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 one box.		ingle Married filing jointly under the name of the MFS box, enter the name of the market the name of the na						Head of				spou	se (QSS)	_
	pers	on is a child but not your dependent	:											
Your first name	ame and middle initial Last name								Yo	Your social security number				
Hannah	Johnson				n									
If joint return, spouse's first name and middle initial Last name Set to the set of th								Sp	Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										residential 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				ow will not on refund. You	change
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction										Yes	No		
Assets		eone can claim:							asse	i) r (See ins	structio	115.)	res	
Standard Deduction		Spouse itemizes on a separate retur	•			•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is 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 credi		(Credit for other dependents	
dependents,							\top				ī		Ī	
see instructions and check							\top				ī		Ī	
here							\top				1		Ī	
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	-	7.0
Income	b	Household employee wages not re	eported (on Form	า(s) W	-2						1b		
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	truction	าร)							1c	48	39.0
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s) W-2	2 (see ins	struc	tions)				1d		
W-2G and	e Taxable dependent care benefits from Form 2441, line 26							1e	83284.97					
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	7508	85.819
If you did not	g	Wages from Form 8919, line 6 .										1g	70!	500.5
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					
motruotions.	z	Add lines 1a through 1h										1z		
Attach Sch. B	2a	Tax-exempt interest	2a			b	T a	xable interes	st			2b		
if required.	3a	Qualified dividends	3a			k	Or	dinary divide	ends			3b		
	4a	IRA distributions	4a			k	T a	xable amour	nt.			4b	60	26.65
Standard	5a	Pensions and annuities	5a			k	T a	xable amour	nt.			5b		
Deduction for—	6a	Social security benefits	6a			b	T a:	xable amour	nt .			6b		
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	red, ه	check here				7	52	150.0
Married filing	8	Other income from Schedule 1, lin	e 10 .									8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	and 8.	This is y	our t o	otal inco	ome					9		
aumining anauga	10	Adjustments to income from Sche	dule 1, li	ne 26								10		
Head of	11	Subtract line 10 from line 9. This is	e 10 from line 9. This is your adjusted gross income								11	11 64200.35		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule F	4)					12	479	954.2
If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A									13				
any box under Standard	14 Add lines 12 and 13									14	14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur ta	xable incor	ne			15	716	66.08