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

2022	
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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	IFS)	Head	of hou	sehold (HOF	l) 🗌		fying surv	iving		
Check only one box.	If you	u checked the MFS box, enter the n	ame of v	our enc	nica l	f vou ch	acka	d the HOL		S hav ente	r the c		se (QSS) name if th	e aualifyina		
ONE BOX.		on is a child but not your dependent		our spc	7u3c. 1	i you on	CORC	a the Hor	i oi Qc	oo box, crite	i tile el	illa 3 i	name ii tii	c qualifying		
Your first name	-		Last na	me							Yo	ur soc	ial securit	y number		
Richard	Mille															
					ast name							Spouse's social security number				
, , . , . ,												.				
Home address (	numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pro	esiden	tial Election	n Campaign		
`		, ,										Check here if you, or your				
City town or post office. If you have a foreign address, also complete spaces below.													tly, want \$3			
												to go to this fund. Checking a box below will not change				
Foreign country name				Foreign province/state/o			ounty Fo					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	baym	ent for pro	perty	or services):	or (b)	sell,				
Assets		ange, gift, or otherwise dispose of a											☐ Yes	☐ No		
Standard	Som	Someone can claim: You as a dependent Your spouse as a dependent														
Deduction		spouse itemizes on a separate retur	n or you	were a	dual-	status a	alien									
A are /Discolar and		Nava hava hafava lavvar 0.1	050 5	7 A In	line al	C			la aa la	-f l	0 10	250				
		Were born before January 2, 1	958 _	_ Are b		Spo	use:			efore Janua			ls bli			
Dependents				(2) Social security number			(3) Relationship to you		(4) Check the bo		· 1	,	•			
If more than four	(1) FI	rst name Last name		Humber			to you		<b>и</b>	Child tax cr			realt for otr	er dependents		
dependents,	_						$\dashv$						L			
see instructions	_						$\dashv$									
and check here $\square$							+							<del>-</del>		
	10	Total amount from Form(s) W-2, b	ov 1 (so	o inetru	otions	١	_					1a	<u>_</u>			
Income	1a b	• • • • • • • • • • • • • • • • • • • •									•	1b	7	181.0		
Attach Form(s)	(4)							•	1c	<u> </u>	101.0					
W-2 here. Also	d	·	•		orm(s) W-2 (see instructions)											
attach Forms W-2G and	e	Taxable dependent care benefits f						·				1e 46.0				
1099-R if tax		f Employer-provided adoption benefits from Form 8839, line 29								1f	77276.0					
was withheld.	g g	Wages from Form 8919, line 6.			-							1g				
If you did not get a Form	h	Other earned income (see instruct										1h	130	31.852		
W-2, see	i	Nontaxable combat pay election (s	,					1	1i		· ·					
instructions.	z	Add lines 1a through 1h										1z				
Attach Sch. B	2a		2a				<b>b</b> Ta	xable inte	rest			2b	;	38.0		
if required.	За	Qualified dividends	3a			_		dinary divi				3b				
	4a	IRA distributions	4a				<b>b</b> Ta	xable amo	ount .			4b	40	07.68		
Standard	5a	Pensions and annuities	5a									5b	7	702.0		
Deduction for—	6a	Social security benefits	6a				<b>b</b> Ta	xable amo	ount .			6b				
Single or Married filing	С	If you elect to use the lump-sum e	lection r	nethod,	chec	k here (	see ir	nstructions	s) .		. 🗆					
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If n	ot requi	ired,	check her	е.		. 🔲	7	23	3367.0		
Married filing	8	Other income from Schedule 1, lin	e 10 .									8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our <b>t</b> o	otal inc	ome					9 10				
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, I	ine 26												
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income														
household, \$19,400	12	Standard deduction or itemized	deducti	i <b>ons</b> (fro	om Sc	hedule .	A)					. 12 69372.61				
If you checked	13	Qualified business income deduct	ion from	Form 8	8995 o	r Form	8995	-A				13	778	312.33		
any box under Standard	14	4 Add lines 12 and 13								14						
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	75520.0						