Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only		single Married filing jointly	Marrie	d filing	separ	ately (M	FS)	Head of	fhous	sehold (HOH			ifying survi se (QSS)	iving	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. It	f you ch	ecke	d the HOH o	r QS	S box, enter	the ch	nild's	name if the	e qualifying	
Your first name	ne and middle initial Last name Yo										our social security number				
Mrs.	Per				erry										
If joint return, spouse's first name and middle initial Last				ist name								Spouse's social security number			
Home address (Presidential Election Campaign			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code									spo	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a					
Foreign country name				Foreign province/state/cou			 ounty		Foreign postal code			box below will not change your tax or refund.			
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)												You	Spouse	
Assets	exch	ange, gift, or otherwise dispose of a			r a fin	ancial in	iteres	st in a digital	lasse	et)? (See ins	tructio	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	rn be	fore Januar	y 2, 19	158	Is blin	nd	
Dependents	(see i	see instructions): (2) Social security (3) Relationship (4) Check the box								e box if	if qualifies for (see instructions):				
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit			Credit for oth	er dependents	
dependents,							\top]			<u> </u>	
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions							1a	580)12.58	
income	b	Household employee wages not re	eported o	on Form	า(s) W	/-2						1b	7	72.0	
Attach Form(s) W-2 here. Also										1c	:				
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d	d 57872.281			
W-2G and e Taxable dependent care benefits from Form 2441, line												1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	98	855.0	
If you did not	g	Wages from Form 8919, line 6 .										1g	9	01.0	
get a Form	h	Other earned income (see instruct	ions) .						,			1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)) .			1	i						
_	Z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	Tax-exempt interest	2a			t) Ta	xable interes	st			2b	841	43.491	
if required.	3a	Qualified dividends	3a			k	Ore	dinary divide	ends			3b	549	912.06	
	4a	IRA distributions	4a			k) Ta	xable amour	nt.			4b	6	84.0	
Standard Deduction for—	5a		5a			_		xable amour				5b			
Single or	6a	,								<u>.</u>	6b				
Married filing separately,	С	If you elect to use the lump-sum e		-		•		,					024	676.05	
\$12,950	7			e D if required. If not required, check here											
 Married filing jointly or 	8	Other income from Schedule 1, lin	_						8	94298.645					
Qualifying surviving spouse,	9		b, 6b, 7, and 8. This is your total income								9	-	8.0		
\$25,900	10	Adjustments to income from Sche										10		E27.0	
 Head of household, 	11		, , ,									11		5537.0 46.0	
\$19,400	12	Standard deduction or itemized									•	12	+		
If you checked any box under	13	Qualified business income deduct									•		13		
Standard Deduction,	14 15	the state of the s									14				
see instructions.	15	Subtract line 14 from line 11. If Zer	o or iess	, enter	-U I	ilis is yo	ur ta	ixable incon	iie		•	15			