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

2022
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OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ŭ	•	•	,	_		`	, _	spou	ifying surviving se (QSS) name if the qu		
	•	on is a child but not your dependent													
Your first name Mr.					east name Bryant								Your social security number		
													Spouse's social security number		
If joint return, spouse's first name and middle initial  Last name  S										Spi	pouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.											Pre	residential Election Campaign			
												Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete s					e 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					Foreign province/state/co				Fore				r tax or refund.		
D'. 'I. I	۸٠		-: (		al a						(1-)	11	You	Spouse	
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes No												No		
Standard	Som	eone can claim: 🔲 You as a de	pendent		Your	spouse	as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status al	lien								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	Was bo	rn be	fore Janua	ary 2, 19	958	s blind		
Dependents	(see i	nstructions):		(2) Social secu			'   ' '		hip	(4) Check the be		qualifi	es for (see instru	ictions):	
If more	<b>(1)</b> Fi	rst name Last name		number			to you			Child tax cre		(	Credit for other dep	pendents	
than four dependents,															
see instructions										L					
and check here										L					
	10	Total amount from Form(s) W 2 h	ov 1 (co	o inetru	otions	١				L		1a	2012.04	1	
Income	1a b	Total amount from Form(s) W-2, b	•			•						1b	3146.0		
Attach Form(s)	C										1c				
W-2 here. Also	here. Also the Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d						
W-2G and												1e	14717.0	)	
1099-R if tax was withheld.	f										1f				
If you did not	g	Wages from Form 8919, line 6 .										1g	77.0		
get a Form	h	Other earned income (see instruct	ions) .									1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	) .			1	i						
	z	Add lines 1a through 1h	. , .			. , .						1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable interes	st			2b			
if required.	3a	Qualified dividends	3a			b	Or	dinary divide	ends			3b	10540.2	2	
	4a	IRA distributions	4a					xable amour				4b	77187.1		
Standard Deduction for—	5a	<del>-</del>	5a					xable amour				5b	84019.0		
Single or	6a	,	6a					xable amour	nt .			6b	64655.82	27	
Married filing separately,	_C	If you elect to use the lump-sum e		•		`		,	٠		. 📙	_	605.0		
\$12,950	7	Capital gain or (loss). Attach Sche									. Ш	7	12796.0	<b>1</b>	
Married filing jointly or	8	Other income from Schedule 1, lin										8	0.0	J	
Qualifying surviving spouse,	9		z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	91753.50	<u>04</u>		
\$25,900	10	Adjustments to income from Sche	•									10	94885.5		
Head of household,	<u>11</u> 12										0.1000.0	-			
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A									13	623.0				
any box under	14											14	323.0		
Standard Deduction,	14 Add lines 12 and 13									15	75781.82	25			
see instructions.						. , -									