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 one box.		Single Married filing jointly uchecked the MFS box, enter the name	_	ŭ		, ,	,			,	, _	spou	ifying survi se (QSS) name if the	ŭ	
		on is a child but not your dependent				,				,				, 4	
Your first name	and middle initial Last name Y								Your social security number						
Monica	Roberts														
If joint return, spouse's first name and middle initial Last name S								Spouse's social security number							
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	1	Presider	ntial Electio	n Campaign	
								ere if you,							
City, town, or post office. If you have a foreign address, also complete sp				ete spaces below. State				ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change				
Foreign country name				Foreign province/state/county					Forei	Foreign postal code			your tax or refund. You Spouse		
Digital Assets		any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) change, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction									•	Yes	No		
Standard		eone can claim: You as a de				spouse a				,		,			
Deduction		Spouse itemizes on a separate retur	•												
Age/Blindness	You:		958	Are b	lind	Spous	se: 🗌	Was bo	rn bef	ore Janı	uary 2,	1958	Is blin	nd	
Dependents	(see i	e instructions): (2) Social security (3) Relationsh							hip (4) Check	the box	cif qualif	if qualifies for (see instructions):		
If more	(1) Fi	rst name Last name	number			er	to you			Child tax c		redit Credit for other dep		er dependents	
than four]	
dependents, see instructions]	
and check]	
here \square													L		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instru	ctions)							1a		7.0	
	b	Household employee wages not re	eported	on Forn	n(s) W-	2						1b		350.0	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										1c	39	26.0	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										1e			
was withheld.	f	Employer-provided adoption bene										1f			
If you did not	g	Wages from Form 8919, line 6 .										1g	200		
get a Form W-2, see	h	Other earned income (see instruct										1h	603	369.91	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i	i					6.0	
		Add lines 1a through 1h				i .	 					1z			
Attach Sch. B if required.	2a	' <u>-</u>	2a			_	Taxable					2b	742	266.21	
	3a		3a					•				3b	00	470.0	
	4a		4a									4b	80	478.0	
Standard Deduction for—	5a		5a									5b			
Single or	6a	,	6a		-11-						_	6b			
Married filing separately,	c														
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7				
Married filing jointly or	8	Other income from Schedule 1, line 10								8					
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	92	547.0				
\$25,900	10	Adjustments to income from Schedule 1, line 26									10	92	347.0		
Head of household,	11										11	9/11	90.83		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12		63.591			
If you checked any box under	13	· · · · · · · · · · · · · · · · · · ·										13	933	70.001	
Standard Deduction,	14 15	Add lines 12 and 13									14		-		
see instructions.	15	Oubtract line 14 from line 11. ii zero or less, enter -0 Ithis is your taxable income								15					