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

12022

OMB No. 1545-0074

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

Filing Status		ingle Married filing jointly	Marrie	ed filing separa	ately (Mi	FS)	Head of	household	(HOH) [ifying sur	viving		
Check only one box.	If you	u checked the MFS box, enter the n	ame of v	our enouse It	f vou che	ackar	the HOH or	OSS hov	antar the		ise (QSS) name if th	a qualifying		
ONC DOX.		on is a child but not your dependent		our spouse. II	you on	CORCC		QOO DOX,	Critci tric	o on ma	name ii ti	ic qualifying		
Your first name			Last nar	me						Your so	cial securit	v number		
Gerald	Gerald MD													
If joint return, sp	Last nar	- st name						Spouse's social security number						
										•		·		
Home address (numbei	and street). If you have a P.O. box, see	instruction	ons.				Apt. ne	0.	Preside	ntial Election	on Campaign		
									Check h	ere if you,	or your			
City, town, or po	st offic	e. If you have a foreign address, also co	paces below.	aces below. State			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change					
Foreign country	F	Foreign province/state/cou				Foreign pos	tal code	your tax	or refund.	ŭ				
											You	Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, awa	ard, or p	ayme	ent for prope	rty or servi	ces); or ((b) sell,				
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a fina	ancial in	teres	t in a digital	asset)? (Se	e instru	ctions.)	☐ Yes	☐ No		
Standard	Some	pmeone can claim:												
Deduction		Spouse itemizes on a separate return or you were a dual-status alien												
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spot	ıse:	☐ Was bor	rn before Ja	anuarv 2	. 1958	☐ Is bl	ind		
Dependents	-	•		(2) Social			(3) Relationsh	(4) (1)				instructions):		
If more		rst name Last name		number			to you		Child tax cre		dit Credit for other depende			
than four														
dependents,														
see instructions and check											[
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a				
moonic	b	Household employee wages not re	eported	on Form(s) W-	-2					1b	80	192.67		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions) .						1c				
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2	see ins	struct	tions)			1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e	88287.837			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									38185.092			
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form W-2, see	h	Other earned income (see instruct	,				1	· · ·		1h				
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>l 1i</u>				,	886.0		
	Z	Add lines 1a through 1h			· .					1z				
Attach Sch. B if required.	2a	' <u>-</u>	2a				able interes			2b		973.0		
ii required.	3a		3a 4a				dinary divide			3b 4b				
2444	4a		4a 5a				able amoun			46 5b				
Standard Deduction for—	5a 6a	_	6a				able amoun			6b				
Single or	C	If you elect to use the lump-sum e		nathod chack						7				
Married filing separately,	7	Capital gain or (loss). Attach Sche		,	`		,			7		0.0		
\$12,950 Married filing	8	Other income from Schedule 1, lin		•	•					8		41.0		
jointly or Qualifying	9	Other income from Schedule 1, line 10								9				
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									1 16020.068			
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)												
If you checked	13	Qualified business income deduct		,			Α			12 13		5.0		
any box under Standard	14	Add lines 12 and 13												
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									69	608.61		