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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head o	f hous	sehold (HOH			fying surv	viving	
Check only one box.	If vo	u checked the MFS box, enter the n	ama of v	our coo	uco I	f vou ch	ooko	ᅥᆉᇧᅜᄭ	or 08	S hav antai			se (QSS)	o qualifying	
one box.		on is a child but not your dependent		our spo	use. I	i you cir	ecke	u lile non c	JI QO	S DOX, enter	i ille Ci	iliu S	name ii ui	le qualifying	
Your first name			Last na	me							Yo	ur soc	ial securit	v number	
Robert	Brown							'							
	n, spouse's first name and middle initial Last name								Sp	Spouse's social security number					
,,											-				
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.	Pre	esiden	tial Election	on Campaign	
·		, ,											ere if you,		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete s	paces be	elow.		State)	ZIP	code				tly, want \$3	
										to go to this fund. Checking a box below will not change					
Foreign country name			F	Foreign province/state/			county Fo		Fore	Foreign postal code		ur tax	or refund.	onango	
													You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	ayme	ent for prop	erty c	or services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a											Yes	☐ No	
Standard	Som	eone can claim:	pendent		Your	spouse	as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien								
Ago/Blindness	Vau	Were born before January 2, 1	050 [Are b	lind	Spor	1001	□ Was be	orn be	efore Januar	a, 2 10	250	☐ Is bli	ind	
		•	930 _	Ī			JSE.							instructions):	
-		(see instructions): (1) First name Last name			(2) Social security (3) Relations number to you				inip	Child ta		· .	Credit for other dependents		
If more than four	(1)	Last name													
dependents,	_										<u>-</u>			╡──	
see instructions and check	_										- 1				
here											1				
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)					<u>- </u>	1a			
Income	b	Household employee wages not re										1b	75	5896.0	
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c	489.0				
W-2 here. Also attach Forms									1d	8901.329					
W-2G and										1e	8542.0				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	9	135.0	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruct	ions) .									1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)) .			1	i						
	z	Add lines 1a through 1h	. , .									1z			
Attach Sch. B	2a	Tax-exempt interest	2a			k	Tax	kable interes	st			2b			
if required.	3a	· ·	3a			_		dinary divide				3b			
	4a		4a			k) Tax	kable amoui	nt .			4b			
Standard Deduction for—	5a		5a					kable amoui			•	5b			
Single or	6a	,	6a		_			kable amoui			·	6b			
Married filing separately,	_C	If you elect to use the lump-sum e		· · · · · · · · ·		`		,				_	18	144.27	
\$12,950	Capital gain or (loss). Attach Schedule D if required. If not required, check here										Ш	7	10	144.27	
 Married filing jointly or 	8	Other income from Schedule 1, lin									•	8			
Qualifying surviving spouse,	9		6b, 7, and 8. This is your total income												
\$25,900	10	•	income from Schedule 1, line 26												
 Head of household, 	Subtract line 10 from line 9. This is your adjusted gross income								11	500	045.573				
\$19,400	Standard deduction or itemized deductions (from Schedule A)Qualified business income deduction from Form 8995 or Form 8995-A										•	12		1.0	
If you checked any box under	13										•	13		1.0	
Standard Deduction,	14 15	Add lines 12 and 13									•	14			
see instructions.	15	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15						