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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head o	of hou	sehold (HOH)			ifying survi	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our end	ו בפוני	f vou ch	acka	d the HOH	or OS	S hav enter			se (QSS)	a gualifying	
ONC BOX.		on is a child but not your dependen		our spc	/u30. I	i you on	CORC		OI QO	o box, critci	tile ei	iliu 3	name ii tik	qualifying	
Your first name			Last na	me							You	ur soc	cial security	number	
John	Lowe														
	n, spouse's first name and middle initial Last name								Spo	Spouse's social security number					
, , . , . ,													'		
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pre	esider	tial Electio	n Campaign	
`		, ,										Check here if you, or your			
City, town, or po	City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code													ly, want \$3	
												to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/			ounty		For	eign postal cod			or refund.	onango	
													You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for prop	perty o	or services);	or (b) s	sell,			
Assets		ange, gift, or otherwise dispose of											Yes	☐ No	
Standard Someone can claim: You as a dependent Your spouse as a dependent															
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien	·							
Aga/Blindaga		Ware have before language 2.1	050 [7 Arab	انمما	Cna		□ Wee b	ava b	oforo lonvior)E0	الله ما		
		Were born before January 2, 1	936	Are b		Spor	use.			efore Januar			ls bli		
Dependents				(2) Social security number			(3) Relationship to you		ship	Child tax cred		· 1	•	•	
If more than four	(1) [1	rst name Last name		Humber			to you			Child tax cre				er dependents	
dependents,	_						_]				
see instructions							-]				
and check here \square	_]			<u>-</u> 1	
	1a	Total amount from Form(s) W-2, b	nov 1 (see	inetru	ctions	1					<u>. </u>	1a	8230	<u> </u>	
Income	b	* *									•	1b		945.85	
Attach Form(s)	b Household employee wages not reported on Form(s) W-2								•	1c					
W-2 here. Also attach Forms		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	f	Employer-provided adoption bene										1f			
was withheld.	g	Wages from Form 8919, line 6.										1g			
If you did not get a Form	h	Other earned income (see instruct										1h			
W-2, see	i	Nontaxable combat pay election (,					1	1i						
instructions.	z	Add lines 1a through 1h						–				1z	955	45.984	
Attach Sch. B	2a	Tax-exempt interest	2a			ı	b Ta	xable intere	est			2b			
if required.	3a	Qualified dividends	3a			ı	o Or	dinary divid	lends			3b	231	0.003	
	4a	IRA distributions	4a			ı	b Ta	xable amou	ınt .			4b			
Standard	5a	Pensions and annuities	5a				b Ta	xable amοι	ınt .			5b	69	004.0	
Deduction for — Single or	6a	Social security benefits	6a				b Ta	xable amou	ınt .			6b			
Married filing	С	If you elect to use the lump-sum e	election r	nethod,	chec	k here (s	see ir	nstructions)							
separately, \$12,950	7	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here										7		3.0	
Married filing	8	Other income from Schedule 1, lin										8	861	54.47	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9				
surviving spouse, \$25,900	10	Adjustments to income from Sche	ts to income from Schedule 1, line 26									10	609	32.089	
Head of	11									11					
household, \$19,400	12	Standard deduction or itemized		•			′					12			
If you checked any box under	13	Qualified business income deduct										13			
Standard	14	Add lines 12 and 13										14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter	-0 T	his is yo	our ta	xable inco	me			15	12	062.0	