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

2022

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 u checked the MFS box, enter the name						Head of				spou	se (QSS)	_	
	pers	on is a child but not your dependent	:												
Your first name	and mi	ddle initial	Last nar	Last name									Your social security number		
Lori	Ric				lichard										
If joint return, spouse's first name and middle initial Last name S									Spe	Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Pre	Presidential Election Campaign			
												Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete					lete spaces below. State				ZIP Code		to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/cour					Foreign postal code			T			
Digital Assets	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											Yes	□ No		
Standard Someone can claim: You as a dependent Your spouse as a dependent															
Deduction		Spouse itemizes on a separate retur	•			•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	Is bli	nd	
Dependents	(see i	see instructions): (2) Social security (3) Relationship (4) Check the box								e box if	if qualifies for (see instructions):				
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(Credit for oth	er dependents	
dependents,															
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a			
moonic	b	Household employee wages not re	eported o	on Form	n(s) W	'-2						1b			
Attach Form(s) W-2 here. Also										1c					
attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	1d 14515.34					
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441	, line 2	26 .						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .										1g	95	541.0	
get a Form	h	Other earned income (see instruct	ions) .						-			1h	703	300.11	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)) .			1	i				204	82.201	
	Z	Add lines 1a through 1h										1z	394	02.201	
Attach Sch. B	2a	Tax-exempt interest	2a			_		xable interes				2b			
if required.	3a	Qualified dividends	3a			b	Ord	dinary divide	ends			3b			
	4a		4a					xable amour				4b		105.0	
Standard Deduction for—	5a		5a			_		xable amour				5b		54.0	
Single or	6a	,	6a					xable amour	nt.		Ė	6b			
Married filing separately,	C	If you elect to use the lump-sum e		•		`		,	٠			_			
\$12,950	7	Capital gain or (loss). Attach Sche									Ш	7	004	45.70	
 Married filing jointly or 	8	Other income from Schedule 1, lin									•	8	22	145.76	
Qualifying Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total inco											•	9	101		
\$25,900	10	Adjustments to income from Sche									•	10	10:	555.53	
 Head of household, 	11	Subtract line 10 from line 9. This is									•	11			
\$19,400	12	Standard deduction or itemized										12	102	84 656	
If you checked any box under	13 14											13	22222 4		
Standard Deduction,	14 Add lines 12 and 13									15					
see instructions.	10	Subtract line 14 ITOHT line 11. II Zer	o or less	s, enter	-U I	ilio io yo	ur ta	vanie ilicoli	iie			15		0.0	