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

202	2
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OMB No. 1545-0074

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

Filing Status		ingle Married filing jointly	Marrie	ed filing se	parately (N	1FS)	Head of	household (HOF	,		ying survi	ving	
Check only one box.	If voi	u checked the MFS box, enter the n	ame of v	our spous	se. If you ch	necke	d the HOH or	OSS box, ente			e (QSS) ame if the	e qualifying	
0.10 20711		on is a child but not your dependent		оа. ороас	,		u	Q00 2071, 0.110			u	o quayg	
Your first name	and mid	ddle initial	Last nar	me					You	socia	al security	number	
Katherine	erine Valde												
If joint return, sp	If joint return, spouse's first name and middle initial Last na				st name						Spouse's social security number		
Home address (number	and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pres	identi	ial Electio	n Campaign	
											re if you,	,	
City, town, or po										pouse if filing jointly, want \$3 o go to this fund. Checking a			
									box	box below will not change			
Foreign country name			F	Foreign province/state/county Fo				Foreign postal co	de your	tax o	r refund.		
										L	You	Spouse	
Digital		y time during 2022, did you: (a) rec											
Assets		ange, gift, or otherwise dispose of a						asset)? (See in:	struction	s.) [Yes	∐ No	
Standard	_	eone can claim:	•		•		dependent						
Deduction	<u></u>	Spouse itemizes on a separate return or you were a dual-status alien											
Age/Blindness	You:	Were born before January 2, 1	958	Are blin	d Spo	use:	Was bor	n before Janua	ry 2, 195	8	Is blin	nd	
Dependents	(see i	nstructions):		(2) So	cial security		(3) Relationsh	ip (4) Check th	(4) Check the box if qualifies for (see instructions)				
If more	(1) Fir	st name Last name	number			to you		Child ta	x credit	edit Credit for other de		er dependents	
than four													
dependents, see instructions													
and check								L					
here \square										Ш,	L		
Income	1a	Total amount from Form(s) W-2, b	•		,					1a		68.112	
Attach Form(s)	b	Household employee wages not re			•					1b	2	62.0	
W-2 here. Also	The income not reported on line 1a (see instructions)								• •	1c	70764.0		
attach Forms W-2G and		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	70704.0		
1099-R if tax	Q.R if tay									1e 14594.087			
was withheld.		W (5 0040 W 0											
If you did not get a Form	g h	Other earned income (see instruct								1g 1h		8.0	
W-2, see	ï	Nontaxable combat pay election (s	,				1			•••		0.0	
instructions.	Z	Add lines 1a through 1h				·				1z			
Attach Sch. B	2a		2a			b Ta	xable interes	t		2b	211	30.882	
if required.	За	· –	3a				dinary divide		[3b			
	4a	IRA distributions	4a			b Ta:	xable amoun	t	[4b			
Standard	5a		5a					t	[5b			
Deduction for—	6a	Social security benefits	6a			b Ta	xable amoun	t	[6b	:	2.0	
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, ch	neck here (see ir	nstructions)		. 🗆 📗				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required.	If not requ	ired, (check here		. 🗆 📗	7			
Married filing	8	Other income from Schedule 1, line 10								8	102	216.05	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income											
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									7480.0		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									75327.0		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)											
If you checked any box under	13	Qualified business income deduct								13		762.81	
Standard	14	Add lines 12 and 13								14			
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0	This is y	our ta	xable incom	ie		15	5	59.0	