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		0, , =	_	ŭ	•	• `	,	Head of		,	_	spou	se (QSS)	ŭ	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	or QS	S box, ente	the ch	nild's	name if the	qualifying	
Your first name	me and middle initial Last name You									our social security number					
Brian	Jone				nes										
If joint return, spouse's first name and middle initial Last no				st name							Spo	Spouse's social security number			
											residential Election Campaign				
City town or post office. If you have a foreign address, also complete spaces below.									spo	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a					
Foreign country name				Foreign province/state/cou			 ounty	ty Foreign pos							
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)									or (b) s	sell,	You	Spouse		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (o	r a fin	ancial in	iteres	st in a digita	lasse	et)? (See ins	tructio	ns.)	Yes	☐ No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•			•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	use:	☐ Was bo	orn be	efore Januai	y 2, 19	58	Is blir	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 othe	er dependents	
dependents,							\top				<u>. </u>		Ī	<u> </u>	
see instructions and check							\top				<u> </u>		Ī	<u></u>	
here							\top				1		Ī	<u></u>	
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	182	69.04	
Income	b	Household employee wages not re	eported (on Form	า(s) W	'-2						1b	5	33.0	
Attach Form(s)										1c	59358.87				
W-2 here. Also attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d					
W-2G and	e Taxable dependent care benefits from Form 2441, line 26								1e	761.0					
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			
get a Form	h	Other earned income (see instruction	ions) .									1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions))			1	i						
mondonono.	z	Add lines 1a through 1h	. , .			. , .						1z	3862	22.196	
Attach Sch. B	2a	Tax-exempt interest	2a			b) Ta	xable interes	st			2b	464	69.78	
if required.	3a	Qualified dividends	3a			b	Orc	dinary divide	ends			3b	327	83.83	
	4a	IRA distributions	4a			b) Tax	xable amour	nt.			4b			
Standard	5a	_	5a			b) Tax	xable amour	nt.			5b			
Deduction for— Single or	6a	Social security benefits	b Taxable amount							6b	(3.0			
Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)			ш				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requi	red, d	check here			ш	7			
Married filing	8	Other income from Schedule 1, lin	e 10 .									8		1.0	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This					nis is your total income							9		31.309	
surviving spouse, \$25,900	10	Adjustments to income from Sche	•									10		8.0	
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									11		7.0		
\$19,400	12	Standard deduction or itemized										12			
If you checked any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A										13	561	18.64		
Standard	14	Add lines 12 and 13										14		_	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur ta	xable incor	ne			15		0.0	