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

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 nation is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	S box, ente	r the cl	nild's	name if the	e qualifying	
Your first name	name and middle initial Last name Yo									Your social security number					
Mrs.	Ron				oman										
If joint return, spouse's first name and middle initial Last na				st name							Sp	Spouse's social security number			
										Presidential Election Campaign					
City, town, or post office. If you have a foreign address, also complete spaces below. State									sp	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/count			ounty		Foreign postal code			box below will not change your tax or refund.			
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)											You	Spouse		
Assets		ange, gift, or otherwise dispose of a							asse	t)? (See in:	structio	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	ry 2, 19	958	Is blin	nd	
Dependents	(see i	nstructions):		(2)		security		(3) Relations	hip	(4) Check th	e box if	if qualifies for (see instructions):			
If more than four	(1) Fi	rst name Last name		number				to you		Child tax credit		(Credit for oth	er dependents	
dependents,															
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	829	90.94	
IIICOIII C	b	Household employee wages not re	eported (on Form	n(s) W	-2						1b	122	27.434	
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c					
W-2 here. Also attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d					
W-2G and	e Taxable dependent care benefits from Form 2441, line 26									1e					
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	17	701.0	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruct	ions) .									1h	57	703.0	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i						
mondonono.	z	Add lines 1a through 1h	. , .			. , .						1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable interes	st			2b			
if required.	3a	Qualified dividends	3a			b	Or	dinary divide	ends			3b			
	4a	IRA distributions	4a			b	Tax	xable amour	nt.			4b			
Standard	5a	Pensions and annuities	5a			b	Tax	xable amour	nt.			5b	145	550.35	
Deduction for— Single or	6a	Social security benefits	6a			b	Tax	xable amour	nt.			6b			
Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee ir	nstructions)			. 🗌				
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	red, o	check here				7	61	550.0	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8	5	32.0	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is y	our t o	otal inco	me					9			
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26								10	946	30.15	
	11	Subtract line 10 from line 9. This is	•	-	_							11			
household, \$19,400	12	Standard deduction or itemized										12	769	12.107	
If you checked any box under	13	Qualified business income deduct										13			
Standard	14	†									14		301.6		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is yo	ur ta	xable incon	ne			15	1	05.0	