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 yo	u checked the MFS box, enter the na	ame of y	ŭ		•	,	Head of the HOH o		,	<i>,</i> —	spous	se (QSS)	ŭ	
	•	on is a child but not your dependent	:												
				Last name									Your social security number		
				Stewart											
If joint return, spouse's first name and middle initial  Last name									Sp	Spouse's social security number					
Home address (	Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.											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					te spaces below. State			•	ZIP code		to	go to t		Checking a	
Foreign country name				Foreign province/state/county				Fore				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) sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction												 ☐ Yes		
Assets									asse	i) r (See III	Structic	115.)	res		
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	ary 2, 19	958	☐ Is bli	nd	
Dependents	(see i	nstructions):		(2)	Social	security		(3) Relationsh	hip	(4) Check th	ne box if	qualific	es for (see	instructions):	
If more		rst name Last name		number			to you			Child tax cre		lit Credit for other de		er dependents	
than four															
dependents, see instructions															
and check					$oxed{oxed}$									]	
here $\square$															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions	)						1a			
	b	Household employee wages not re	•			-2						1b			
Attach Form(s) W-2 here. Also	Also										1c				
attach Forms	d											1d			
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26										1e				
was withheld.		f Employer-provided adoption benefits from Form 8839, line 29										1f			
If you did not	g	Wages from Form 8919, line 6 .							•			1g		2.0	
get a Form W-2, see	h	Other earned income (see instructi						1	. i			1h	4	93.0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions	· ·		٠	1	!				468	91.567	
		Add lines 1a through 1h	 o-				·					1z		16.0	
Attach Sch. B if required.	2a	'	2a					kable interes				2b 3b		10.0	
	3a_		3a 4a					dinary divide				4b			
Standard	4a 5a		<del>т</del> а 5а					kable amour kable amour				5b			
Deduction for—	6a	<del>-</del>	6a					kable amour				6b			
Single or Married filing	C	If you elect to use the lump-sum e		nethod	chec						· .				
separately,	7	Capital gain or (loss). Attach Sched				•		,	•		. Ц	7	1 .	69.0	
\$12,950 Married filing	8	Other income from Schedule 1, lin		•		•	•					8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,										9	Ę	57.0	
surviving spouse,	10	Adjustments to income from Sche												904.0	
\$25,900	11		<del></del>								10	7	'18.0		
household,	12	Standard deduction or itemized										12			
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A											13			
any box under Standard	14	<b>14</b> Add lines 12 and 13										14			
5 ' "	15	Subtract line 14 from line 11. If zer										15			
JOE IIISH UCHONS.															