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		0, , =	_	ŭ	•	• `	,	Head of		`	,	spou	se (QSS)	Ū	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	r you che	еске	a the HOH o	r QSS	s box, ente	er the cr	ilia s	name if the	e qualitying	
Your first name										Yo	Your social security number				
Nicholas	Nicholas Da				Davis										
If joint return, spouse's first name and middle initial Last name									Sp	Spouse's social security number					
											Presidential Election Campaign				
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code								spe	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/coun			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		ange, gift, or otherwise dispose of a eone can claim: You as a de							asse	t)? (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	rn be	fore Janua	ry 2, 19	958	☐ Is blir	nd	
Dependents	(see i	see instructions):				(2) Social security (3) Relat			ship (4) Check the bo			ox 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,															
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a		8.0	
	b	Household employee wages not re	•			-2						1b	267	79.231	
Attach Form(s) W-2 here. Also	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1c					
attach Forms W-2G and										1d					
1099-R if tax	e	•					•		•			1e 1f			
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.					•		•			1g	494	04.161	
If you did not get a Form	g h	Other earned income (see instructi							•		•	1h	101	01.101	
W-2, see	i	Nontaxable combat pay election (s						1	ı İ		• •				
instructions.	z	Add lines 1a through 1h					•	· · <u>L·</u>				1z	716	06.777	
Attach Sch. B	2a	ı ı	2a	• •		, t	· Tax	xable interes	st .			2b	18	86.0	
if required.	3a		3a			b	Or	dinary divide	ends			3b			
	4a	IRA distributions	4a					xable amour				4b			
Standard	5a	Pensions and annuities	5a			b	Tax	xable amour	nt .			5b	769	959.45	
Deduction for—	6a	Social security benefits	b Taxable amount							6b	13.0				
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee ir	nstructions)			. 🔲				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requir	red, o	check here			. 🗌	7	653	302.75	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8	439	959.68	
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	13	94.0	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26								10	562	297.34	
Head of	11	, , ,													
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	4)					12			
If you checked any box under	13	Qualified business income deducti										13			
Standard	14	Add lines 12 and 13										14			
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15						