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

12022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y									spou	fying surviving se (QSS) name if the qualify	ring	
	pers	on is a child but not your dependent	:												
Your first name a					Last name Stout								Your social security number		
If joint return, spouse's first name and middle initial				Last name								Spouse's social security number			
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.						Apt. no.			tial Election Campa	aign	
Oit. town	spaces below. State				710				ere if you, or your filing jointly, want	\$3					
City, town, or post office. If you have a foreign address, also complet					lete spaces below.				ZIP	code	to	go to	this fund. Checking		
Foreign country	TF	Foreign province/state/o			ounty	,	Fore	ign postal co			w will not change or refund.				
r orongin occurring		cooling of processing country					1 010	igii pootai oo	uo) -		You Spo	use			
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction														
Assets									asse	t)? (See in:	structio	ons.)	☐ Yes ☐ No		
Standard Deduction		eone can claim:	•			•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	use:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	s blind		
Dependents	(see i	nstructions):		(2) Social secu			y (3) Relationsh		hip	(4) Check the box		qualifi	es for (see instruction	ns):	
If more	(1) Fi	rst name Last name		number			to you			Child tax cr		(Credit for other depend	lents	
than four dependents,					<u> </u>										
see instructions					$\vdash \vdash$		_			L					
and check here					$\vdash \vdash$		-								
<u> </u>		Tatal and constitution Farms (a) M. O. Is	1 /		4:	`				L		1 4 -	968.0		
Income	1a b	Total amount from Form(s) W-2, by	,			•						1a 1b	300.0	_	
Attach Form(s)	 b Household employee wages not reported on Form(s) W-2									1c	19.0	_			
W-2 here. Also attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d	5.0	_		
W-2G and	е											1e	2532.37	_	
1099-R if tax was withheld.	f Employer-provided adoption benefits from Form 8839, line 29										1f				
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruct	ions) .									1h	47551.89		
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			b	Ta	xable interes	st			2b			
if required.	3a	Qualified dividends	3a			b	Or	dinary divide	ends			3b		_	
	4a		4a					xable amour				4b			
Standard Deduction for—	5a		5a					xable amour				5b	10500.070	_	
Single or	6a	,	6a	111	-1			xable amour	nt.			6b	12569.279	_	
Married filing separately,	C 7	If you elect to use the lump-sum e		•		`		,	•		. 🗀	7	36.0		
\$12,950 Married filing	7 8	Capital gain or (loss). Attach Scherother income from Schedule 1, lin						· · · ·			. Ш	8			
jointly or	9											9	6404.09		
Qualifying surviving spouse,	10	· · · · · · · · · · · · · · · · · · ·										10	2.0		
\$25,900	11	•	9. This is your adjusted gross income										_		
household, \$19,400	12										12	38422.024			
If you checked	13											13		\neg	
any box under Standard	14 Add lines 12 and 13										14	5.0			
5 ' "	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15	16188.0				