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

2022
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OMB No. 1545-0074

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

Filing Status		ingle   Married filing jointly	Marrie	ed filing sep	arately (N	/IFS)	Head of	household (H	HOH)		ifying surv	viving	
Check only one box.	If you	u checked the MFS box, enter the n	ama of v	our enouse	If you o	aooko	od tha UOU a	r OSS boy	entor the		se (QSS)	o qualifying	
one box.		on is a child but not your dependent		oui spouse	. II you ci	IECKE		QOO DOX, E	enter the	Ciliu S	name ii u	le qualifying	
Your first name			Last nar	me						/our soc	rial securit	v number	
April				aufman							Your social security number		
	oint return, spouse's first name and middle initial Last na										Spouse's social security number		
In joint rotain, opouco o inot nume una midale initial													
Home address (	numbei	r and street). If you have a P.O. box, see	l instructio	ons				Apt. no		Draeidar	tial Flection	on Campaign	
(		. a.i.a c.i. ec., yea nave a i iei ee, ees	ou dou					7.540	1 1	Check here if you, or your			
										spouse if filing jointly, want \$3			
,,, p.	,	·						to go to this fund. Checking a box below will not change					
Foreign country name				Foreign province/state/o			,	Foreign post			or refund.		
,		,							You Spouse				
 Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward a	ward or	navm	ent for prope	rty or servic	es): or (h	n) sell			
Assets		ange, gift, or otherwise dispose of a									Yes	No	
Standard		eone can claim: You as a de					dependent	, (					
Deduction		pouse itemizes on a separate retur	•		•								
											1050 🗆 1 1 1 1		
		Were born before January 2, 1	958	Are blind	Spc	use:		rn before Ja			☐ Is bl		
Dependents			(c) results					"P   ` '			alifies for (see instructions):		
If more	(1) Fi	rst name Last name		number			to you	Chi	Child tax cred		t Credit for other dependent		
than four dependents,													
see instructions									<u> </u>		L		
and check						-			-				
here		T	4 /										
Income	1a	Total amount from Form(s) W-2, b	•		•					1a		767.0	
Attach Form(s)	b Household employee wages not reported on Form(s) W-2								1b				
W-2 here. Also	c Tip income not reported on line 1a (see instructions)									1c			
attach Forms W-2G and		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	50230.528		
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26								1e 1f			
was withheld.	f												
If you did not get a Form	g h	Wages from Form 8919, line 6								1g 1h	9		
W-2, see	i	Nontaxable combat pay election (see instructions)								111	70070.007		
instructions.	z	Add lines 1a through 1h	see ii isti	uctions) .		•	!!			1z	4	608.0	
Attach Sch. B	2a	J I	2a		· i	h Ta	 xable interes	+		2b			
if required.	3a	' –	3a				dinary divide			3b	65	974.91	
	4a		4a				xable amoun			4b	9	943.0	
Standard	5a		5a				xable amoun			5b			
Deduction for—	6a		6a				xable amoun			6b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod, che	ck here								
separately,	7	,	or (loss). Attach Schedule D if required. If not required, check here								93	3263.0	
\$12,950 Married filing	8		Other income from Schedule 1, line 10										
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9			
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									)		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									9.0		
household,	12	Standard deduction or itemized deductions (from Schedule A)									47235.718		
\$19,400 If you checked	13	<del>-</del>									13		
any box under Standard	14	Add lines 12 and 13								14			
Deduction,	15									15			
see instructions.					,								