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

12022		2022
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OMB No. 1545-0074

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

Filing Status Check only one box.	If you	single Married filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing our spo			·	_		isehold (HOF SS box, ente	´ — ;	spous	fying surviving se (QSS) name if the qualifying		
Your first name and middle initial Last name											You	ır soc	ial security number		
Laurie Lucas					cas										
If joint return, spouse's first name and middle initial Last name					name								Spouse's social security number		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.	Pre	Presidential Election Campaign			
											ere if you, or your				
City, town, or post office. If you have a foreign address, also complete					lete spaces below. State					ZIF Code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county					Fo				or refund.		
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment f								•		,	. ,		☐ Yes ☐ No		
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										13.)					
Standard Deduction		Spouse itemizes on a separate return				•		Сасрена							
Age/Blindness	You:	Were born before January 2, 19	958	Are b	lind	Spo	use:	☐ Was	born b	efore Janua	ry 2, 19	58	☐ Is blind		
Dependents	(see i	nstructions):	ions):			(2) Social security			onship	(4) Check the box if o		qualifi	es for (see instructions):		
If more	(1) Fi	rst name Last name		number		oer	to you		ou	Child tax		C	Credit for other dependents		
than four dependents,							\dashv								
see instructions							_								
and check							\dashv								
here \square															
Income	1a	Total amount from Form(s) W-2, bo	•		,							1a	700.0		
Attach Form(s)	b	Household employee wages not re	•			-2						1b	736.0		
W-2 here. Also	C	l										1c	92040.57		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d	7025.0		
1099-R if tax	e	,										1e	7025.0		
was withheld.	f	hand a second and a second a s										1f	32.0		
If you did not get a Form	g	Wages from Form 8919, line 6. Other earned income (see instructi									• •	1g 1h	516.0		
W-2, see	h i	Nontaxable combat pay election (s	,						 1i			111	310.0		
instructions.	z	Add lines 1a through 1h	ee iiisii	uctions,			•	•	- 11			1z	464.0		
Attach Sch. B	2a	ı .	 2a			i i	h Ta	xable inte	 arast			2b	38842.126		
if required.	3a	· —	3a					dinary div				3b	74744.0		
	4a		ta					•				4b	25031.432		
Standard	5a	_	5a								T T	5b			
Deduction for—	6a		3a			_					t	6b	14740.974		
Single or Married filing	С	If you elect to use the lump-sum el		nethod,	chec	_									
separately, \$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here									. 🗖 🛭	7				
• Married filing	8	Other income from Schedule 1, line										8	15915.194		
jointly or Qualifying	9	<i>'</i>									9	42388.31			
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														
household, \$19,400	pusehold, 12 Standard deduction or itemized deductions (from Schodule A)										12				
If you checked	13	Qualified business income deducti	on from	Form 8	995 o	r Form	8995	i-А			[13			
any box under Standard	14	Add lines 12 and 13									[14	28.0		
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income											15	78523.62		