect to use the lump-sum e	election r	method, check here ((see instructions	s) .	[
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							84382.0)	
Married filing	8	Other income from Schedule 1, line 10							1.0		
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	45013.9	,	
surviving spouse, \$25,900	10										
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								0	
household, 519,400	12	Standard deduction or itemized deductions (from Schedule A)									
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Form	8995-A			. 13	3		
any box under Standard	14	Add lines 12 and 13							1 0.0		
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze						. 19	25714.99	98	
500 1130 000013.											