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								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 cl	hild's	name if the	qualifying	
Your first name	Your first name and middle initial Last name							,					Your social security number		
Mrs.	Me				Morrison										
If joint return, sp	Last nar	ast name								Spouse's social security number					
												residential Election Campaign			
City, town, or post office. If you have a foreign address, also complete spaces below.  State									sp	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a					
Foreign country		Foreign province/state/c			county Fc		Foro	ign postal co	bo	x belo	w will not c or refund.				
Foreign country	'	Toreign provincer state/county					1016	Total poolar code			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	n or you	were a	dual-	status al	lien								
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 blin	ıd	
Dependents				(2) Social securit number			` '		hip	(4) Check the box		· 1			
If more than four	(1) Fi	rst name Last name		nun				to you		Child tax cr		: (	Credit for othe	er dependents	
dependents,					$\Box$									<del></del>	
see instructions and check														<u></u>	
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a	4:	2.0	
	b	Household employee wages not re	eported (	on Form	n(s) W	'-2						1b			
Attach Form(s) W-2 here. Also	re. Also										1c				
attach Forms d Medicaid waiver payments not reported on Form(s						, ,						1d			
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26									1e					
was withheld.		f Employer-provided adoption benefits from Form 8839, line 29										1f			
If you did not	g	Wages from Form 8919, line 6 .							٠			1g		29.601	
get a Form W-2, see	h	Other earned income (see instruct							. i			1h	921	17.73	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions			٠	1	1						
	Z	Add lines 1a through 1h				·			. •			1z			
Attach Sch. B if required.	2a	' <u>-</u>	2a					xable interes				2b			
	3a		3a					dinary divide				3b	010	0.700	
<u> </u>	4a		4a					xable amour				4b		4.0	
Standard Deduction for—	5a		5a 6a			_	<ul><li>b Taxable amount</li><li>b Taxable amount</li></ul>					5b 6b			
Single or	6а с	If you elect to use the lump-sum e		nothod	choo				ιι.		 	OD	400	00.03	
Married filing separately,	7	Capital gain or (loss). Attach Sche		•		`		,	•		· 🗀	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin									. Ш	8			
jointly or	9									9					
Qualifying surviving spouse,										10	332	.07.83			
\$25,900	10 11	Adjustments to income from Sche Subtract line 10 from line 9. This is	5710ddio 1, 1110 20								70.56				
household,	12		ized deductions (from Schedule A)									6.0			
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A									13		595.0		
any box under	<b>14</b> Add lines 12 and 13											14			
Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									15					
see instructions.						,									