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		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	amo of v	our coo	uco I	f vou ch	ooko	d tha UOU	or 09	S hav anta			se (QSS)	o qualifying		
one box.		on is a child but not your dependen		our spo	use. I	i you cii	ecke	a the non	or QS	os box, ente	i tile Ci	iliu S	name ii ur	e qualifying		
Your first name			Last na	me							Yo	ur soc	ial security	v number		
Deborah	IV				That is											
	joint return, spouse's first name and middle initial Last name												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 Electio	n Campaign		
·		, ,								'		Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below. State 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/			county Fo					or refund.	oago			
													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)	sell,				
Assets		ange, gift, or otherwise dispose of a											☐ Yes	☐ No		
Standard	Som	Someone can claim: You as a dependent Your spouse as a dependent														
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien									
Age/Rlindness	You	Were born before January 2, 1	958 F	Are b	lind	Spor	IISE.	□ Was h	orn b	efore Janua	rv 2 10	358	☐ Is bli	nd		
Dependents		•		Ī				(3) Relation						nstructions):		
-		rst name Last name		(2) Social security number				to you		Child tax cred		· 1				
If more than four	()	200.100.10											Г	7		
dependents,											1			-		
see instructions and check											ī		Ī			
here											1					
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	597	784.53		
IIICOIII C	b	Household employee wages not re	eported	on Form	n(s) W	-2						1b				
Attach Form(s)	Form(s) c Tip income not reported on line 1a (see instructions)										1c					
W-2 here. Also attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	889	93.027					
W-2G and	е	e Taxable dependent care benefits from Form 2441, line 26										1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits 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 instruct	ions) .									1h				
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)) .				1i				00/	119.08		
	Z	Add lines 1a through 1h									•	1z	902	+19.00		
Attach Sch. B	2a	· -	2a			_		xable intere				2b				
if required.	3a		3a			_		dinary divid				3b	_			
	4a		4a					xable amou			•	4b		122.0		
Standard Deduction for—	5a	_	5a									5b	36	739.0		
Single or	6a	,	6a								Ė	6b				
Married filing separately,	C	If you elect to use the lump-sum e		•		,			,		H	_		65.0		
\$12,950	7	Capital gain or (loss). Attach Sche									ш	7				
Married filing jointly or	8	Other income from Schedule 1, lin									•	8				
Qualifying surviving spouse,	9						al income									
\$25,900	10	Adjustments to income from Sche	•													
Head of household,	11	- Constitute in the incition in the year dayleted greek income									579.63					
\$19,400 If you checked	12 13							-Δ			•	13		353.58		
any box under	14									14						
Standard Deduction,	15	Subtract line 14 from line 11. If zer										15				
see instructions.	. •	2.53.400 mile i ii ii Zoi	2 31 1000	_, 511101	J . I	15 y C					·					