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 Check only								Head o				spou	se (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	r you che	эске	a the HOH (or QS	S box, ente	r the ci	niia's	name ir tne	e qualitying	
Your first name									Yo	Your social security number					
Latoya	Bra				Brady										
If joint return, spouse's first name and middle initial Last name					name								Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												Presidential Election Campaign			
										Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete					e spaces below. State			;	ZIP code		to	go to	this fund. C	Checking a	
Foreign country name				Foreign province/state/cou			ounty		Foreign postal code			T			
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)												□ No		
Assets Standard															
Deduction		pouse itemizes on a separate return	•			•		Сороности							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	☐ Is blir	nd	
Dependents	(see i	(see instructions):			(2) Social security			(3) Relationship		(4) Check the box if q		· 1	jualifies for (see instructions):		
If more than four	(1) Fi	rst name Last name		number			to you			Child tax c		(Credit for othe	er dependents	
dependents,							+							-	
see instructions and check							\top				1			<u>-</u>	
here							\top]]	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	822	215.0	
	b	Household employee wages not re	eported o	on Form	n(s) W	-2						1b			
Attach Form(s) W-2 here. Also	С	L										1c	86	94.0	
attach Forms	d	Medicaid waiver payments not rep			•	•	struc	tions)	•		•	1d			
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				•	1f	29	351.0	
If you did not get a Form	g	Wages from Form 8919, line 6.							•		•	1g 1h	20	531.0	
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election (s						1	ıi		•	In			
instructions.	Z	Add lines 1a through 1h	see msu	uctions			•					1z			
Attach Sch. B	2a	ı ı	2a			h	· Ta	xable intere	et		•	2b			
if required.	3a		3a					dinary divide			·	3b	5	3.0	
	4a		4a					xable amou				4b			
Standard	5a		5a					xable amou				5b	356	60.355	
Deduction for-	6a	-	6a					xable amou				6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	 k here (s	ee ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	require	d. If n	ot requir	red, o	check here				7	2.	42.0	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8			
jointly or Qualifying	9	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9				
aumining anauga	10	Adjustments to income from Sche									10				
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income										11			
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	4)					12	909	27.432	
If you checked	13	Qualified business income deducti	on from	Form 8	995 o	r Form 8	3995	-A				13	2229	98.924	
any box under Standard	14	†										14			
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					