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

12022
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OMB No. 1545-0074

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

Filing Status		Single 🗌 Married filing jointly 📗	Marrie	ed filing	separ	ately (M	FS)	Head	of hou	sehold (HOH			fying surv	iving	
Check only one box.	spouse (QSS)  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													o gualifying	
one box.		on is a child but not your dependent		our spo	use. I	i you ch	ecke	u lile non	UI QO	oo box, enter	the Ci	iliu S	name ii iii	e qualifying	
Your first name	-		Last nar	ne							Yo	ur soc	ial securit	v number	
Dr.	uu		hnson												
	rn, spouse's first name and middle initial Last name									Spe	Spouse's social security number				
,,															
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.													residential Election Campaign		
											Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below.									ZIF	ode				tly, want \$3	
										o go to this fund. Checking a box below will not change					
Foreign country	F	oreign p	rovince	e/state/co	ounty		For	reign postal co			or refund.	onango			
												You Spouse			
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for pro	perty (	or services);	or (b) :	sell,			
Assets		ange, gift, or otherwise dispose of											☐ Yes	☐ No	
Standard	Som	eone can claim:	dependen	ıt											
Deduction		Spouse itemizes on a separate return or you were a dual-status alien													
Ago/Plindness	Varia	Were born before January 2, 1	050	Are b	lind	Cnai		□ Wee h	orn b	efore Januar	a, 0 10	150	☐ Is bli		
	_		936			Spor	JSe.								
Dependents		rst name Last name		(2) Social securit number			(3) Relationship to you			Child tax cre		t if qualifies for (see instructions):  dit Credit for other dependents			
If more than four	(1) 1 1	Last name					,			Orling tax of		-			
dependents,	-						+				1		<u>L</u>		
see instructions	_						+				1				
and check here $\square$	_						-				1		Г		
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions							1a	Τ		
Income	b	Household employee wages not re										1b	84	901.18	
Attach Form(s)	n(s) c Tip income not reported on line 1a (see instructions)									1c					
W-2 here. Also attach Forms										1d					
W-2G and	e Taxable dependent care benefits from Form 2441, line 26										1e	e 907.0			
1099-R if tax was withheld.	f											1f			
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruct	ions) .									1h			
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)	)				1i						
motractions.	z	Add lines 1a through 1h										1z		4.0	
Attach Sch. B	2a	Tax-exempt interest	2a			k	<b>)</b> Tax	xable inter	est			2b	6	83.0	
if required.	3a	Qualified dividends	3a			_		dinary divid				3b	566	03.154	
	4a	IRA distributions	4a			k	<b>)</b> Tax	xable amoi	unt .			4b	948	328.865	
Standard	5a	Pensions and annuities	5a			k	<b>)</b> Tax	xable amoi	unt .			5b		3.0	
Deduction for— Single or	6a	,	6a								·	6b			
Married filing	С														
separately, \$12,950 <b>7</b> Capital gain or (loss). Attach Schedule D if required. If no								check here			Ш	7			
<ul> <li>Married filing jointly or</li> </ul>	8	ther income from Schedule 1, line 10									•	8	200		
Qualifying	9		7, and 8. This is your <b>total income</b>							•	9	687	772.18		
surviving spouse, \$25,900	10	•	tts to income from Schedule 1, line 26									10	000	10.000	
Head of household,	11										11	908	319.389		
\$19,400	Standard deduction or itemized							12	600	06 630					
If you checked any box under	13	Qualified business income deduct										13	608	06.639	
Standard Deduction,	14	Add lines 12 and 13										14			
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter	-U I	nis is yo	ur <b>ta</b>	ixable inco	ome		•	15			