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				_								spou	fying surviving se (QSS)		
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spo	use. I	f you che	еске	d the HOH o	r QSS	box, ente	r the cr	niid's	name if the qualify	/ing	
Your first name	name and middle initial Last name								Yo	Your social security number					
Alyssa			Watso	Watson											
If joint return, s	joint return, spouse's first name and middle initial				Last name								Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.						Apt. no.		Presidential Election Campaign			
City town or nost office. If you have a foreign address, also complete spaces below. State. 7IP code.							spo	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a							
Foreign country name			F	Foreign province/state/county					Fore				w will not change or refund.		
 Digital		ny time during 2022, did you: (a) rec												ouse	
Assets	_	ange, gift, or otherwise dispose of a							asse	t)? (See in:	structio	ns.)	☐ Yes ☐ No		
Standard Deduction		eone can claim:	•			•		dependent							
Age/Blindness	You	Were born before January 2, 1	958	Are b	lind	Spot	use:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is blind		
Dependents	s (see	instructions):		(2)		security		(3) Relationsh	hip	(4) Check th	e box if	qualifi	es for (see instruction	ns):	
If more than four	(1) F	irst name Last name		number			to you			Child tax cr		- (Credit for other depend	dents	
dependents,	-										_				
see instruction	s —													_	
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instru	ctions)						1a	64691.34		
IIICOIIIE	b	Household employee wages not re	eported (on Forn	า(s) W	'-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	ıs)							1c	8.0		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2	2 (see ins	struc	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f										1e	197.0		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8	3839,	line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .										1g	11.0		
get a Form W-2, see	h	Other earned income (see instruct	ions) .						1			1h	93.0		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1	i				31499.0		
	Z	Add lines 1a through 1h					•					1z	01433.0		
Attach Sch. B	2a	· –	2a					xable interes				2b			
if required.	3a		3a					dinary divide				3b	2005455		
	4a	_	4a					xable amour				4b	33254.55		
Standard Deduction for—	5a	-	5a					xable amour				5b			
Single or	6a	,	6a	111	-1			xable amour	nt.			6b			
Married filing separately,	c	If you elect to use the lump-sum e		•		,		•			. 📙	_			
\$12,950	7	Capital gain or (loss). Attach Sche									. Ц	7	4927.07		
 Married filing jointly or 	8	Other income from Schedule 1, lin										8	4927.07	_	
Qualifying surviving spouse,	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9	852.0				
\$25,900	10 11	•	•								•	10 11	86733.11	—	
 Head of household, 	12		otract line 10 from line 9. This is your adjusted gross income								12	4.0			
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A									13					
any box under		14 Add lines 12 and 13									•	14	14.0		
Standard Deduction,	15	Subtract line 14 from line 11. If zer										15		_	
see instructions.				,											