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				_				Head of				spou	se (QSS)	_	
one box.		u checked the MFS box, enter the name is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QS	S box, enter	the cr	illd's i	name if the	e qualifying	
Your first name	name and middle initial Last name Yo								You	our social security number					
Derrick	Wi				Vilson										
If joint return, spouse's first name and middle initial  Last name  S								Spo	Spouse's social security number						
											residential Election Campaigr				
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		Foreign postal code						
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) s										You	Spouse			
Assets		ange, gift, or otherwise dispose of a							asse	et)? (See ins	tructio	ns.)	Yes	□ No	
Standard Deduction		eone can claim:	•			•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	efore Januai	y 2, 19	58	☐ Is blii	nd	
<b>Dependents</b>	(see i	nstructions):	tions): (2) Social security (3) Relationship (4) Check the box						e box if	if qualifies for (see instructions):					
If more than four	<b>(1)</b> Fi	rst name Last name		number			to you			Child tax credit		C	Credit for other dependent		
dependents,											]				
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instrud	ctions	)						1a			
	b	Household employee wages not re	•			-2						1b		30.0	
Attach Form(s) W-2 here. Also	C	, , , , , , , , , , , , , , , , , , , ,									٠	1c	<del> </del>	19.0	
attach Forms		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									•	1d	4	+9.0	
W-2G and 1099-R if tax		e Taxable dependent care benefits from Form 2441, line 26									1e	60497.0			
was withheld.	f						٠		•		•	1f	- 00	437.0	
If you did not get a Form	g	Wages from Form 8919, line 6. Other earned income (see instruct							•		•	1g 1h	-	65.0	
W-2, see	h i	Nontaxable combat pay election (s	,						. i		•	111		33.0	
instructions.	z	Add lines 1a through 1h	5ee 1115ti	uctions,	'		•	· · <u> </u>	•			1z	817	34.289	
Attach Sch. B	2a	ı ı	2a	• •		   h	· Ta	 xable interes	· :t		•	2b			
if required.	3a	· -	3a			_		dinary divide			·	3b	189	08.218	
	4a		4a					xable amour				4b	302	216.039	
Standard Deduction for—	5a		5a					xable amour				5b		727.66	
	6a		6a			_		xable amour				6b			
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 Schee	dule D if	require	d. If n	ot requir	red, ه	check here				7			
• Married filing	8	Other income from Schedule 1, lin										8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>.</sup>	This is y	our <b>t</b> o	otal inco	ome					9			
aumining anauga	10	Adjustments to income from Sche						54	421.0						
Head of	<u>11</u>	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted	gross	s incom	е					11			
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	4)					12			
If you checked	Qualified business income deduction from Form 8995 or Form 8995-A									13					
any box under Standard	14	<b>14</b> Add lines 12 and 13									14	<b>1</b> 81172.0			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur <b>ta</b>	xable incor	ne			15			