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 one box.		Single Married filing jointly u checked the MFS box, enter the name	_	ŭ		•	,	Head of		,	_	spou	se (QSS)	ŭ	
0110 20711		on is a child but not your dependent		ou. opo		. ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u	. 40	<i>5</i>				o quayg	
Your first name	ne and middle initial Last name Y								You	Your social security number					
Noah	Warner														
If joint return, sp	urn, spouse's first name and middle initial Last name							Spo	Spouse's social security number						
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.						Apt. no.	Pre	Presidential Election Campaign			
													ere if you,		
City, town, or post office. If you have a foreign address, also complete				olete spaces below. State				t t			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					Foreign postal code y			your 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) sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction										Yes	□ No			
Standard		eone can claim: You as a de						dependent		.,. (,			
Deduction		Spouse itemizes on a separate retur				•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Januar	y 2, 19	958	☐ Is bli	nd	
Dependents	(see i	nstructions):		(2)		security		(3) Relations	hip	(4) Check the	box if	qualifi	es for (see i	instructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cred		(Credit for other dependent		
dependents,							\top]				
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 (on Form	n(s) W	'-2						1b	95	776.99	
Attach Form(s) W-2 here. Also									1c	3536.0					
attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s) W-2	2 (see ins	struc	tions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f										1e		4.0	
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f		29.0	
If you did not	g	Wages from Form 8919, line 6 .										1g	149	963.31	
get a Form W-2, see	h	Other earned income (see instruct	,					1	· .			1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i				256	51.985	
		Add lines 1a through 1h									•	1z	250	01.000	
Attach Sch. B	2a	' <u>-</u>	2a					xable interes			٠	2b		44.0	
if required.	3a_		3a					dinary divide				3b	- '	14.0	
	4a		4a					xable amour				4b			
Standard Deduction for—	5a		5a					xable amour				5b	010	240.50	
Single or	6a	,	6a	111	-11			xable amour	nt.		Ė	6b	618	310.53	
Married filing separately,	c	If you elect to use the lump-sum e		•		`		,	•		Н	7	838	36.064	
\$12,950	7	Capital gain or (loss). Attach Schedule 1. lin							•		ш	7			
Married filing jointly or	8	Other income from Schedule 1, lin									•	8			
Qualifying surviving spouse,	9		6b, 7, and 8. This is your total income						9						
\$25,900	10	Adjustments to income from Sche Subtract line 10 from line 9. This is									•	10			
Head of household,	11	Standard deduction or itemized									•	11			
\$19,400	<u>12</u> 13										•				
If you checked any box under										•	13				
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer										15			
see instructions.	.0	Casado into 14 nom into 11. Il 201	0 01 1033	, 011101	0.1	13 yU	ai ta	Addie illeeli			•	13			