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	□ S	ingle Married filing jointly	Marrie	ed filing	separ	ately (MF	S) Head o	of hous	sehold (HOH)		alifying sur use (QSS)		
one box.	•	u checked the MFS box, enter the on is a child but not your depender		our spo	use. I	f you che	cked the HOH	or QS	S box, enter th	e child's	s name if th	ne qualifying	
Your first name a	and mic	d middle initial Last name								Your social security number			
Carl	Russell												
If joint return, spouse's first name and middle initial Last name							Spouse's social security number						
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.							Presidential Election Campaign Check here if you, or your						
City, town, or post office. If you have a foreign address, also complete spaces below.					S	State ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a				
Foreign country name				Foreign province/state/count				For	eign postal code	box below will not change your tax or refund.  You Spouse			
Digital	At an	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) se								(b) sell,			
Assets	excha	hange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)									∐ No		
Standard	Someone can claim: You as a dependent Your spouse as a dependent												
Deduction Spouse itemizes on a separate return or you were a dual-status alien													
Age/Blindness	You:	Were born before January 2,	1958	Are b	lind	Spous	se: Was b	orn be	efore January 2	2, 1958	☐ Is b	lind	
Dependents	•		_	(2)	Social	security	(3) Relations		(4) Check the bo		ifies for (see	instructions):	
If more	(1) First name Last name			number			to you		Child tax cr	redit	Credit for other dependents		
than four													
dependents,													
see instructions and check													
here $\square$													
Income	1a	Total amount from Form(s) W-2,	oox 1 (se	e instruc	ctions	)				. 1a	2	6612.0	
income	b								. 1b	35.0			
Attach Form(s)	С	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10	9912.0		
W-2 here. Also attach Forms	d									. 10	43162.34		
W-2G and	е									. 1e	•		
1099-R if tax was withheld.	f									. <u>1f</u>	i l		
If you did not	g	Wages from Form 8919, line 6								. 19	1g		
get a Form	h	Other earned income (see instruc	tions) .	ons)						. 1h	1h		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)						1i					
	Z	Add lines 1a through 1h								. 1z	2	3513.0	
Attach Sch. B	2a	Tax-exempt interest	2a			b	Taxable intere	st		. 2b	)		
if required.	3a	Qualified dividends	3a			b	Ordinary divid	ends		. 3b	40	868.497	
	4a	IRA distributions	4a			b	Taxable amou	ınt .		. 4b	55	5250.87	
standard	5a	Pensions and annuities	5a			b	Taxable amou	ınt .		. 5b	7	74344.1	
<b>Deduction for—</b> Single or	6a	Social security benefits	6a			b	Taxable amou	ınt .		. 6b	)		
Married filing	С	If you elect to use the lump-sum	election r	nethod,	chec	k here (se	e instructions)		[				
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									8137.0		
Married filing	8										1941.0		
jointly or Qualifying	9										9		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									26509.291		
Head of	<u>11</u>	Subtract line 10 from line 9. This is your adjusted gross income											
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)											
If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A								. 13	13 13137.45			
any box under Standard	14	4 Add lines 12 and 13								. 14	<b>14</b> 21133.0		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							. 15	<b>15</b> 68644.866			