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 Check only		0, , =	_	ŭ	•	•	ĺ	Head of		`	<i>,</i> —	spou	se (QSS)	ŭ	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you ch	ecke	d the HOH c	or QSS	S box, ente	er the cl	nild's	name if the	qualifying	
Your first name											Your social security number				
Mrs.	Kic				idd										
If joint return, spouse's first name and middle initial Last n				st name								Spouse's social security number			
Home address (												Presidential Election Campaign			
										sp	Check here if you, or your 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				Fore	Foreign postal code you			ur tax or refund.  You Spouse			
Digital	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													<u></u>	
Assets									asse	t)? (See in	Structio	ons.)	Yes	∐ No	
Standard Deduction		eone can claim:				•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spot	ıse:	☐ Was bo	rn be	fore Janua	ary 2, 19	958	☐ Is blin	nd	
<b>Dependents</b>	(see i	nstructions):		(2)	Social security		(3) Relationsh		hip	ip (4) Check the b		qualifi	es for (see ir	nstructions):	
If more than four	<b>(1)</b> Fi	rst name Last name		number			to you			Child tax cr		(	Credit for othe	er dependents	
dependents,	_										_			<u>-</u>	
see instructions and check											_			<u> </u>	
here											_			<u></u>	
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions						<del>.</del> .	1a	231	06.0	
Income	b	Household employee wages not re	eported	on Form	n(s) W	/-2						1b	9	7.0	
Attach Form(s)	c Tip income not reported on line 1a (see instructions)											1c	74.0		
W-2 here. Also attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)													
W-2G and	e Taxable dependent care benefits from Form 2441, line 26										1e	le			
1099-R if tax was withheld.	f Employer-provided adoption benefits from Form 8839, line 29										1f	1240.0			
If you did not	g	Wages from Form 8919, line 6 .										1g	7	1.0	
get a Form	h	Other earned income (see instruct	ions) .									1h	1	8.0	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i				657	714.0	
	Z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	' <u>-</u>	2a					xable interes				2b		1.239	
if required.	3a_		3a					dinary divide				3b	_	50.08	
	4a		4a					xable amour				4b		14.0	
Standard Deduction for—	5a		5a					xable amour				5b		29.58	
Single or	6a	,	6a					xable amour	nt.			6b	2/10	)1.605	
Married filing separately,	c	If you elect to use the lump-sum e		-		•		•	•		. 📙	-	167	17.56	
\$12,950	7	Capital gain or (loss). Attach Schedule 1. lin									. Ш	7		6.0	
Married filing jointly or	8	Other income from Schedule 1, lin										9	0	6.0	
Qualifying surviving spouse,	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>											_			
\$25,900	10 11	Adjustments to income from Sche									10	1119	32.774		
Head of household,	12	Subtract line 10 from line 9. This is your adjusted gross income									12		79.0		
\$19,400 If you checked										13		3.0			
any box under	14 Add lines 12 and 13									14					
Standard Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									15					
see instructions.				,		,0				-	·				