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

12022
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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.	If yo	Single Married filing jointly  u checked the MFS box, enter the nation is a child but not your dependent	ame of y	ŭ	•	• `	,	☐ Head of d the HOH o		,	<i>'</i> —	spou	se (QSS)	ŭ	
Your first name	•	, '		<b></b>							Vo		ial accurity	numbor	
					ast name Holmes								Your social security number		
	OU 166'6		Last name								Spouse's social security number				
If joint return, spouse's first name and middle initial Last name											op.	l l			
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.												residential Election Campaign			
(101110 4441000)				,,,,,,						, ip.:		check here if you, or your			
City, town, or post office. If you have a foreign address, also complete					lete spaces below. State				ZIP	ZIP Code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/co				1				ax or refund.  You Spouse			
Digital	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											Yes	□ No		
Assets									asse	i) r (See ins	Structio	115.)	1es		
Standard Deduction		eone can claim:	•			•		dependent							
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 blin	nd	
Dependents											qualifi	qualifies for (see instructions):			
If more		rst name Last name		number			to you			Child tax cr		dit Credit for other depe		er dependents	
than four															
dependents, see instructions														]	
and check															
here															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions	)						1a			
	b	Household employee wages not re	eported (	on Forn	n(s) W	'-2						1b	206	591.0	
Attach Form(s) W-2 here. Also										1c					
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(	s) W-2	2 (see ins	struc	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f										1e	2	9.0	
was withheld.	f	Employer-provided adoption bene										1f			
If you did not	g	Wages from Form 8919, line 6.										1g		10.99	
get a Form W-2, see	h	Other earned income (see instructi	,					1	. 1			1h	4313	37.956	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	) .			1	i					1.0	
		Add lines 1a through 1h			٠	· .	·					1z			
Attach Sch. B	2a		2a					xable interes				2b		33.0	
if required.	3a		3a					dinary divide				3b	895	03.34	
	4a		4a					xable amour				4b			
Standard Deduction for—	5a	_	5a					xable amour				5b	90	CO O	
Single or	6a	Social security benefits If you elect to use the lump-sum e	6a		-1			xable amour	π.		· .	6b	69	68.0	
Married filing separately,	c	· '		•		`		,	•		. 📙	7	1	7.0	
\$12,950	7	Capital gain or (loss). Attach Schedule 1. lin									. Ш	7			
Married filing jointly or	8 9	Other income from Schedule 1, lin										9			
Qualifying surviving spouse,												_	375	260.0	
\$25,900	10 11	Adjustments to income from Sche	•									10		38.0	
Head of household,	11										12		33.0		
\$19,400	<u>12</u> 13											13		40.0	
If you checked any box under	14 Add lines 12 and 13														
Standard Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									15	3505	58.639			
see instructions.	13	Capitact into 14 noin line 11. Il zer	0 01 1688	s, criter	U I	riio io y0	ui <b>td</b>	AUDIC HICUI	.10			15	0000	.5.555	