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.		Single Married filing jointly uchecked the MFS box, enter the name										spou	ifying surviving se (QSS)	
OHO DOX.		on is a child but not your dependent		our spo	usc. I	i you cir	CORC	a the Horre	JI QU	o box, crito	i tilo oi	iliu 3	name ii the qualifying	
Your first name	ame and middle initial Last name								Yo	Your social security number				
Gregory	Burns													
If joint return, spouse's first name and middle initial Last name							Spe	Spouse's social security number						
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.	Pre	Presidential Election Campaign		
									T			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				ete spaces below. State				ZIF code			go to	this fund. Checking a www.will not change		
Foreign country name				Foreign province/state/county					For	Foreign postal code yo			or refund. You Spouse	
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		5t) 1 (000 mic	on dono	110.)		
Deduction		Spouse itemizes on a separate return	•			•								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spot	use:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	☐ Is blind	
Dependents	(see i	instructions):		(2)		security		(3) Relations	ship	, (4) Check the box if			es for (see instructions):	
If more	(1) Fi	rst name Last name	number			ber	to you			Child tax cred		- (Credit for other dependents	
than four dependents,					\vdash		+							
see instructions and check	_				\vdash		+				<u></u>			
here							+				1			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	90782.89	
IIICOIIIC	b	Household employee wages not re	eported	on Form	n(s) W	-2						1b		
Attach Form(s) W-2 here. Also									1c	87755.559				
attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	3.0					
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26										1e	50604.433 98680.0	
was withheld.	f						٠		•		•	1f	96660.0	
If you did not get a Form	g h	Wages from Form 8919, line 6. Other earned income (see instruction							•		•	1g 1h		
W-2, see	i	Nontaxable combat pay election (s						1	ıi İ		•			
instructions.	z	Add lines 1a through 1h										1z	19.0	
Attach Sch. B	2a	ı ı	2a			k	o Ta:	xable intere	st			2b	1193.0	
if required.	За		3a			k	o Ord	dinary divide	ends			3b	10990.48	
	4a	IRA distributions	4a			k) Tax	xable amou	nt .			4b	438.3	
Standard	5a	Pensions and annuities	5a			k) Tax	xable amou	nt .			5b		
Deduction for— Single or	6a	Social security benefits	6a			k) Tax	xable amou	nt .		<u>.</u>	6b	59490.74	
Married filing separately,	С	If you elect to use the lump-sum e		•		`		,			Ц			
\$12,950	7	Capital gain or (loss). Attach Scheo									Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin										8	00046.40	
Qualifying		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						•	9	22316.49				
\$25,900	10	Adjustments to income from Sche	•								•	10	91.0	
household,	11	-									11			
\$19,400 If you checked	<u>12</u> 13									12 13				
any box under	14 Add lines 12 and 13									14				
Standard Deduction,	15	Subtract line 14 from line 11. If zer										15	8.0	
see instructions.				,		- , J								