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 | | Single Married filing jointly | Marrie | ed filing | separ | ately (M | FS) | Head | of hou | sehold (HOH | l) 🗌 | | fying surv | viving |
|---|---|---|--|---------------------------|--------|-----------------------|-----------|--------------|---------|---------------|-----------|--|---------------|----------------|
| Check only one box. | lf vo | u checked the MFS box, enter the n | ama of v | our coo | uco l | f vou ch | ooko | d tha HOH | | S hav anta | r tha al | | se (QSS) | o qualifying |
| one box. | | on is a child but not your dependent | | our spo | use. i | i you cii | ecke | u ille non | i or Qa | oo box, ente | r trie Ci | IIIIu S | name ii ui | le qualifying |
| Your first name | | | Last na | me | | | | | | | Yo | ur soc | ial securit | v number |
| Steven | Perez | | | | | | | | | | | | | |
| - | ouse's | first name and middle initial | Last na | me | | | | | | | Sp | Spouse's social security number | | |
| If joint return, spouse's first name and middle initial Last name | | | | | | | | " | | | | | | |
| Home address (| numbe | er and street). If you have a P.O. box, see | instruction | ons. | | | | | | Apt. no. | Pro | esiden | tial Election | on Campaign |
| | | , , | | | | | | | | | | Check here if you, or your | | |
| City, town, or po | City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code | | | | | | | | | | | tly, want \$3 | | |
| | | | | | | | | | | | | to go to this fund. Checking a box below will not change | | |
| Foreign country name | | | F | Foreign province/state/co | | | ounty For | | | | | or refund. | | |
| | | | | | | | | | | | | | You | Spouse |
| Digital | At ar | ny time during 2022, did you: (a) rec | eive (as | a rewar | d, awa | ard, or p | aym | ent for pro | perty | or services); | or (b) | sell, | | |
| Assets | | ange, gift, or otherwise dispose of a | | | | | | | | | | | Yes | ☐ No |
| Standard | Som | eone can claim: | pendent | : [| Your | spouse | as a | depender | nt | | | | | |
| 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 F | Are b | lind | Spor | use: | ☐ Was I | orn b | efore Janua | rv 2 19 | 958 | ☐ Is bli | ind |
| | | | | Ī | | | | (3) Relation | | | | | | instructions): |
| - | endents (see instructions): (1) First name Last name | | | (2) | | ocial security number | | to you | | Child tax | | · . | , | ner dependents |
| If more than four | (1) | | | | | | | | | | | | [| 7 |
| dependents, | | | | | | | | | | | 1 | | | |
| see instructions and check | | | | | | | | | | | ī | | | |
| here | | | | | | | | | | | 1 | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instruc | ctions |) | | | | | | 1a | | |
| IIICOIII C | b | Household employee wages not re | eported | on Form | n(s) W | -2 | | | | | | 1b | | |
| Attach Form(s) | c Tip income not reported on line 1a (see instructions) | | | | | | | | | 1c | ; | | | |
| W-2 here. Also attach Forms | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | 1d | 39.0 | | | | |
| W-2G and | e Taxable dependent care benefits 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 | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | | 1g | 5 | 526.0 |
| get a Form | h | Other earned income (see instruct | ions) . | | | | | | | | | 1h | | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | uctions) | | | | | 1i | | | | 42 | 032.94 |
| | Z | Add lines 1a through 1h | | | | | | | | | | 1z | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | | | xable inter | | | | 2b | | 982.08 |
| if required. | <u>3a</u> | | 3a | | | | | dinary divi | | | | 3b | 123 | 334.392 |
| | 4a | | 4a | | | | | xable amo | | | | 4b | 044 | 455 740 |
| Standard Deduction for— | 5a | - | 5a | | | _ | | | | | | 5b | 044 | 155.743 |
| Single or | 6a | , <u> </u> | 6a | | -11 | | | | | | · . | 6b | - | |
| Married filing separately, | C | If you elect to use the lump-sum e | | · · · · · · · · · | | , | | | , | | . 🗀 | 7 | 7 | 429.0 |
| \$12,950 | 7 | | (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | .20.0 | | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | | | | • | 9 | | |
| Qualifying surviving spouse, | 9 | | z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | • | 10 | 35 | 340.85 | |
| \$25,900 | 10 | • | | | | | | | | • | | 100010 | | |
| Head of household, | | | | | | | | | | 11 | | | | |
| \$19,400 If you checked | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | | | 13 | 2 | 290.0 |
| any box under | 14 | <u> </u> | | | | | | | | | | 14 | | |
| Standard Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | | | • | 15 | | 75.0 |
| see instructions. | | 2 | 5 0. 1000 | ., | · · · | , с | | | • | | • | | | • |
| | | | | | | | | | | | | | | |