Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

202	2
-----	---

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the na	_	_		·	☐ Head of	·	, <u> </u>	spou	ifying surviving ise (QSS) name if the qualifying	
		on is a child but not your dependent			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,				
Your first name	and mi								Y	Your social security number		
Jennifer			Brooks									
If joint return, spouse's first name and middle initial  Last name  S							Spouse's social security number					
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no	1 -	Presidential Election Campaign		
							Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State ZIP cod					to go to this fund. Checking a box below will not change			
Foreign country name			Foreign province/state/county F					Foreign posta				
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)									☐ Yes ☐ No		
Standard												
Deduction												
Age/Blindness	You:	Were born before January 2, 19	958	Are bli	nd <b>Spo</b>	use:	Was bor	n before Ja			☐ Is blind	
<b>Dependents</b>	(see i	instructions):	ions): (2) Social security (3) Relationship (4) Check the box						k the box	if qualifi	ies for (see instructions):	
If more	<b>(1)</b> Fi	rst name Last name	number				to you		Child tax credit		Credit for other dependents	
than four dependents,							Н_					
see instructions	_											
and check here	_								$\vdash$			
	1a	Total amount from Form(s) W-2, bo	ox 1 (see	instruct	ions)				<u> </u>	1a	841.0	
Income	b	Household employee wages not re	•		,					1b		
Attach Form(s)								1c				
W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instruction						tions)			1d	9840.0		
W-2G and 1099-R if tax	е	, , , , , , , , , , , , , , , , , , , ,									/====	
was withheld.	f	It was the second of the secon									47592.39	
If you did not	g	Wages from Form 8919, line 6 .								1g	68465.099 59.0	
get a Form W-2, see	h i	Other earned income (see instructi Nontaxable combat pay election (s	,				1	· · · ·		1h	59.0	
instructions.	z	A alal linea a dia diamantala dia		uctions)						1z	4166.663	
Attach Sch. B	2a	ı ı	2a			<b>b</b> Tax	 able interest	· · · ·		2b	89577.903	
if required.	3a	· —	3a			<b>b</b> Ord	inary divide	nds		3b		
	4a	IRA distributions	4a			<b>b</b> Tax	able amoun	t		4b	3.0	
Standard Deduction for— • Single or	5a	Pensions and annuities	5a			<b>b</b> Tax	able amoun	t		5b		
	6a	Social security benefits	ба			<b>b</b> Tax	able amoun	t	· <u>·</u>	6b	58415.742	
Married filing separately,	С	If you elect to use the lump-sum el			,	•	,		📙			
\$12,950	7	Capital gain or (loss). Attach Sched		•	•	,			. 🗀	7		
• Married filing jointly or										8	46689.0	
Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is										9	0.0	
\$25,900	10     Adjustments to income from Schedule 1, line 26 <t< td=""><td></td><td>0.0</td></t<>									0.0		
<ul> <li>Head of household,</li> </ul>												
\$19,400 • If you checked									13			
any box under	14									14		
Standard Deduction,	15									15	70508.661	
see instructions.					ĺ						•	