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

202	2
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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	•	•	,	_		`	<i>'</i> —	spou	ifying surviving se (QSS) name if the qualifying	
finat	•	on is a child but not your dependent												
Your first name	and mi	adie initiai	Last nar Collin								YO	Your social security number		
		first name and middle initial									C=-	0		
ii joint return, sp	ouse s	first name and middle initial	Last nar	iie							Эрс	Spouse's social security number		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.						Apt. no.	Pre	siden	tial Election Campaig	
(Check here if you, or your		
City, town, or post office. If you have a foreign address, also complete				plete spaces below.					ZIP	zir code to			f filing jointly, want \$3 this fund. Checking a w will not change	
Foreign country name			Foreign province/state/county					Fore				or refund. Spous		
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,										☐ Yes ☐ No			
Standard		eone can claim: You as a de						dependent	4330	t): (OCC 1110	Structio	113.)		
Deduction		Spouse itemizes on a separate retur	•			•		Серспасти						
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 blind	
Dependents	(see i	instructions):		(2)		security		(3) Relationsh	hip	(4) Check the box i			if qualifies for (see instructions):	
If more	(1) Fi	rst name Last name		number			to you			Child tax cre		(Credit for other dependent	
than four														
dependents, see instructions					\sqcup									
and check					\sqcup									
here					Ш									
Income	1a	Total amount from Form(s) W-2, b	,			•						1a	74752.0	
Attach Farm(s)	b	Household employee wages not re	•			-2						1b	77.0	
Attach Form(s) W-2 here. Also		c Tip income not reported on line 1a (see instructions)								1c	36.0 2760.0			
attach Forms	d	Medicaid waiver payments not rep					struc	tions)	•			1d	2760.0	
W-2G and 1099-R if tax	e	Taxable dependent care benefits f					٠		•			1e		
was withheld.	f	Employer-provided adoption bene					٠		•			1f		
If you did not	g	Wages from Form 8919, line 6.							•			1g	3.0	
get a Form W-2, see	h :	Other earned income (see instruction	,					1	. i			1h	3.0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions	,		•	1	1			4_	40313.31	
A# O D	Z 20	Add lines 1a through 1h	 20			 	. To:	· · · ·				1z 2b	65057.0	
Attach Sch. B if required.	2a 3a	' <u> </u>	2a 3a			_		xable interes dinary divide				3b	03037.0	
	4a		4a					xable amour				4b		
Standard	-а 5а		5a					xable amour				5b	15924.31	
Deduction for—	6a		6a			_		xable amour				6b		
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec							0.5		
separately,	7	Capital gain or (loss). Attach Scher		•		`		,	·			7		
\$12,950 Married filing	8	Other income from Schedule 1, lin										8	60485.934	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7										9		
surviving spouse,	10	Adjustments to income from Sche										10	57.0	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,									11		
household,	12	Standard deduction or itemized	-	-	-							12		
\$19,400 If you checked									13	14453.68				
any box under Standard	14 Add lines 12 and 13									14	9584.0			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer										15		
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