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		Single Married filing jointly	Marrie	d filing	separ	ately (MI	FS)	Head of	fhous	ehold (HOH			fying survi se (QSS)	ving
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. It	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									Yo	Your social security number			
Arthur	Schneider													
If joint return, sp	nt return, spouse's first name and middle initial Last name							Sp	Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										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			F	Foreign province/state/county				Fore				ow will not on refund.	_	
 Digital		y time during 2022, did you: (a) reco											You	Spouse
Assets	exch	ange, gift, or otherwise dispose of a			r a fin	ancial in	teres	st in a digital	lasse	et)? (See ins	structio	ns.)	Yes	∐ No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur				•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is blir	nd
Dependents	(see i	instructions):		(2)		security		(3) Relations	hip	(4) Check the	e box if	x if qualifies 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, be	ox 1 (see	e instruc	ctions)						1a	294	88.22
IIICOIII C	b	Household employee wages not re	eported (on Form	n(s) W	-2						1b		
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c				
W-2 here. Also attach Forms	 d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 								1d	82621.05				
W-2G and									1e	50534.978				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839, 1	line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .										1g		
get a Form	h	Other earned income (see instruction	ions) .									1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions))			1	i					
mondonono.	z	Add lines 1a through 1h	. , .			. , .						1z		
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable interes	st			2b	224	16.45
if required.	3a	Qualified dividends	3a			b	Ord	dinary divide	ends			3b	539	967.4
	4a	IRA distributions	4a			b	Tax	xable amour	nt.			4b	407	93.453
Standard	5a	_	5a			b	Tax	xable amour	nt.			5b		
Deduction for— Single or	6a	Social security benefits	6a			b	Tax	xable amour	nt.			6b	(0.0
Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee ir	structions)						
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requir	red, d	check here			. 📙	7	154	409.0
Married filing jointly or	8	Other income from Schedule 1, lin	e 10 .									8	3464	48.094
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	4b, 5b, 6b, 7, and 8. This is your total income								9			
surviving spouse, \$25,900	10	Adjustments to income from Sche										10		
Head of household,	11	· · · ·												
\$19,400	12		r itemized deductions (from Schedule A)											
If you checked any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A										13			
Standard	14										14			
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15						