Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022		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	•	• `	,	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	i you che	ecke	a the non c	or QS	5 box, ente	r the Cr	ilia s	name ii the	qualifying	
Your first name	and mi	ddle initial	Last nar	ne							Yo	Your social security number			
Jim	Browi	rown													
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			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code										Check here if you, or your spouse if filing jointly, want \$3					
City, town, or po	ist onic	e. If you have a foreign address, also co	mpiete st	plete spaces below. State				=	Zii Gode			to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county				,	For				ur tax or refund.		
9				ive (as a reward, award, or payment for property or services); or ((b) sell,		
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction Standard Someone can claim: You as a dependent Your spouse as a dependent										ns.)	res	NO			
Standard Deduction		Spouse itemizes on a separate return	•			•		Соронаст							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spot	ıse:	Was bo	orn be	efore Janua	ry 2, 19	958	Is blir	nd	
Dependents	(see i	nstructions):		(2) Social security			(3) Relationship		hip	(4) Check the b		· 1			
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cr		- (Credit for othe	er dependents	
dependents,							+				1			<u></u>	
see instructions and check	_						+				1			<u></u>	
here							\top							<u> </u>	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	7402	22.299	
moonic	b	Household employee wages not re	eported (on Form	n(s) W	'-2						1b	967	31.02	
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)										1c				
attach Forms	d	, , , , , , , , , , , , , , , , , , , ,										1d			
W-2G and 1099-R if tax	e	Taxable dependent care benefits f							•		•	1e	420:	16.307	
was withheld.	f	Employer-provided adoption bene					•		٠		•	1f	420	10.307	
If you did not get a Form	g	Wages from Form 8919, line 6. Other earned income (see instruction							•		•	1g 1h			
W-2, see	h i	Nontaxable combat pay election (s	,					1	ı İ		•	- 111			
instructions.	z	Add lines 1a through 1h	occ mou	uctions	, .				•			1z			
Attach Sch. B	2a	ı ı	2a	• •		. l	Ta:	xable interes	st ·			2b			
if required.	3a		3a					dinary divide				3b	9	9.0	
	4a	IRA distributions	4a			b	T a:	xable amour	nt .			4b			
Standard	5a	Pensions and annuities	5a			b) Ta	xable amour	nt .			5b			
Deduction for—	6a	Social security benefits	6a			b) Tax	xable amour	nt.			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requi	red, (check here				7			
Married filing jointly or	8	, and the second se									8				
Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										9	937	04.99		
\$25,900	Adjustments to income from Schedule 1, line 20									10					
Head of household,	11 Subtract line 10 from line 9. This is your adjusted gross income								11		9.0				
\$19,400	9,400 Standard deduction or itemized deductions (from Schedule A)									12		44.0			
If you checked any box under	13	Qualified business income deducti										13		64.83	
Standard	14	Add lines 12 and 13										14		71.0	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 Г	nis is yo	ur ta	ixable incor	ne		•	15	695	11.14	