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		0, , =	_	ŭ		• `	ŕ	Head o		,	<i>,</i> —	spou	se (QSS)	ŭ	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	ouse. I	r you che	еске	a the HOH (or QS	S box, ente	r the cr	ilia s	name it the	e qualifying	
Your first name	our first name and middle initial Last name Ye									Yo	Your social security number				
Robert	t Cor				Cooley										
If joint return, spouse's first name and middle initial Last name								Sp	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				spe	ouse it go to t	f filing joint this fund. (tly, want \$3 Checking a	
Foreign country name				Foreign province/state/c			ounty		For				elow will not change ax 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 (Yes	No		
Standard															
Deduction		Spouse itemizes on a separate retur	•			•									
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	Is bli	nd	
Dependents		ee instructions):			(2) Social security			(3) Relationship		(4) Check the box i		· 1			
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	`			•						1a			
Attach Form(s)	b	Household employee wages not re	•								•	1b			
W-2 here. Also		 Tip income not reported on line 1a (see instructions) 							•	1c					
attach Forms W-2G and	d	• •		· · ·						1d	962.0				
1099-R if tax		e Taxable dependent care benefits from Form 2441, line 26										1e 1f		88.561	
was withheld.		Wages from Form 8919, line 6.					•		•		•	1g			
If you did not get a Form	g h	Other earned income (see instruct							•		•	1h			
W-2, see	i	Nontaxable combat pay election (s						1	ıi İ		•				
instructions.	z	Add lines 1a through 1h	occ mou	uotioi io,	, .		•		•			1z			
Attach Sch. B	2a	1	2a		•	h	· Tax	 xable intere:	st		•	2b	919	07.873	
if required.	3a		3a					dinary divide				3b	966	677.78	
	4a		4a					xable amou				4b	576	34.138	
Standard	5a		5a					xable amou				5b			
Deduction for—	6a	Social security benefits	6a			b	Tax	xable amou	nt .			6b	5	62.0	
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee ir	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	ed, o	check here				7	8	51.0	
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. ⁻	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	5	97.0	
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted	gross	s incom	е					11	852	58.591	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	۸)					12			
If you checked	13	Qualified business income deduct	ion from	Form 8	1995 c	r Form 8	3995	-A				13			
any box under Standard	14	†										14	4	44.0	
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 inco	me			15	6	67.0	