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.		Single Married filing jointly  u checked the MFS box, enter the name	_	ŭ	•	, ,	,	Head of		`	<i>'</i> —	spou	se (QSS)	ŭ	
one box.		on is a child but not your dependent		oui opo	u00. I	r you one	Jones		, GO	DOX, Onto	1 1110 01	ilia o		o quamying	
Your first name a		Last name									Your social security number				
Becky					Bryant										
If joint return, spouse's first name and middle initial  Last name  S										Spe	Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.											Pre	residential Election Campaign			
										Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete					te spaces below. State				ZIP	to g				Checking a	
Foreign country name				Foreign province/state/cou			ounty		Foreign postal code			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) exchange, 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	uooo	t): (000 iii	Juan	110.)			
Deduction		Spouse itemizes on a separate retur	•			•									
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 bli	nd	
<b>Dependents</b>	(see i	nstructions):		(2) Social security			(3) Relationship		hip	(4) Check the box if		qualifi	es for (see i	nstructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		C	Credit for oth	er dependents	
dependents,											1			<u>-</u> 1	
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a			
	b	Household employee wages not re	eported (	on Form	า(s) W	-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•									1c		778.08	
attach Forms W-2G and	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											1d	16.0		
1099-R if tax	<ul> <li>e Taxable dependent care benefits from Form 2441, line 26</li> <li>f Employer-provided adoption benefits from Form 8839, line 29</li> <li></li></ul>										1e 1f				
was withheld.	g	Wages from Form 8919, line 6.					•		•			1g		44.931	
If you did not get a Form	h	Other earned income (see instruct							•			1h			
W-2, see	i	Nontaxable combat pay election (s						1	i						
instructions.	z	Add lines 1a through 1h										1z	43	336.0	
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	cable interes	st			2b			
if required.	3a	Qualified dividends	3a			b	Orc	dinary divide	ends			3b	386	627.48	
	4a	IRA distributions	4a			b	Tax	kable amour	nt.			4b	934	477.18	
Standard	5a		5a			b	Tax	kable amour	nt.			5b			
Deduction for— Single or	6a	,	<b>b</b> Taxable amount								6b	367	748.37		
Married filing separately,	C	If you elect to use the lump-sum e		•		`		,			. 📙	_			
\$12,950	7	Capital gain or (loss). Attach Sche									. Ц	7		0.0	
Married filing jointly or	8	Other income from Schedule 1, lin										8		6.0 l9.0	
Qualifying surviving spouse,	9		6b, 7, and 8. This is your <b>total income</b>							9	-	rJ.U			
\$25,900	10 11	Adjustments to income from Sche										10			
household,	12	, , , ,									12				
\$19,400 If you checked	13									•	13	730	90.221		
any box under	14 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.															