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 Check only one box. | If you | single Married filing jointly cubecked the MFS box, enter the nation is a child but not your dependent | ame of y | ed filing our spo | | | | | | usehold (Ho SS box, er | , _ | spou | ifying surv ise (QSS) name if th | ŭ | |
|---|--|---|-----------------|----------------------|-------------------------------|-------------|------------------|-------------|--------------------------|---------------------------|------------|-------------------------------|--|----------------|--|
| Your first name and middle initial Last n-Heidi Aust | | | | t name | | | | | | | | | Your social security number | | |
| If joint return, spouse's first name and middle initial Last name | | | | | | | | | | | | | Spouse's social security number | | |
| Last fame | | | | | | | | | | " | | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. Apt. no. | | | | | | | | | | | Pr | residential Election Campaign | | | |
| | | | | | | | | ere if you, | or your tly, want \$3 | | | | | | |
| City, town, or post office. If you have a foreign address, also complete sp | | | | | low. | | State | Э | ZI | P code | | | ٠, | Checking a | |
| Foreign country name | | | | | | - /-t-t- /- | | | F. | unian nontal | | | ow will not or refund. | | |
| | | | | | Foreign province/state/county | | | | | oreign postal | code yc | ui lax | You | Spouse | |
| Digital | At an | y time during 2022, did you: (a) rece | eive (as | a rewar | d. awa | ard. or i | oavm | ent for p | L ropertv | or service | s): or (b) | sell. | | | |
| Assets | | ange, gift, or otherwise dispose of a | , | | | | • | • | | | ,. , | | Yes | ☐ No | |
| Standard | Som | eone can claim: 🔲 You as a de | pendent | t 🗌 | Your | spouse | as a | depende | ent | | | | | | |
| Deduction | | spouse itemizes on a separate retur | n or you | were a | dual- | status a | alien | | | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are b | lind | Spo | use: | ☐ Was | s born b | oefore Jan | uary 2, 1 | 958 | ☐ Is bli | ind | |
| Dependents | (see i | nstructions): | | (2) Social security | | | (3) Relationship | | ionship | (4) Check the box if qu | | fqualif | ies for (see | instructions): | |
| If more | | rst name Last name | number | | | oer | to you | | ou | Child tax cre | | t | Credit for oth | ner dependents | |
| than four | | | | | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | L | | |
| here \square | 4. | Table on the section of the section | | | | | | | | | | T 4 - | 619 | B62.559 | |
| Income | 1a | Total amount from Form(s) W-2, be | • | | | | | | | | | 1a 1b | 010 | 002.333 | |
| Attach Form(s) | b c | | | | | | | | | | | 1c | 2 | 255.0 | |
| W-2 here. Also attach Forms | d | | | | | | | | | | | 1d | | 336.67 | |
| W-2G and | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | | 1e | | | |
| 1099-R if tax was withheld. | f | | | | | | | | | | | | 71 | 717.0 | |
| If you did not | g | | | | | | | | | | | 1g | | | |
| get a Form | h | Other earned income (see instructi | ons) . | | | | | | | | | 1h | 2 | 225.0 | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | ee instr | uctions | | | | | 1i | | | | 646 | 000 110 | |
| | Z | Add lines 1a through 1h | | | | . , . | | | | | | 1z | |)33.119 | |
| Attach Sch. B | 2a | · — | 2a | | | | | xable inte | | | | 2b | | 798.236 | |
| if required. | 3a_ | <u> </u> | 3a | | | | | dinary di | | | | 3b | 115 | 529.201 | |
| <u> </u> | 4a | | ta Fo | | | | | | | | | 4b | | | |
| Standard Deduction for— | 5a 6a | | 5a 6a | | | | | | | | | 5b 6b | | 7.0 | |
| Single or Married filing | C | Social security benefits 6a b Taxable amount | | | | | | | | OD | | 7.0 | | | |
| separately, | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | | | | | |
| \$12,950 Married filing | 8 Other income from Schedule 1, line 10 | | | | | | | | | | | 8 | | | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | | | | | | |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | | | | 56 | 829.79 | |
| Head of | 11 | Subtract line 10 from line 9. This is | your a c | djusted | gross | s incon | ne | | | | | 11 | | | |
| household, == \$19,400 == | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | |)40.905 | | | |
| If you checked any box under | 13 | Qualified business income deducti | | | | | | | | | | 13 | | | |
| Standard | 14 | | | | | | | | | | | | | | |
| Deduction, see instructions. | 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | | | | 15 | 80 | 919.64 | | |
| | | | | | | | | | | | | | | | |