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.	If yo	Single Married filing jointly  u checked the MFS box, enter the none is a child but not your dependent	ame of y	ŭ	•	•	,	Head of		` ′	_	spou	se (QSS)	ŭ	
Your first name	•	• •	Last nar	me							You	ır soc	ial security	/ number	
Debbie					ooper								Your social security number		
					ast name							Spouse's social security number			
											Presidential Election Campaign Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code to							spo to g	spouse if filing jointly, want \$3 to go to this fund. Checking a							
Foreign country name				Foreign province/state/county					Fore				box below will not change your tax or refund.  You Spouse		
Digital Assets	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			
Standard Deduction	Someone can claim:  You as a dependent  Your spouse as a dependent														
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	use:	☐ Was bo	orn be	efore Januar	y 2, 19	58	ls bli	nd	
Dependents	(see i	instructions):		(2)	Social	security		(3) Relations	hip	(4) Check the	box if	qualifi	es for (see i	nstructions):	
If more than four		rst name Last name		number			to you			Child tax credi		C	Credit for other dependent		
dependents,															
see instructions and check							$\blacksquare$				]				
here $\square$															
Income	1a	Total amount from Form(s) W-2, b	,			•					•	1a	05	750.0	
Attach Form(s)	b	Household employee wages not re	•								•	1b	25	752.0	
W-2 here. Also	<ul> <li>c Tip income not reported on line 1a (see instructions)</li> <li>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</li> <li>e Taxable dependent care benefits from Form 2441, line 26</li> </ul>								1c 1d	34189.57					
attach Forms W-2G and									1e	01100.07					
1099-R if tax	e f	Employer-provided adoption bene					•		•		•	1f			
was withheld.		Wages from Form 8919, line 6.					•		•		•				
If you did not get a Form	g	Other earned income (see instruct							•		•	1g 1h			
W-2, see	h i	Nontaxable combat pay election (s						1	. i		•	111			
instructions.	z	Add lines 1a through 1h	SCC IIISIII	uctions	'		•	· · <u>L'</u>	•			1z		6.0	
Attach Sch. B	2a	1	2a	• •	•	 	· Ta	 xable interes	· et		•	2b			
if required.	3a		3a			_		dinary divide			•	3b	470	)33.86	
	4a		4a					xable amour			•	4b		,00.00	
Standard	5a		5a					xable amour				5b			
Deduction for—	6a		6a					xable amour				6b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec						$\dot{\Box}$				
separately,	7	Capital gain or (loss). Attach Scher		•		`		,	·		П	7	492	79.847	
\$12,950 Married filing	8	Other income from Schedule 1, lin							·		_	8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7										9			
surviving spouse,	10	Adjustments to income from Sche	chedule 1, line 26							10					
\$25,900	11	•									11	841	132.98		
household,	12	Standard deduction or itemized								12	1	11.0			
\$19,400 If you checked	13		duction from Form 8995 or Form 8995-A							13	68	390.0			
any box under Standard	<b>14</b> Add lines 12 and 13									14					
Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	407	82.305				
see instructions.															