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 separately	(MFS)	Head of	household (HOH			ing survi	iving	
Check only one box.	If you	u checked the MFS box, enter the na	amo of v	our spouse. If you	ı obook	rad tha UOU as	OSS have anto			e (QSS)	a gualifyina	
one box.		on is a child but not your dependent		our spouse. If you	I CHECK	led the HOH of	Q33 box, ente	i tile Cili	u S IId	anne ii une	e qualifying	
Your first name	-		Last nar	me				You	socia	al security	/ number	
Tony	Small								Your social security number			
	spouse's first name and middle initial  Last name						Spor	ıse's s	ocial secu	urity number		
,	Trijohit return, spouse s inst hame and middle inidal											
Home address (	numbei	and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pres	identi	al Flectio	n Campaign	
(									Check here if you, or your			
City, town, or po	ty town or post office. If you have a foreign address, also complete spaces below.  State  ZIP code								spouse if filing jointly, want \$3			
								_	to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			Foreign postal co			r refund.	ondingo	
				- '			You Spouse					
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward. award.	or pavr	ment for prope	rtv or services):	or (b) se	ell.			
Assets		ange, gift, or otherwise dispose of a							_	Yes	☐ No	
Standard Someone can claim:  You as a dependent  Your spouse as a dependent												
Deduction	pouse itemizes on a separate retur											
Ago/Blindness	Vau	Were born before January 2, 1	059	Are blind	Spouse	. Was box	rn before Janua	n/2 105	.α. [	ls blir		
			930 _		•		(4) (1)			_		
Dependents		rst name Last name		(2) Social secunumber	irity	(3) Relationsh to you	"P   ` `		f qualifies for (see instructions): t Credit for other dependents		•	
If more than four	(1) 1 11	Striame Lastriame				, , ,	Orilla ta	Child tax credit		Orealt for other dependents		
dependents,								<u></u>			<u>-</u> 1	
see instructions								<u>-</u>				
and check here $\square$								<u>-</u>		-		
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a		_	
Income	b	• • • • • • • • • • • • • • • • • • • •		•					1b			
Attach Form(s)	c Tip income not reported on line 1a (see instructions)								1c			
W-2 here. Also attach Forms									1d			
W-2G and	e Taxable dependent care benefits from Form 2441, line 26								1e	le		
1099-R if tax was withheld.	f											
If you did not	g	Wages from Form 8919, line 6								1g		
get a Form	h	Other earned income (see instructions)								1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i						
motruotions.	z	Add lines 1a through 1h							1z			
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> T	axable interes	t		2b			
if required.	3a		3a			ordinary divide			3b	188	31.445	
	4a	IRA distributions	4a		<b>b</b> T	axable amoun	t		4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		5b	5	56.0	
Deduction for— Single or	6a	,	6a				t	· <u>·</u>	6b	(	0.0	
Married filing separately,	С	If you elect to use the lump-sum e		*	`	,						
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
Married filing jointly or	8	Other income from Schedule 1, line 10							8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	93.0		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								6.0		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								66471.38		
\$19,400	12										14.26	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13			
Standard	14	Add lines 12 and 13							14	000	00.404	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This i	s your t	laxable incom	ie		15	3830	02.434	