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

2022		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	i you che	SCKE	a trie non o	i QSS	b box, ente	tille Ci	IIIu S	name ii iii	e qualifying	
Your first name	and mi	ddle initial	Last nar	ne							Yo	Your social security number			
Raymond Frie					riedman										
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.)	ZIP code spouse if f to go to th				f filing joint	or your tly, want \$3 Checking a	
Foreign country name				Foreign province/state/co				y Foreign postal code							
9				eive (as a reward, award, or payment for property or services); or (Spouse	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard Someone can claim: You as a dependent Your spouse as a dependent										ns.)	Yes	∐ 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	fore Janua	y 2, 19	958	☐ Is bli	nd	
Dependents	(see instructions):			(2) Social secu			' ' '		hip	(4) Check the bo		qualifi	es for (see	instructions):	
If more than four	(1) Fi	rst name Last name		number			-	to you		Child tax credi		(Credit for oth	er dependents	
dependents,							\top]				
see instructions and check]				
here]				
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a			
	b	Household employee wages not re	•			'-2	٠					1b		403.59	
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	•		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f					٠		•		•	1e		33.0	
was withheld.	f	Employer-provided adoption bene					٠		•		•	1f		21.0	
If you did not get a Form	g	Wages from Form 8919, line 6.							•		•	1g 1h	-	_1.0	
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election (s						1	. i		•	In			
instructions.	z	Add lines 1a through 1h	see msu	uctions	' '		•	· · <u> </u>	•			1z		70.0	
Attach Sch. B	2a	ı ı	2a			 h	· Ta	 xable interes	et		•	2b			
if required.	3a		3a			_		dinary divide			•	3b			
	4a		4a					xable amour				4b			
Standard	5a		5a					xable amour				5b			
Deduction for—	6a	-	6a					xable amour				6b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod,	chec	k here (s	ee ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Scheo				•		•				7			
• 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. This is your total income									9					
surviving spouse, 10 Adjustments to income from Schedule 1 line 26												10			
\$25,900 • Head of	11 Subtract line 10 from line 9. This is your adjusted gross income								8	83.0					
household, \$19,400								12	10	007.0					
If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A											13			
any box under Standard	14 Add lines 12 and 13											14			
5 ' "	15	Subtract line 14 from line 11. If zer										15			