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 Check only		0, , =	_	ŭ	•	•	,	Head of		,	<i>,</i> —	spou	se (QSS)	ŭ	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. It	f you che	ecke	d the HOH o	r QS	S box, ente	r the cl	nild's	name if the	e qualifying	
Your first name and middle initial Last name Y										Yo	Your social security number				
Connie	Connie				Evans										
If joint return, spouse's first name and middle initial Last					ast name								Spouse's social security number		
												Presidential Election Campaign			
										Check here if you, or your spouse if filing jointly, want \$3					
only, tolini, or pool office. If you have a foreign address, also complete								,				_	this fund. (w will not (Checking a change	
Foreign country	F	Foreign province/state/count			ounty		Fore	eign postal co	de yo	ur tax	or refund.	Spouse			
Digital		At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)													
Assets	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Someone can claim: You as a dependent Your spouse as a dependent													□ 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	instructions):		(2) Social security			(3) Relationship		hip	(4) Check the box		qualifi	es for (see i	instructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cre		(Credit for oth	er dependents	
dependents,											_				
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instruc	ctions)						1a			
	b	Household employee wages not re	ported	on Form	n(s) W	'-2						1b			
Attach Form(s) W-2 here. Also	Also Madisoid weiver perments not reported on Form(s) W. 2 (acc instructions)								1c						
attach Forms										1d	92	062.6			
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26											1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	70	063.0	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form W-2, see	h	Other earned income (see instructi	,					1	'n			1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			•	1	i				39-	186.92	
		Add lines 1a through 1h							•			1z	- 00	100.02	
Attach Sch. B	2a	' <u>-</u>	2a			_		xable interes				2b	570	10, 100	
if required.	3a		3a					dinary divide				3b		49.433	
	4a	-	4a					xable amour				4b		834.08 80.0	
Standard Deduction for—	5a		5a			_		xable amour				5b	•	50.0	
Single or	6a										6b				
Married filing separately,	C	•		-		•		•	•		. 🗀	7			
\$12,950	7	Capital gain or (loss). Attach Scheoother income from Schedule 1, line									. Ш	8	420	14.645	
Married filing jointly or	8	·										9		419.6	
Qualifying surviving spouse,												10		048.0	
\$25,900	10 11	Subtract line 10 from line 9. This is										11	- 01	0.00	
 Head of household, 	12											12	12	766.91	
\$19,400 If you checked	13										13		366.13		
any box under	14 Add lines 12 and 13										14	1.00			
Standard Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					
see instructions.		2	2. 1000	.,	J	, 0					•				