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.

		Single Married filing jointly	Marrie	ed filing separately (N	MFS) Head of	household (HOH)			
Check only spouse (QSS) one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualify									
one box.		on is a child but not your depende		Jour spouse. II you ci	iecked the HOH C	or QSS box, enter ti	ie criiia s	s name ii the qualitying	
Your first name			Last na	me			Your so	ocial security number	
				Jefferson					
moniao				ast name				is social security number	
Last haine									
Home address (	numbe	r and street). If you have a P.O. box, s	see instruction	ons		Apt. no.	Drosida	ential Election Campaign	
Trome address (number and street). If you have a 1 .o. box, see instructions.							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		
only, tolling of pool officer in you have a following fraction and complete opacies solution						to go to this fund. Ch		this fund. Checking a	
Foreign country name			1	Foreign province/state/county		Foreign postal code	-1	x or refund.	
				l oroign province, etate, ecanity		r oronger poortal oods	You Spo		
Digital	Δt an	y time during 2022, did you: (a) r	eceive (as	a reward award or	navment for prop	arty or services): or	(h) sell		
Assets		ange, gift, or otherwise dispose of						Yes No	
Standard		eone can claim: You as a		<u></u>	e as a dependent				
Deduction		Spouse itemizes on a separate ref	•	•	•				
				_					
		Were born before January 2	!, 1958 _	Are blind Spo		rn before January		☐ Is blind	
Dependents	(2) doctal security (3) Helationship				, ,		fies for (see instructions):		
If more	<b>(1)</b> Fi	rst name Last name		number	to you	Child tax o	redit	Credit for other dependents	
than four dependents,									
see instructions						<u> </u>			
and check						<u> </u>			
here $\square$								Ц Ц	
Income	1a	Total amount from Form(s) W-2	•	•					
Attack Forms(s)	b	Household employee wages no	•	• •					
Attach Form(s) W-2 here. Also	ere. Also								
attach Forms	Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 10		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						00000.00	
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						60068.26	
If you did not	9	Wages from Form 8919, line 6					. 10		
get a Form W-2, see	h	Other earned income (see instru	,				. <u>1</u> ł	1	
instructions.	i	Nontaxable combat pay election	,	ructions)	<u>  1</u>	l			
	Z	, and the second se					. 1z		
Attach Sch. B if required.	2a	Tax-exempt interest	2a		<b>b</b> Taxable interes		. 2t		
Trequired.	3a	Qualified dividends	3a		<b>b</b> Ordinary divide		. 3t		
<u> </u>	4a	IRA distributions	4a		<b>b</b> Taxable amour		. 4k		
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Taxable amoun		. 5b		
• Single or	6a	Social security benefits	6a		<b>b</b> Taxable amoun	,	. 6b	•	
Married filing separately,	C	If you elect to use the lump-sum			,	,	<b>-</b> 7	75112.488	
\$12,950	7	Other income from Schedule 1, line 10							
<ul> <li>Married filing jointly or</li> </ul>	8							43.0	
Qualifying surviving spouse,	9								
\$25,900	10	Adjustments to income from Schedule 1, line 26						)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>						98093.691	
\$19,400	12	Statistical deduction of itemized deductions (item contents of item conten							
If you checked any box under	13								
Standard Deduction,	14 15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							
see instructions.	15	Subtract line 14 HOHT line 11. II.	zero or ies	s, citter -u This is y	our <b>taxable ilico</b> i		. 15	17023.33	
					-				