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

2022
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OMB No. 1545-0074

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

Filing Status Check only								Head o				spou	se (QSS)	_	
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 C	or QS	S box, ente	er the ci	niia's	name ir tn	e qualifying	
Your first name											Yo	our social security number			
Jonathan	Jonathan Co				Contreras										
If joint return, spouse's first name and middle initial  Last n					ot name								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.									sp	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/co						x below will not change ur 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)										or (b)	You Spouse			
Assets		ange, gift, or otherwise dispose of a											☐ Yes	☐ No	
Standard Deduction		eone can claim:	•					dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	use:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	Is bli	nd	
Dependents	(see i									e box if	if qualifies for (see instructions):				
If more than four	<b>(1)</b> Fi	rst name Last name		number				to you		Child tax credit		(	Credit for other dependents		
dependents,							$\top$							<u> </u>	
see instructions and check															
here							$\perp$								
Income	1a	Total amount from Form(s) W-2, be	,			•						1a			
Attach Form(s)	b	Household employee wages not re	•									1b	1	23.0	
W-2 here. Also	So  Medianid waiver neumants not reported on Form(a) M/ 2 (and instructions)									1c					
uttach Forms d Medicaid waiver payments not reported on Form(s) W-2 V-2G and e Taxable dependent care benefits from Form 2441 line 2							·					1d 1e			
1099-R if tax	<ul> <li>Taxable dependent care benefits from Form 2441, line 26</li> <li>Employer-provided adoption benefits from Form 8839, line 29</li> <li></li></ul>											1f			
was withheld.		Wages from Form 8919, line 6.					•		•		•	1g	1.0		
If you did not get a Form	g h	Other earned income (see instructi							•			1h	77	639.0	
W-2, see	i	Nontaxable combat pay election (s	,					1	ı İ				- ''	000.0	
instructions.	z	Add lines 1a through 1h	occ man	uctions	, .			· ·				1z	4	46.0	
Attach Sch. B	2a	ı ı	2a				Ta	xable interes	st			2b			
if required.	3a		3a					dinary divide				3b		0.0	
	4a		4a					xable amou				4b			
Standard	5a		5a					xable amou				5b		22.0	
Deduction for-	6a	<del>-</del>	6a					xable amou				6b	714	65.378	
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	see ir	nstructions)			. 🔲				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requir	red, (	check here			. 🔲	7			
Married filing	8	Other income from Schedule 1, lin	e 10 .									8			
jointly or Qualifying							come					9	Ę	51.0	
aumining anauga	10	Adjustments to income from Sche										10	97	600.88	
Head of	<u>11</u>	Subtract line 10 from line 9. This is	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									11	786	607.507	
household, \$19,400	12	Standard deduction or itemized													
If you checked	13	Qualified business income deducti	on from	Form 8	995 o	or Form 8	3995	-A				13	638	45.098	
any box under Standard	14	Add lines 12 and 13										14	715	18.198	
Deduction, see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									15					