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

2022

OMB No. 1545-0074

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

Filing Status Check only												spou	fying surviving se (QSS)	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	or QS	S box, enter	the ch	ild's	name if the quali	fying
Your first name	Your first name and middle initial						You	Your social security number						
Becky			Hall	Hall										
If joint return, spouse's first name and middle initial Las				ast name								Spouse's social security number		
												Presidential Election Campaign		
City, town, or post office. If you have a foreign address, also complete					ete spaces below.				ZIP code			Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a		
Foreign country name				Foreign province/state/c			 ounty		Fore				ow will not change or refund.	
 Digital				ve (as a reward, award, or payment for property or services); or										oouse
Assets	exch	ange, gift, or otherwise dispose of a			r a fin	ancial in	teres	st in a digital	l asse	et)? (See ins	tructio	ns.)	∐ Yes ∐ No	D
Standard Deduction		eone can claim: You as a deposite youse itemizes on a separate return	•			•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	fore Januar	y 2, 19	58	☐ Is blind	
Dependents	(see i	(see instructions): (2) Social security (3) Relationship (4) Check the box								box if	c if qualifies for (see instructions):			
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(Credit for other deper	ndents
dependents,							\top				1			
see instructions and check							\top				1			
here]			
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instruc	ctions)						1a	92949.435	
IIICOIII C	b	Household employee wages not re	ported	on Form	n(s) W	-2						1b	37811.0	
Attach Form(s)	. Also								1c	89.0				
W-2 here. Also attach Forms									1d	647.0				
W-2G and	е	Taxable dependent care benefits for	s from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	1.0	
If you did not	g	Wages from Form 8919, line 6 .										1g	71683.11	
get a Form	h	Other earned income (see instructi	ons) .									1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions))			1	i					
	z	Add lines 1a through 1h	. , .			. , .						1z	40106.86	
Attach Sch. B	2a	Tax-exempt interest	2a			b) Ta	xable interes	st			2b		
if required.	3a	Qualified dividends	3a			b	Orc	dinary divide	ends			3b	90.0	
	4a	IRA distributions	4a			b) Tax	xable amour	nt.			4b		
Standard	5a	Pensions and annuities	5a			b) Tax	xable amour	nt.			5b	54837.0	
Deduction for— Single or	6a	Social security benefits	6a			b) Tax	xable amour	nt.			6b		
Married filing	С	If you elect to use the lump-sum el	lection n	nethod,	checl	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, d	check here				7	58166.0	
Married filing	8	Other income from Schedule 1, line	e 10 .									8		
jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your to							al income					9		
surviving spouse, \$25,900	10	Adjustments to income from Schee	from Schedule 1, line 26								10			
Head of	11	-										4		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)												
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A										13			
Standard	14	†										14	4	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur ta	xable incor	ne			15	24334.0	