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 (HOH			fying surv	iving		
Check only one box.	If vo	u checked the MFS box, enter the n	ama of v	our coo	uco I	f vou ch	ooko	d tha UOU	or 09	S hav antai			se (QSS)	o gualifying		
one box.		on is a child but not your dependent		our spo	use. I	i you ch	ecke	a the non	or Qo	os box, enter	the cr	iliu S	name ii ui	e qualifying		
Your first name			Last na	me							You	ur soc	ial security	v number		
Francisco						rown										
If joint return, sp	ouse's	Last na	Last name							Spo	Spouse's social security number					
												.				
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pre	esiden	tial Election	n Campaign		
7,000											Check here if you, or your					
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete s	paces be	low.		State	9	ZIF	ode				ly, want \$3		
		-										_	tnis fund. (w will not	Checking a		
Foreign country	F	oreign p	rovince	e/state/c	ounty		For	reign postal cod			or refund.	oriarigo				
													You Spouse			
Digital	At an	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) s	sell,				
Assets		ange, gift, or otherwise dispose of a											Yes	☐ No		
Standard	Som	eone can claim:	pendent	: <u> </u>	Your	spouse	as a	depender	nt							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	llien									
Ago/Blindness	Vau	Were born before January 2, 1	059	Are b	lind	Spor		□ Was I	orn b	efore Januar	w 2 10	150	☐ Is bli	nd		
	_		930 _	<u> </u>			use.			(4) Check the						
Dependents		rst name Last name		(2) Social securit number			(3) Relationship to you			Child tax cre		· 1 · · · · · · · · · · · · · · · · · ·		•		
If more than four	(1)	Last name														
dependents,	_										1					
see instructions and check	_										1		Ē			
here											1					
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)					<u> </u>	1a	218	54.481		
Income	b										1b					
Attach Form(s)	c Tip income not reported on line 1a (see instructions)										1c	:				
W-2 here. Also attach Forms	d										1d	ld 64201.639				
W-2G and	e Taxable dependent care benefits from Form 2441, line 26											1e	39	393.0		
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29														
If you did not	g	Wages from Form 8919, line 6 .										1g				
get a Form	h	Other earned income (see instruct	ions) .									1h				
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions))				1i							
	z	Add lines 1a through 1h				. , .						1z				
Attach Sch. B	2a	Tax-exempt interest	2a				b Ta	xable inter	est			2b				
if required.	3a		3a					dinary divi				3b		56.0		
	4a		4a			'	b Ta	xable amo	unt .			4b		932.55		
Standard Deduction for—	5a	-	5a			_						5b	399	920.04		
Single or	6a	,	6a								·	6b				
Married filing separately,	_C											_				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										7	70	200.0		
 Married filing jointly or 	8	Other income from Schedule 1, lin	b, 5b, 6b, 7, and 8. This is your total income									8	76	222.0		
Qualifying surviving spouse,	9										•	9				
\$25,900	10	Adjustments to income from Schedule 1, line 26									10					
 Head of household, 	11										•	11		18.0		
\$19,400	12 Standard deduction or itemized deductions (from Schedule A)										•	12		10.0		
If you checked any box under	13											13				
Standard Deduction,	14 Add lines 12 and 13										14					
see instructions.	15	Subtract line 14 HOTT line 11. II Zel	o or ies	s, enter	- 0- . I	riis is yc	ou ta	ivanie IIIC	Jille			15				