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

2022	
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OMB No. 1545-0074

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one box. If you checked the MFS box, enter the name of your spouse, if you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Filing Status Check only		0, , =	_	ŭ		•	ŕ	Head of		`	′ —	spou	se (QSS)	Ū	
If joint return, spouse's first name and middle initial   Last name   Spouse's social security number and sirreety. If you have a P.O. box, see instructions.   Apt. no.   Check here if you, or your country name   Foreign province/state/country   Foreign province/state/country   Foreign postal code   The province/state/country   The pr	one box.				our spo	use. I	f you che	ecke	d the HOH o	or QSS	S box, ente	r the cl	nild's	name if the	e qualifying	
Figure 1   Figure 1   Figure 2   First name and middle initial   Last name   Spouse's social security number	Your first name										Yo	Your social security number				
Home address (number and street), If you have a P.O. box, see instructions.  City, town, or post office. If you have a foreign address, also complete spaces below.  State	Brian	Geo				eorge										
Cley, town, or post office. If you have a foreign address, also complete spaces below.  State    Cley, town, or post office. If you have a foreign address, also complete spaces below.	If joint return, spouse's first name and middle initial Last												Spouse's social security number			
City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   Spouse if filing jointly, want S3 togo to this faunci. Checking a box below will not change by your tax or refund.   You   Spouse   You   Spouse   You   Spouse   You   Spouse   You   Spouse   Standard   Standard   Spouse   Spouse   Spouse   Standard   Spouse   Sp	Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		· · ·			
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Standard Deduction  Spouse itemizes on a separate return or you were a dual-status alien  Age/Bilindness You:   Were born before January 2, 1958   Are blind   Spouse:   Was born before January 2, 1958   Is blind    Dependents (see instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   (1) First name   Last name   mumber   to you   Chell for other dependents   (1) First name   Last name   mumber   to you   Chell for other dependents   (1) First name   Last name   mumber   to you   Chell for other dependents   (1) First name   Last name   mumber   to you   Chell for other dependents   (1) First name   Last name   mumber   to you   Chell for other dependents   (1) First name   Last name   mumber   to you   (1) First name   Last name   mumber   to you   Chell for other dependents   (1) First name   Last name   mumber   to you   (1) First name   Last name   to you   (1) First name   Last name   name   Last name   to you   (1) First name   Last name   name   Last name   name   Last name   name   name   Last name   name   name   Last nam																
Spouse itemizes on a separate return or you were a dual-status alien										asse	i) : (See iii	Structic	115.)	163		
See instructions :				•			•		черепиет							
If more than four dependents, see instructions and check here   Total amount from Form(s) W-2, box 1 (see instructions)	Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo							
If more than four dependents, see instructions and check here here    Total amount from Form(s) W-2, box 1 (see instructions)	<b>Dependents</b>				(2)		•			hip			· 1			
dependents, see instructions and check here  Income  Incom		(1) Fi	rst name Last name		number			to you			Child tax cr		(	Credit for othe	er dependents	
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Income  Attach Form(s) W-2 here. Also be Household employee wages not reported on Form(s) W-2 (see instructions)  Tip income not reported on line 1a (see instructions)  C Tip income not reported on line 1a (see instructions)  C Tip income not reported on line 1a (see instructions)  C Tip income not reported on Form(s) W-2 (see instructions)  C Tip income not reported on Form(s) W-2 (see instructions)  C Tip income not reported on Form(s) W-2 (see instructions)  C Taxable dependent care benefits from Form 2441, line 26  E Employer-provided adoption benefits from Form 8839, line 29  C Tip income not reported on Form(s) W-2 (see instructions)  C Taxable dependent care benefits from Form 8839, line 29  C Tip income not reported on Form(s) W-2 (see instructions)  C Taxable dependent care benefits from Form 8839, line 29  C Tip income not reported on Form(s) W-2 (see instructions)  C Taxable dependent care benefits from Form 8839, line 29  C Taxable dependent care benefits from Form 8839, line 29  C Taxable dependent care benefits from Form 8839, line 29  C Taxable dependent care benefits from Form 8839, line 29  C Taxable dependent care benefits from Form 8839, line 29  C Taxable amount												1			<del>-</del>	
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