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		0, , =	_	ŭ	•	• `	,	Head of		`	_	spou	se (QSS)	Ū	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QS	S box, ente	r the cl	nild's	name if the	e qualifying	
Your first name	ne and middle initial Last name Y								Yo	Your social security number					
Jason	Wa				Vard										
If joint return, sp	f joint return, spouse's first name and middle initial Last				ast name								Spouse's social security number		
											Presidential Election Campaign				
City, town, or post office. If you have a foreign address, also complete spaces below.  State. 7IP code.								spe	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/coun			 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)										or (b)	sell,	You	Spouse	
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (o	r a fin	ancial in	iteres	st in a digital	lasse	et)? (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	ıse:	☐ Was bo	rn be	efore Janua	ry 2, 19	958	☐ Is blir	nd	
Dependents	(see i	(see instructions): (2) Social security (3) Relationship (4) Check the box is								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		(	Credit for othe	er dependents	
dependents,							$\top$								
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a			
moonic	b	Household employee wages not re	eported	on Form	n(s) W	'-2						1b		7.0	
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)											1c	4	4.0	
attach Forms	d	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d			
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26											1e			
was withheld.	f Employer-provided adoption benefits from Form 8839, line 29											1f			
If you did not	g	Wages from Form 8919, line 6 .										1g	499	928.26	
get a Form W-2, see	h	Other earned income (see instruct	,						'n			1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i				880	954.98	
	Z	Add lines 1a through 1h									•	1z		70 1.00	
Attach Sch. B	2a	· -	2a					xable interes			•	2b		101.0	
if required.	3a_		3a					dinary divide				3b		421.0	
	4a	_	4a					xable amour				4b		03.842 24.235	
Standard Deduction for—	5a	<del>-</del>	5a					xable amour				5b	444	24.233	
Single or	6a	•	6a		-1			xable amour	π.		Ė	6b			
Married filing separately,	C	If you elect to use the lump-sum e		-		,		,	•			7	843	322.73	
\$12,950	7	Capital gain or (loss). Attach Sche- Other income from Schedule 1, lin									ш	7		3.0	
Married filing jointly or	8										•	9	'	5.0	
Qualifying9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your 1Surviving spouse, 10Adjustments to income from Schedule 1, line 26												10			
\$25,900	11	•	edule 1, line 26							•	11	4.5	575.0		
household,	12										•	12			
\$19,400 If you checked	12 Standard deduction or itemized deductions (from Schedule A)									•	13				
any box under	14 Add lines 12 and 13									•		14			
Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15						
see instructions.						. , .									