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

2022
2022

OMB No. 1545-0074

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

Filing Status Check only		0, , =	_	ŭ		•	ŕ	Head of		` ′	_	spou	se (QSS)	ŭ	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	S box, enter	the ch	illd's	name if the	e qualifying	
Your first name	and mi	ddle initial	Last nar	ne							You	Your social security number			
Charles	Wood	Voods													
If joint return, spouse's first name and middle initial Last name					name							Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Presidential Election Campaign				
City, town, or post office. If you have a foreign address, also complete sp					e spaces below.				ZIP	ZIP code		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a			
Foreign country name				Foreign province/state/county					Fore				w will not or refund.	_	
9				eive (as a reward, award, or payment for property or services); or ((b) sell,		
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 Vour spouse as a dependent													
Standard Deduction		eone can claim:	•					аерепает							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Januar	y 2, 19	58	☐ Is bli	nd	
Dependents	(see i	instructions):		(2) Social security number			curity (3) Relationship to you		hip	(4) Check the box if qual Child tax credit		qualifies for (see instructions):			
If more than four	(1) Fi	rst name Last name										(Credit for other dependents		
dependents,]				
see instructions and check]				
here]				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instrud	ctions)						1a			
	b	b Household employee wages not reported on Form(s) W-2								1b					
Attach Form(s) W-2 here. Also	C	the state of the s										1c			
attach Forms W-2G and		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d	4517.024		
1099-R if tax	e	Taxable dependent care benefits f					•		•		•	1e 1f	45	17.024	
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.					•		•		•		13	151.0	
If you did not get a Form	g h	Other earned income (see instruct							•		•	1g 1h	10		
W-2, see	i	Nontaxable combat pay election (s						1	ı İ						
instructions.	z	Add lines 1a through 1h			,		•	· · <u>L·</u>				1z	757	732.25	
Attach Sch. B	2a	1	2a	• •		b	· Tax	xable interes	st .			2b			
if required.	3a		3a					dinary divide				3b			
	4a	IRA distributions	4a					xable amour				4b			
Standard	5a	Pensions and annuities	5a			b	Tax	xable amour	nt .			5b		4.0	
Deduction for—	6a	Social security benefits	6a			b	Tax	xable amour	nt .			6b	252	226.65	
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee ir	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	red, d	check here				7	68	588.0	
Married filing jointly or	8	Other income from Schedule 1, lin	e 10 .									8			
Qualifying	9	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9	23984.84			
surviving spouse, \$25,900	Adjustments to income from Schedule 1, line 26											10	10 46.0		
Head of household. Subtract line 10 from line 9. This is your adjusted gross income															
\$19,400	12	Standard deduction or itemized										12			
If you checked any box under	13	Qualified business income deduct										13	65	574.0	
Standard Deduction,	14	Add lines 12 and 13										14			
see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					