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 Check only								Head of				spou	se (QSS)	_
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	or QS	S box, ente	r the ch	nild's	name if the	e qualifying
Your first name	ne and middle initial Last name Yo									Your social security number				
Donna	Hunter													
If joint return, sp	oint return, spouse's first name and middle initial Last name							Sp	Spouse's social security number					
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		Presidential Election Campaign		
City town or post office. If you have a foreign address, also complete spaces below.							spe	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a						
Foreign country name			F	Foreign province/state/county					Fore				w will not on refund.	_
Digital		y time during 2022, did you: (a) reco											You	Spouse
Assets		ange, gift, or otherwise dispose of a							l asse	et)? (See in:	structio	ns.)	Yes	∐ No
Standard Deduction		eone can claim:	•			•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	fore Janua	ry 2, 19	958	ls blir	nd
Dependents	(see i	nstructions):		(2)		security		(3) Relations	hip	(4) Check th	e box if	f qualifies for (see instructions):		
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		C	Credit for other dependents	
dependents,														<u> </u>
see instructions and check]
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a		
moonic	b	Household employee wages not re	eported	on Form	n(s) W	-2						1b		
Attach Form(s) W-2 here. Also	 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 								1c					
attach Forms									1d					
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, 1	line 29						1f	7	78.0
If you did not	g	Wages from Form 8919, line 6 .										1g		
get a Form	h	Other earned income (see instruct	ions) .									1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions))			1	i				4	
	Z	Add lines 1a through 1h	. , .			. , .						1z		
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable interes	st			2b	758	36.46
if required.	3a	Qualified dividends	3a			b	Ord	dinary divide	ends			3b		
	4a	IRA distributions	4a			b	Tax	xable amour	nt.			4b		5.0
Standard	5a		5a					xable amour				5b		
Deduction for— Single or	6a	,	6a					xable amour	nt .			6b		
Married filing separately,	С	If you elect to use the lump-sum e		•		`		,			. 📙		4	
\$12,950	7	Capital gain or (loss). Attach Schee		require	d. If n	ot requir	red, o	check here	•		. Ц	7		
 Married filing jointly or 	8	Other income from Schedule 1, lin										8	4	14.0
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			our to	otal inco	ome		•			9	1	
surviving spouse, \$25,900	10	Adjustments to income from Sche	•									10	<u> </u>	23.0
Head of household,	Subtract line 10 from line 9. This is your adjusted gross income									050	00 117			
\$19,400	12	Standard deduction or itemized										12	656	26.117
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A									13	040	72 200		
Standard Deduction,	14	Add lines 12 and 13										14		73.298
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-U I	nis is yo	ur ta	ixable incor	ne			15	1:	57.0