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		ingle Married filing jointly	Marrie	ed filing s	eparately (N	/IFS)	Head of	household (H	IOH)		fying surv	viving	
Check only one box.	If you	u checked the MFS box, enter the n	amo of v	our coou	ico If vois d	nocko	d tha UOU a	r OSS boy	ntor the		se (QSS)	o qualifying	
one box.		on is a child but not your dependent		our spou	ise. II you ci	IECKE		QOO DOX, E	inter the t	Jiliu S	name ii iii	e qualifying	
Your first name	-		Last nar	me					v	our soc	rial securit	v number	
Nancy				ohnson							Your social security number		
				st name						pouse's social security number			
Last haine						١	pouse .		arity riamber				
Home address (numbei	and street). If you have a P.O. box, see	instructio	ons				Apt. no.	D	rasidar	tial Flectic	on Campaign	
		and one only in you have a rise bory occ						7,50		Presidential Election Campaign Check here if you, or your			
City, town, or po	st offic	e. If you have a foreign address, also co	mplete si	paces belo	ow.	State		ZIP code	S	spouse if filing jointly, want \$3			
orty, town, or post office. If you have a foreign address, also complete										o go to this fund. Checking a box below will not change			
Foreign country name			TF	Foreign province/state/county			Foreign postal code			or refund.			
				1 Grought provinces, etaile, eearity					3		You Spouse		
 Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward	award or	navm	ent for prope	rty or servic	es): or (b	ا مواا			
Assets											Yes	No	
Standard													
Deduction		Spouse itemizes on a separate return or you were a dual-status alien											
				_									
		Were born before January 2, 1	958	Are bli	<u> </u>	use:		rn before Jai			ls bli		
Dependents					ocial security					· 1	,	•	
If more	(1) Fi	st name Last name		number			to you	Chil	d tax cred	edit Credit for other de		ner dependents	
than four dependents,									<u> </u>		L		
see instructions									<u> </u>		L	┽──	
and check here									<u> </u>		L		
		T	4.6	<u> </u>							1 46	6694.0	
Income	1a	Total amount from Form(s) W-2, b			•					1a	40	8.0	
Attach Form(s)	b	Household employee wages not re	•							1b		0.0	
W-2 here. Also	c Tip income not reported on line 1a (see instructions)								1c 1d				
attach Forms W-2G and		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								_	1e		
1099-R if tax									_	1f 9805.0			
was withheld.	f	Land to the second to the seco											
If you did not get a Form	g h										1g 6.0 1h 39698.11		
W-2, see									- 111	0.5	000.11		
instructions.	z	Add lines 1a through 1h	5ee 1115ti	uctions)		•	!!			1z			
Attach Sch. B	2a	ı ı	2a		· · i ·	h Ta	 xable interes	+		2b		8.0	
if required.	3a	· —	3a				dinary divide		• •	3b	440)17.443	
	4a		4a				xable amoun			4b			
Standard	5a		5a				xable amoun			5b	50	774.57	
Deduction for—	6a	_	6a				xable amoun			6b		32.0	
Single or Married filing	С	If you elect to use the lump-sum e		nethod. o	check here				. 🗀				
separately,	7	Capital gain or (loss). Attach Sche				`	,		. 🗆	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin								8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9			
surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income											
household,	12	Standard deduction or itemized deductions (from Schedule A)											
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A								13				
any box under Standard	14	Add lines 12 and 13								14			
5 ' "	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	15			