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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head o	f hous	sehold (HOF	l) 🗌		fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our sno	nica l	f vou ch	acka	d the HOH	or OS	S hov ente	r the c		se (QSS) name if th	e aualifyina
ONC BOX.		on is a child but not your dependent		oui spo	usc. I	i you cii	CORC		or Qo	o box, crite	i tile el	ilia 3	name ii tii	c qualifying
Your first name	-		Last na	me							Yo	Your social security number		
Keith			Rodri	odriguez										
If joint return, sp	eturn, spouse's first name and middle initial  Last name									Sp	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.												Presidential Election Campaign		
										Ch	eck he	ere if you,	or your	
City, town, or po	st offic	ce. If you have a foreign address, also co	mplete s	paces be	low.		State	)	ZIP	code				tly, want \$3
												_	w will not	Checking a change
Foreign country	F	oreign p	rovince	e/state/co	ounty		For	eign postal co	de yo	ur tax	or refund.	ŭ		
											You	Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for prop	erty o	or services);	or (b)	sell,		
Assets	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)													☐ No
Standard	Som	meone can claim: You as a dependent Your spouse as a dependent												
Deduction		spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spor	use:	☐ Was be	orn be	efore Janua	rv 2. 19	958	☐ Is bli	nd
Dependents		•	_	Ī		security	Т	(3) Relations					es for (see	instructions):
If more		rst name Last name		number			to you			Child tax cre		edit Credit for other dependent		er dependents
than four														
dependents, 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 reported on Form(s) W-2								1b	<b>1b</b> 1250.56			
Attach Form(s) W-2 here. Also										1c	<b>c</b> 4037.0			
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d	d	
1000 D if toy												1e		
was withheld.	f	Employer-provided adoption bene										1f		
If you did not	g	Wages from Form 8919, line 6.										1g		91.0
get a Form W-2, see	h	Other earned income (see instruct	,					1				1h	30	118.04
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			•	· · L	1i					
	Z	Add lines 1a through 1h				· .	. +				•	1z	CC	374.37
Attach Sch. B if required.	2a	' <u>-</u>	2a					xable intere dinary divid			•	2b	000	5/4.3/
	3a	· ·	3a 4a					xable amou			•	3b 4b		
Standard	4a 5a		4a 5a					xable amou xable amou			•	5b		
Deduction for—	6a		6a					xable amou xable amou				6b		
Single or Married filing	C	If you elect to use the lump-sum e		nethod	chec							OD		
separately,	7	,										7	7 21903.164	
\$12,950 Married filing	8	Other income from Schedule 1, lin	Schedule 1, line 10								2	261.0		
jointly or	9	·												
Qualifying surviving spouse,	10	Adjustments to income from Sche												
\$25,900 • Head of	11											11	050.0	
household, \$19,400	12										12	18	101.12	
If you checked	13	Qualified business income deduct						-A				13		
any box under Standard	14	Add lines 12 and 13										14		
Deduction, see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15					