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 Check only one box.	If you	Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying rson is a child but not your dependent:													
Your first name	st name and middle initial Last na						Yo	Your social security number							
Andrew	ndrew Myer				yers										
If joint return, spouse's first name and middle initial Last nar				: name								Spouse's social security number			
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pre	residential 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 sp				te spaces below. State					ZII	ZIP code		to go to this fund. Checking a box below will not change			
Foreign country name			Foreign province/state/county					Fo	Foreign postal code y			or refund.	Spouse		
 Digital	At an	y time during 2022, did you: (a) rece	eive (as	a rewar	d. awa	ard. or r	oavm	ent for pr	roperty	or services); or (b) :	sell.	rou	_ spouse	
Assets		ange, gift, or otherwise dispose of a	•				•	•			. ,		Yes	No	
Standard	Som	eone can claim:	pendent		Your	spouse	as a	depende	ent						
Deduction		spouse itemizes on a separate retur	n or you	were a	dual-	status a	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spo	use:	☐ Was	s born b	efore Janua	ary 2, 19	958	☐ Is blind		
Dependents	(see i									he box if	qualifi	es for (see inst	ructions):		
If more		rst name Last name	number			oer	to you			Child tax cred		Credit for other dependent		dependents	
than four															
dependents, see instructions															
and check															
here		T	4 /	L	,								83374.	014	
Income	1a	Total amount from Form(s) W-2, be	•									1a 1b	03374.	014	
Attach Form(s)	b c	Household employee wages not re	•		. ,	-2						1c	21189.	368	
W-2 here. Also										1d	211001				
attach Forms W-2G and	e										1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29													
was withheld. If you did not	g	Wages from Form 8919, line 6										1g	1g 19003.0		
get a Form	h	Other earned income (see instructi	ons) .									1h	13440	0.0	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	٠				1i						
	Z	Add lines 1a through 1h				. , .						1z			
Attach Sch. B	2a	Tax-exempt interest	2a				b Ta	xable inte	erest			2b	32.0)	
if required.	3a	Qualified dividends	3a				b Or	dinary div	vidends			3b			
	4a		4a									4b	41649		
Standard Deduction for—	5a		5a			_						5b	52560		
Single or	6a	,	6a	111	-11							6b	20414.	343	
Married filing separately,	C 7	If you elect to use the lump-sum election method, check here (see instructions)											12.0)	
\$12,950 Married filing	7 8	Other income from Schedule 1, line									. 🗀	8	8156.4		
jointly or	9	Other income from Schedule 1, line 10											0100.	102	
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26										9 10	732.	.0	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									11	22409.			
household,	12	Standard deduction or itemized deductions (from Schedule A)													
\$19,400 If you checked	13	Qualified business income deducti										13			
any box under Standard	14	Add lines 12 and 13										14			
Deduction, see instructions.	15										15				