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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head	of hou	sehold (HOF			fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spo	ו בפוני	f vou ch	acka	d the HOH	or OS	S hav ente			se (QSS) name if th	e aualifyina
ONC DOX.		on is a child but not your dependent		oui spo	/u30. I	i you on	CORC	a the Horr	OI QC	o box, crite	i tilo oi	ilia 3	name ii tii	c qualifying
Your first name	-		Last na	me							Yo	ur soc	ial security	y number
John			nson											
If joint return, sp	ouse's	first name and middle initial	me							Sp	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												Presidential Election Campaign		
										Ch	Check here if you, or your			
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete s	plete spaces below. State)	ZIF	code				ly, want \$3	
											to go to this fund. Checking a box below will not change			
Foreign country	F	Foreign province/state			county		Foi	Foreign postal code			or refund.	J.		
													You	Spouse
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for pro	perty	or services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital	asset (o	r a fin	ancial ir	nteres	st in a digit	al ass	et)? (See ins	structio	ns.)	Yes Yes	☐ No
Standard														
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien							
Age/Blindness	Valle	Were born before January 2, 1	058 F	Are b	lind	Spor	uea.	□ Was h	orn h	efore Janua	n/2 10	158	☐ Is bli	nd
			330 <u> </u>	Ī			u30.							nstructions):
Dependents		rst name Last name		(2) Social securit number			(3) Relationship to you			Child tax cre		i i i i i		
If more than four	(1)	Last name												
dependents,	_													
see instructions and check	_										1		Ē	
here											1			
lu a a usa	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	467	68.467
Income	b	Household employee wages not re										1b		
Attach Form(s)	c Tip income not reported on line 1a (see instructions)										1c			
W-2 here. Also attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d 7538.0		538.0			
W-2G and												1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8	3839,	line 29						1f	4	14.0
If you did not	g	Wages from Form 8919, line 6 .										1g		
get a Form	h	Other earned income (see instruct	ions) .									1h	779	14.568
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)) .				1i					
	z	Add lines 1a through 1h				. , .						1z	88	379.0
Attach Sch. B	2a	Tax-exempt interest	2a				b Ta	xable inter	est			2b	56	280.0
if required.	3a		3a			_		dinary divid				3b		
	4a	IRA distributions	4a			ا	b Ta	xable amoi	unt .			4b		
Standard Deduction for—	5a	_	5a			I	b Ta	xable amo	unt .			5b		
Single or	6a	,	6a								· <u>·</u>	6b		
Married filing separately,	С	· · · · · · · · · · · · · · · · · · ·									. 📙	7	00	E40.0
\$12,950		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here											96	548.0
 Married filing jointly or 	8	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									8			
Qualifying	9										9			
surviving spouse, \$25,900	10	•	tments to income from Schedule 1, line 26									10	005	23.168
 Head of household, 	11											11	905	دی. ۱۵۵
\$19,400	12	Standard deduction or itemized		•			′					12	27/	200 26
If you checked any box under	13											13	3/2	298.86
Standard Deduction,	14											14		
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-U I	riis is yo	our ta	xable inco	ome		•	15		