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

202	2
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OMB No. 1545-0074

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

Filing Status		ingle Married filing jointly	Marrie	ed filing sep	oarately (N	/IFS)	Head of	household (I	HOH)		ifying surv	viving	
Check only one box.	If you	u checked the MFS box, enter the n	amo of v	our coolie	o If you o	aooko	d tha UOU a	r OSS boy	ontor the		ise (QSS)	o gualifying	
one box.		on is a child but not your dependent		our spous	e. II you c	iecke		QSS DUX, (enter the	Ciliu S	name ii u	le qualifying	
Your first name			Last nar	me						Your so	cial securit	v number	
Timothy													
				st name							Spouse's social security number		
, , . , . ,													
Home address (numbei	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no		Presider	ntial Election	on Campaign	
									Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below.)	ZIP code				tly, want \$3		
									to go to this fund. Checking a box below will not change				
Foreign country name			F	Foreign province/state/county				Foreign post			or refund.		
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, a	award, or	paym	ent for prope	rty or service	es); or (b	o) sell,			
Assets	excha	ange, gift, or otherwise dispose of a	a digital a	asset (or a	financial i	ntere	st in a digital	asset)? (Se	e instruc	tions.)	Yes	☐ No	
Standard	Some	eone can claim: You as a dependent Your spouse as a dependent											
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 bline	Spo	use:	☐ Was bor	rn before Ja	nuarv 2.	1958	☐ Is bl	ind	
Dependents			_		ial security		(3) Relationsh	(4) (1)				instructions):	
If more		rst name Last name	number			to you			Child tax cred		edit Credit for other depend		
than four													
dependents,													
see instructions and check													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructio	ns) .					1a		85.0	
	b	Household employee wages not re	eported	on Form(s)	W-2 .					1b			
Attach Form(s) W-2 here. Also									1c				
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	1d		
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26								1e	1e 1f			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
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		7.0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .		•	<u>li</u>			_			
	Z				· i					1z	77	482.23	
Attach Sch. B if required.	2a	· -	2a				xable interes			2b	- "	402.23	
	3a 4a		3a 4a				dinary divide xable amoun			3b 4b			
Standard	ч а 5а		ч а 5а				xable amoun			5b		3.0	
Deduction for—	6a	_	6a				xable amoun			6b	83	499.97	
Single or Married filing	С	If you elect to use the lump-sum e		nethod ch	eck here					0.5		100107	
separately,	7	Capital gain or (loss). Attach Sche		•		•	,			7			
\$12,950 Married filing	8	Other income from Schedule 1, line 10								8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9			
surviving spouse,	10		ljustments to income from Schedule 1, line 26								27	509.101	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									27509.101 38295.13		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)										944.242	
If you checked	13	Qualified business income deduct		•			-A			13			
any box under Standard	14	Add lines 12 and 13								14	1.0		
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	15			