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			fying surv	iving	
Check only one box.	If 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			se (QSS)	o gualifying	
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	iliu S	name ii ui	e qualifying	
Your first name			Last nar	me							Yo	ur soc	ial security	v number	
Melissa															
	t return, spouse's first name and middle initial Last name							Sp	Spouse's social security number						
The state of the s									-						
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.	Pre	esiden	tial Election	n Campaign	
·		, ,										Check here if you, or your			
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete s	paces be	low.		State	9	ZIF	ode				tly, want \$3	
												o go to this fund. Checking a ox below will not change			
Foreign country name			F	Foreign province/state/o			county For					or refund.	onango		
													You	Spouse	
Digital	At an	y 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	Are b	lind	Spor	use:	☐ Was I	orn b	efore Janua	rv 2 19	958	☐ Is bli	nd	
Dependents	_			Ī				(3) Relation						instructions):	
If more		rst name Last name		(2) Social security number				to you		Child tax cre		edit Credit for other dependent		er dependents	
than four	<u>`</u>										7			7	
dependents,											ī		Ī		
see instructions and check											1		Ī	-	
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	95	404.0	
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) e Taxable dependent care benefits from Form 2441, line 26 								1d	ı					
W-2G and										1e	93	311.0			
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			
get a Form W-2, see	h	Other earned income (see instruct	ions) .									1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions))				1i				800	938.87	
	Z	1										1z			
Attach Sch. B	2a	· -	2a			_		xable inter				2b		2.0	
if required.	3a	· ·	3a			_		dinary divi			•	3b		676.0	
	4a		4a					xable amo			•	4b	87	416.14	
Standard Deduction for—	5a		5a									5b			
Single or	6a	,	6a	n ath a d	ahaa						·	6b			
Married filing separately,	С 7	,	ou elect to use the lump-sum election method, check here (see instructions)								7				
\$12,950 Married filing	8										8				
jointly or	9										•	9	18	378.3	
Qualifying surviving spouse,	10		7, and 8. This is your total income							•	10	10			
\$25,900	10 Adjustments to income from Schedule 1, line 26									11					
Head of household,	12 Standard deduction or itemized deductions (from Schedule A)									12	1	81.0			
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A										•	13		52.0	
any box under	14										•	14		19.0	
Standard Deduction,	15									15					
see instructions.		201		,		, c					·				