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 of				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	f you che	эскес	d the HOH o	r QSS	box, ente	r the cr	niid's	name if the	e qualifying	
Your first name									Your social security number						
Benjamin	njamin Ga				Garcia										
If joint return, spouse's first name and middle initial Last name							Spe	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							code	spo to	spouse if filing jointly, want \$3 to go to this fund. Checking a						
Foreign country name				Foreign province/state/county			ounty		Fore	ign postal co		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	No			
Standard		eone can claim: You as a de						dependent	4330	1): (000 111	3ti dotio	113.)			
Deduction		pouse itemizes on a separate return	•			•									
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	Is blin	nd	
<b>Dependents</b>	(see i				(2) Social security			(3) Relationship		(4) Check the b		· 1			
If more than four	(1) Fi	rst name Last name		number			to you			Child tax c		(	Credit for oth	er dependents	
dependents,							$\top$								
see instructions and check							T								
here															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instrud	ctions	)						1a	9	96.0	
	b	Household employee wages not re	•			-2						1b			
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)									1c					
attach Forms		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d	4744.0			
W-2G and 1099-R if tax	Taxable dependent care benefits from Form 2441, line 26									1e	60600.262				
was withheld.	f										1f	67.0			
If you did not get a Form	g	_							•			1g 1h		053.0	
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election (s						1	. i			111	30	333.0	
instructions.	Z	Add lines 1a through 1h	see msu	uctions,			•	<u> </u>	•			1z	427	703.46	
Attach Sch. B	2a	ı ı	2a			   h	1 Tan	 kable interes	· et			2b			
if required.	3a		3a					dinary divide				3b			
	4a		4a					kable amour				4b	597	765.22	
Standard	5a		5a					cable amour				5b		517.72	
Deduction for-	6a	<del>-</del>	6a					cable amour				6b		5.0	
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	 k here (s	ee in	structions)			. 🗆				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requir	red, c	check here			. 🗆	7	8	83.0	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. <sup>-</sup>	This is y	our <b>t</b> o	otal inco	ome					9			
aumining anauga	10	Adjustments to income from Sche	dule 1, li												
Head of	11	Subtract line 10 from line 9. This is	is is your adjusted gross mornie							777.0					
household, \$19,400	12	Standard deduction or itemized													
If you checked	13	Qualified business income deducti	ion from	Form 8	995 o	r Form 8	3995-	-A				13			
any box under Standard	14	<b>14</b> Add lines 12 and 13									14				
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	5 50800.642					