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 Check only one box.		Single Married filing jointly under the name of the MFS box, enter the name of the market because the market	_	ŭ	•	• •	,	Head of d the HOH o		,	_	spou	se (QSS)	ŭ		
	pers	on is a child but not your dependent	:													
					ast name									Your social security number		
Rachel	40.10.					Green										
If joint return, spouse's first name and middle initial Last name										Spe	Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												residential 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	ZIP Code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change				
Foreign country name				Foreign province/state/co			ounty		Fore				ax 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 ins	structio	ns.)	∐ Yes	∐ No		
Standard Deduction		eone can claim:	•			•		dependent								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	use:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is blir	nd		
Dependents											lifies for (see instructions):					
If more		rst name Last name		number			to you			Child tax cre		t Credit for other depender		er dependents		
than four																
dependents, see instructions]		
and check]		
here \square]		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a				
	b Household employee wages not reported on Form(s) W-2								1b							
Attach Form(s) W-2 here. Also	60									1c						
attach Forms	Medicaid waiver payments not rep		, , , , ,							1d	36098.35					
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26											1e				
was withheld.	f	Employer-provided adoption bene							•			1f	47	200.0		
If you did not	g	Wages from Form 8919, line 6 .							٠		•	1g		20.0		
get a Form W-2, see	h	Other earned income (see instruction	,					1	. i			1h	4	0.0		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions	,			1	1			4-				
A#	z 2a	Add lines 1a through 1h Tax-exempt interest	2a				. To:	 xable interes			•	1z 2b	7'	25.0		
Attach Sch. B if required.	2a 3a		3a					dinary divide			•	3b		52.0		
	4a		4a					xable amour				4b		12.352		
Standard	5a		5a					xable amour				5b		488.0		
Deduction for—	6a	_	6a					xable amour				6b	4223	35.283		
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec											
separately, \$12,950	7	Capital gain or (loss). Attach Scheo		•		`		,			. 🗖	7				
• Married filing	8	Other income from Schedule 1, lin										8	776	03.18		
jointly or Qualifying	9	·	es 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9				
surviving spouse,	10										10					
\$25,900 • Head of	11	•	This is your adjusted gross income									11	49	98.0		
household, \$19,400	12										12	279	968.2			
If you checked	13	Qualified business income deducti						-A				13	297	15.92		
any box under Standard	14 Add lines 12 and 13										14	4				
5 ' "	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15	8	1.0				