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

2022
2022

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 n on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QS	S box, enter	the ch	nild's I	name if th	e qualifying
Your first name	and mi	ddle initial	Last nar	me							You	Your social security number		
Daniel	Morris	Morris												
If joint return, spouse's first name and middle initial				Last name								Spouse's social security number		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		residential Election Campaign		
City, town, or post office. If you have a foreign address, also complete spa					spaces below. State				ZIP	ZIP code		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/county					Fore				w will not or refund.	change
9				eive (as a reward, award, or payment for property or services); or (l digital asset (or a financial interest in a digital asset)? (See instruc									Yes	No
Assets									1 asst	et) r (See IIIS	tructio	115.)	<u> </u>	NO
Standard Deduction		eone can claim:	•			•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	efore Januar	y 2, 19	58	☐ Is bli	nd
Dependents	(see i	nstructions):		(2) Social securit					hip	(4) Check the box		qualifi	es for (see i	nstructions):
If more than four	(1) Fi	rst name Last name		number		ber		to you		Child tax		(Credit for other dependents	
dependents,]			5
see instructions and check]			
here]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a		
income	b	Household employee wages not re	eported o	on Form	n(s) W	'-2						1b	812	246.25
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)										1c	3164.0	
attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											1d		
W-2G and	е	e Taxable dependent care benefits from Form 2441, line 26										1e	57829.639	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .										1g	54	44.28
get a Form	h	Other earned income (see instruct	ions) .									1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)) .			1	i				_	70F 0
	Z	Add lines 1a through 1h	. , .			. , .						1z		'25.0
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable interes	st			2b		
if required.	3a	Qualified dividends	3a			b	Ord	dinary divide	ends			3b		
	4a	IRA distributions	4a			b	Tax	xable amour	nt.			4b		
Standard Deduction for—	5a	-	5a			b	Tax	xable amour	nt.			5b	24	406.0
Single or	6a	,								<u>.</u>	6b			
Married filing separately,	С	If you elect to use the lump-sum e		•		`		,					4	0.0
\$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here								Ш	7				
 Married filing jointly or 	8	, and the second								•	8	32	145.87	
Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								•	9				
surviving spouse, \$25,900	10	Adjustments to income from Sche									•	10		6.0
Head of household. Subtract line 10 from line 9. This is your adjusted gross income									11					
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									12			
If you checked any box under	13	Qualified business income deduct									•	13		
Standard Deduction,	14	Add lines 12 and 13										14	1.	447.00
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-U I	nis is yo	ur ta	xable incor	ne		•	15	444	447.26