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

12022
-------

OMB No. 1545-0074

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

Filing Status Check only				_				Head of				spou	se (QSS)		
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	S box, ente	r the ch	nild's	name if th	e qualifying	
Your first name	and mi	Last nar	ast name									Your social security number			
Matthew	Matthew Gil				ill all										
If joint return, spouse's first name and middle initial Last					st name								Spouse's social security number		
												Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete					ete spaces below.					ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
Foreign country name				Foreign province/state/c			ounty		Fore				elow will not change cax or refund.  You Spouse		
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); o exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instr										r (b) sell,				
Assets									asse	t)? (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	use:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	Is bli	nd	
<b>Dependents</b>	(see i	instructions):		(2) Social security			(3) Relationship		hip	(4) Check the box if		· 1			
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cred		(	Credit for oth	er dependents	
dependents,															
see instructions and check															
here													_		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instru	ctions							1a			
	b	Household employee wages not re	eported	on Forn	า(s) W	-2						1b	60	360.0	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see instructions)								1c				
attach Forms	Medicaid waiver payments not rep		Form(s) W-2 (see instructions)							1d	9	80.0			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f							•			1e			
was withheld.	f	Employer-provided adoption bene										1f			
If you did not	g	Wages from Form 8919, line 6 .										1g		07.704	
get a Form W-2, see	h	Other earned income (see instruct						1	. i			1h	5/4	07.784	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions				1	ı				35	388.0	
	Z	Add lines 1a through 1h										1z			
Attach Sch. B if required.	2a	' <u>-</u>	2a					xable interes				2b			
ii required.	3a_		3a					dinary divide				3b			
Standard	4a 5a		4a 5a					xable amour xable amour				4b 5b	34	169.92	
Standard Deduction for—	6a		6a					xable amour				6b		. 00.02	
Single or Married filing	C	If you elect to use the lump-sum e		nethod	chec				ιι .		· .	OD			
separately,	7	Capital gain or (loss). Attach Scher		•		•		•	•			7			
\$12,950 Married filing	8	Other income from Schedule 1, lin									. Ш	8	860	399.89	
jointly or					This is your <b>total income</b>							9		6.0	
surviving spouse, 10 Adjustments to income from Schedule 1 line 26												10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	•									11	983	77.665	
household,	12	Standard deduction or itemized deductions (from Schedule A)									12				
\$19,400 If you checked												13			
any box under Standard	<b>14</b> Add lines 12 and 13										14	45	505.0		
Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									15					
see instructions.															