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 | | ingle Married filing jointly | Marrie | ed filing se | eparately (M | 1FS) | Head of | household | (HOH) | | ifying surv | viving | | |
|---|----------|---|----------------------------|-------------------------|---------------|----------------|------------------------------|-------------|--------------------|-----------|--|-----------------|--|--|
| Check only one box. | If you | u checked the MFS box, enter the na | amo of v | our coour | so If you of | nooko | d tha UOU a | OSS hav | ontor the | | ise (QSS) | o gualifying | | |
| one box. | | on is a child but not your dependent | | our spous | se. II you ci | iecke | u ille HOH ol | QOO DOX, | enter th | e Ciliu S | name ii u | le qualifying | | |
| Your first name | | | Last nar | me | | | | | | Your so | cial securit | v number | | |
| Colleen | <u> </u> | | | | Barnes | | | | | | | | | |
| | | | | ast name | | | | | | | Spouse's social security number | | | |
| , , . , . , | | | | | | | | | | • | | | | |
| Home address (| numbei | and street). If you have a P.O. box, see | instruction | ons. | | | | Apt. n | 0. | Preside | ntial Election | on Campaign | | |
| | | | | | | | | | | | ere if you, | | | |
| City, town, or post office. If you have a foreign address, also complete spaces bel | | | | | | s below. State | | | to | | | tly, want \$3 | | |
| | | | | | | | | | | | to go to this fund. Checking a box below will not change | | | |
| Foreign country name | | | | Foreign province/state/ | | | ounty Fo | | oreign postal code | | or refund. | | | |
| | | | | | | | | | | | You | Spouse | | |
| Digital | At an | y time during 2022, did you: (a) rec | eive (as | a reward, | award, or | oaym | ent for prope | rty or serv | ces); or | (b) sell, | | | | |
| Assets | excha | ange, gift, or otherwise dispose of a | a digital a | asset (or a | a financial i | nteres | st in a digital | asset)? (Se | ee instru | ctions.) | Yes | ☐ No | | |
| Standard | Some | omeone can claim: You as a dependent Your spouse as a dependent | | | | | | | | | | | | |
| Deduction | | pouse itemizes on a separate retur | n or you | were a d | ual-status a | alien | | | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blin | nd Spo | use: | ☐ Was bor | rn before J | anuarv 2 | . 1958 | ls bli | ind | | |
| Dependents | | | _ | | cial security | | (3) Relationsh | (4) (1) | | | | instructions): | | |
| If more | | rst name Last name | | number | | | to you | | Child tax cred | | edit Credit for other of | | | |
| than four | | | | | | | | | | | | | | |
| dependents, | | | | | | | | | | | [| | | |
| see instructions and check | | | | | | | | | | | | | | |
| here | | | | | | | | | | | [| | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructi | ons) | | | | | 1a | | | | |
| | b | Household employee wages not re | eported | on Form(s | s) W-2 | | | | | 1b | | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | | 1c 88268.219 | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | 1d | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | e 70931.55 | | | |
| 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 | 81 | 1709.0 | | |
| instructions. | i | Nontaxable combat pay election (s | see instr | uctions) | | ٠ | <u>li</u> | | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | 1z | | 204.0 | | |
| Attach Sch. B if required. | 2a | ' <u>-</u> | 2a | | | | xable interes | | | 2b | | 324.0 3705.0 | | |
| - Tequired: | 3a_ | | 3a 4a | | | | dinary divide xable amoun | | | 3b 4b | 40 | 0.0 | | |
| Standard | 4a 5a | | ч а 5а | | | | xable amoun | | | 5b | | 0.0 | | |
| Deduction for— | 6a | | 6a | | | | xable amoun | | | 6b | | | | |
| Single or Married filing | С | If you elect to use the lump-sum e | | nethod cl | | | | | | 7 | | | | |
| separately, | 7 | Capital gain or (loss). Attach Scher | | · · | , | | , | | | 7 | | 12.0 | | |
| \$12,950 Married filing | 8 | Other income from Schedule 1, lin | e from Schedule 1, line 10 | | | | | | | | | | | |
| jointly or Qualifying | 9 | · | | | | | | | | | | | | |
| surviving spouse, | 10 | Adjustments to income from Sche | | | | | | | | | | | | |
| \$25,900 • Head of | 11 | | | | | | | | | | | | | |
| household, \$19,400 | 12 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | | | 8.0 | | |
| If you checked | 13 | Qualified business income deduct | | , | | | -A | | | 13 | | | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | 14 209.0 | | | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -0 |) This is y | our ta | xable incom | ne | | 15 | | | | |
| | | | | | | | | | | | | | | |
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