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.	If yo	Single Married filing jointly  u checked the MFS box, enter the name on is a child but not your dependent	ame of y	ŭ	•	• `	,	Head of		•	_	spou	ise (QSS)	ŭ	
Your first name	•	• •	Last nar	ne							You	Your social security number			
Lawrence	e Hou				louse										
If joint return, spouse's first name and middle initial  Last name							Spo	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 spaces below.  State  ZIP code							spo to g	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					Fore				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) sel exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions											Yes	□ No		
Standard Deduction	Someone can claim:  You as a dependent  Your spouse as a dependent														
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	use:	☐ Was bo	rn be	fore Januar	y 2, 19	58	Is blir	nd	
Dependents	(see i	instructions):		(2)	Social	security		(3) Relations	hip	(4) Check the	e box if	qualifi	es for (see i	instructions):	
If more than four		rst name Last name		number			to you			Child tax credit		(	Credit for other dependents		
dependents,							$\top$				]			<u> </u>	
see instructions and check							1								
here $\square$		T. I	4 /										L		
Income	1a	Total amount from Form(s) W-2, be	,			•					•	1a	59'	240.24	
Attach Form(s)	b	Household employee wages not re	•								•	1b 1c	302	140.24	
W-2 here. Also	<ul> <li>c Tip income not reported on line 1a (see instructions)</li> <li>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</li> <li>e Taxable dependent care benefits from Form 2441, line 26</li> </ul>								1d	3133.0					
attach Forms W-2G and									1e						
1099-R if tax	f	Employer-provided adoption bene							•		•	1f	980	040.88	
was withheld.	g g	Wages from Form 8919, line 6.					•		•		•	1g		60.772	
If you did not get a Form	h	Other earned income (see instructi							•		•	1h			
W-2, see	i	Nontaxable combat pay election (s	,					1	ı İ		•				
instructions.	z	Add lines 1a through 1h					į					1z	2	45.0	
Attach Sch. B	2a	ı ı	2a			b	Ta	xable interes	st			2b			
if required.	3a		3a					dinary divide				3b	218	364.24	
	4a		4a					xable amour				4b		4.0	
Standard	5a		5a					xable amour				5b			
Deduction for—	6a	_	6a					xable amour				6b	545	82.559	
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requi	red, ،	check here				7	921	165.85	
• Married filing	8	Other income from Schedule 1, lin										8	37	706.0	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is y	our <b>t</b>	otal inco	ome					9			
aumining anauga	10	Adjustments to income from Sche										10	567	791.883	
	11	Subtract line 10 from line 9. This is	s is your <b>adjusted gross income</b>							28.0					
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	4)					12			
If you checked	ou checked 13 Qualified business income deduction from Form 8995 or Form 8995-A									13	310	005.22			
any box under Standard	14	<b>14</b> Add lines 12 and 13								14	94.0				
5 ' "	15	Subtract line 14 from line 11. If zer										15	1	12.0	