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

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status		ingle Married filing jointly	Marrie	ed filing separa	ately (MI	FS)	Head of	househ	old (HOH)		alifying s			
Check only one box.	If you	u checked the MFS box, enter the n	ame of v	our snouse If	f vou che	ackac	the HOH or	r 088 h	ov enter th		ouse (QS 's name			
ONC BOX.		on is a child but not your dependent		our spouse. II	you on	CORCC		i QOO L	ox, critci ti	ic crilic	3 Harric	ii tiic quaiiiyiiig		
Your first name			Last nar	me						Your	social sec	urity number		
Michael	Michael Cisn				isneros									
If joint return, spouse's first name and middle initial Last n				st name							Spouse's social security number			
										'				
Home address (numbe	and street). If you have a P.O. box, see	instruction	ons.				A	ot. no.	Presid	lential Ele	ection Campaign		
										Check	Check here if you, or your			
City, town, or po	st offic	e. If you have a foreign address, also co	mplete sp	paces below.		State		ZIP co	de	spouse if filing jointly, want \$3 to go to this fund. Checking a				
								_	box below will not change					
Foreign country name				Foreign province/state/o			unty		oreign postal code		ax or refu			
											You Spouse			
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, awa	ard, or p	ayme	ent for prope	erty or s	ervices); or	(b) sel	l ,			
Assets	excha	ange, gift, or otherwise dispose of a	a digital a	asset (or a fina	ancial in	teres	t in a digital	asset)?	(See instru	uctions	.) 🗌 Y e	es 🗌 No		
Standard	Some	eone can claim: 🗌 You as a de	pendent	dent										
Deduction		Spouse itemizes on a separate return or you were a dual-status alien												
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spou	ıse:	☐ Was bor	rn befoi	e January	2. 1958		s blind		
Dependents				(2) Social s			(3) Relationsh	(4)				see instructions):		
If more		rst name Last name	number			to you		"P	Child tax cr		edit Credit for other depe			
than four														
dependents,														
see instructions and check														
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						. 1	а	25686.86		
moonic	b	Household employee wages not reported on Form(s) W-2								. 1	1b 71555.378			
Attach Form(s) W-2 here. Also								. 1	С					
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									49424.592			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									е	6832.0		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									lf			
If you did not	g	Wages from Form 8919, line 6									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .					, .		. 1	h	2.0		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>l</u> 1i							
	Z	1				•					z			
Attach Sch. B if required.	2a	' <u>-</u>	2a		_		able interest				2b	25896.6		
ii required.	3a		3a		_		linary divide				Bb	60781.669		
<u> </u>	4a		4a				able amoun				b	14596.0 494.0		
Standard Deduction for—	5a		5a		_		able amoun able amoun				ib	434.0		
Single or	6a	Social security benefits Lagrange If you elect to use the lump-sum e	6a	nothed sheel						. ·	ib			
Married filing separately,	С 7	· ·		•	•		•			╡ -	7			
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here									8			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9			
Qualifying surviving spouse,	10										0			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									1	16217.0		
household,	12	Standard deduction or itemized deductions (from Schedule A)										2515.0		
\$19,400 12 Standard deduction of itemized deductions (norm schedule A)											3	42642.56		
any box under Standard	14	Add lines 12 and 13									4			
Deduction,	15										5			
see instructions.														