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	□ S	ingle Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	household	(HOH) [ifying surv ıse (QSS)	riving	
one box.		u checked the MFS box, enter the non- on is a child but not your dependent		our spouse. If you ch	necked	the HOH or	QSS box,	enter the	e child's	name if th	e qualifying	
Your first name	•	•	Last name						Your social security number			
Lynn			uston									
	oint return, spouse's first name and middle initial Last name				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 sp				spaces below. State			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county			Foreign postal code y		your tax or refund. You Spouse			
Digital		At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b								Yes	 □ No	
20000												
Standard Deduction		Someone can claim:										
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	Was bor	n before J	anuary 2	, 1958	ls bli	ind	
Dependents	(see i	nstructions):		(2) Social security		(3) Relationsh	ip (4) Ch	eck the bo	x if qualif	ies for (see	instructions):	
If more than four	(1) Fir	rst name Last name		number		to you		Child tax credit		Credit for other dependents		
dependents,								-F				
see instructions and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a			
moonic	b	Household employee wages not reported on Form(s) W-2							1b	b 251.0		
Attach Form(s) W-2 here. Also	· · · · · · · · · · · · · · · · · · ·							1c 90023.0		023.0		
attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e	521.0		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6								1g		
get a Form	h	Other earned income (see instruct	ions) .						1h	959	995.866	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		. <u>li</u>						
	Z	Add lines 1a through 1h							1z			
Attach Sch. B	2a	' <u>-</u>	2a			able interest			2b			
if required.	3a_		3a			inary divider			3b		355.829	
	4a -	_	4a -			able amoun			4b		028.04	
Standard Deduction for—	5a	-	5a			able amoun			5b		020.04	
Single or	6a	,	6a			able amoun	t		6b			
Married filing separately,	C Z	If you elect to use the lump-sum election method, check here (see instructions)								25511.418		
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing jointly or		8 Other income from Schedule 1, line 10										
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								29	10.307	
\$25,900		Adjustments to income from Schedule 1, line 26										
household,	11 Subtract line 10 from line 9. This is your adjusted gross income										000.20	
\$19,400 If you checked	13										283.095	
any box under	14	Add lines 12 and 13								13 38283.095 14 80119.085		
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15 8182.0		
see instructions.		201 201	2 0. 1000	-, -, -, -, -, -, -, -, -, -, -, -, -, -					.5		•	
											1010	