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

202	2
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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		,	<i>'</i> —	spou	se (QSS)	ŭ
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you ch	ecke	d the HOH o	or QSS	S box, ente	r the cl	nild's	name if th	e qualifying
Your first name										Your social security number				
Dr.	Dunn													
If joint return, sp	int return, spouse's first name and middle initial Last name							Sp	Spouse's social security number					
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.						Apt. no.	Pre	residential Election Campaign		
												Check here if you, or your		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code						to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change							
Foreign country name				Foreign province/state/county				Fore	Foreign postal code you			our tax or refund. You Spouse		
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction											□ No		
Standard		eone can claim: You as a de						dependent	4000	,,, (OCC III.	Jii dollo	,,,,		
Deduction		Spouse itemizes on a separate retur	•			•		Саоронаон						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spot	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is bli	nd
Dependents	(see i	nstructions):		(2)		security		(3) Relations	hip	(4) Check th	e box if	qualifi	es for (see	instructions):
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(Credit for other dependents	
dependents,]
see instructions and check														
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions							1a		
	b	Household employee wages not re	eported o	on Form	า(s) W	/-2						1b		
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)							1c						
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	20748.0			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f										1e	97	196.55
was withheld.	f	Employer-provided adoption bene										1f		
If you did not	g	Wages from Form 8919, line 6.										1g	2:	252.0
get a Form W-2, see	h	Other earned income (see instruct	,						. 1			1h	_	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	,		٠	1	i					96.0
	Z	Add lines 1a through 1h				·	•		. •			1z		
Attach Sch. B if required.	2a	' <u>-</u>	2a					xable interes				2b	20	662.0
ii required.	3a		3a					dinary divide				3b	31	062.0
Standard	4a 5a		4a 5a					xable amour xable amour				4b 5b		
Deduction for—	6a		6a			_		xable amour				6b	508	00.855
Single or Married filing	C	If you elect to use the lump-sum e		nethod	chec				и.		· ·	OD	300	00.000
separately,	7	Capital gain or (loss). Attach Scher		•		`		,	•		· 🗔	7	54	323.16
\$12,950 Married filing	8	Other income from Schedule 1, lin										8	,	98.0
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7										9		82.902
Qualifying surviving spouse,	10	Adjustments to income from Sche										10		6.0
\$25,900 • Head of	11	•	s is your adjusted gross income								11			
household,	12	Standard deduction or itemized								12				
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A								13					
any box under Standard	14										14			
Deduction,	15									15				
see instructions.														_