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

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.		Single Married filing jointly  u checked the MFS box, enter the na	_	ŭ		, ,	,	Head of		`	<i>,</i> —	spou	se (QSS)	ŭ		
		on is a child but not your dependent				, ,				,						
Your first name a	st name and middle initial				Last name									Your social security number		
Jose	Mor				Morales											
If joint return, sp	joint return, spouse's first name and middle initial Last name								Sp	Spouse's social security number						
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.											Pre	Presidential Election Campaign				
										Check here if you, or your						
City, town, or post office. If you have a foreign address, also complete				te spaces below.				ZIP 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				Fore				or refund.	Spouse			
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction															
Standard		eone can claim: You as a de						dependent	uooc	7. (OCC IIIC	oti dotio	,,,,				
Deduction		Spouse itemizes on a separate return	•			•										
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 bli	nd		
<b>Dependents</b>	(see i	ee instructions): (2) Social security (3) Relationship (4) Check the box							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 other 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 reported on Form(s) W-2								1b	38480.18						
W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-												1c		49.0		
						Form(s) W-2 (see instructions)						1d	1045.0			
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26											1e	_			
was withheld.	f	Employer-provided adoption bene					٠		٠		•	1f	ļ ,	700 O		
If you did not	g	Wages from Form 8919, line 6 .							•		•	1g		38.0		
get a Form W-2, see	h	Other earned income (see instruction						1	. 1		•	1h	,	93.0		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions			٠	1				4_				
AU 101 B		Add lines 1a through 1h	 oo			   .	. Tax	 kable interes			•	1z				
Attach Sch. B if required.	2a 3a		2a 3a					dinary divide			•	2b 3b				
	4a		4a			_		kable amour				4b				
Standard	-а 5а		5a					cable amour				5b	38	3373.5		
Deduction for—	6a	<del>-</del>	6a					kable amour				6b		4.0		
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec						Ė			-		
separately, \$12,950	7	Capital gain or (loss). Attach Scheo		•		`		,				7	45	3435.1		
• Married filing	8	Other income from Schedule 1, lin										8				
jointly or Qualifying	9		o, 7, and 8. This is your <b>total income</b>							9						
surviving spouse,	10	Adjustments to income from Sche							10							
\$25,900 • Head of	11	•	e 9. This is your <b>adjusted gross income</b>													
household, \$19,400	12	Standard deduction or itemized	-	-	_							12				
If you checked	13	Qualified business income deducti	on from	Form 8	995 o	r Form 8	3995-	-A				13				
Otal raar a	14	<b>14</b> Add lines 12 and 13									14	14 3.0				
Deduction, see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15							