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

2022
2022

OMB No. 1545-0074

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

Filing Status Check only		0, , =	_	ŭ	•	•	,	Head of		,	_	spou	se (QSS)	Ū	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you ch	ecke	d the HOH o	r QSS	S box, ente	r the ch	nild's	name if the	e qualifying	
Your first name	and mi	ddle initial	Last nar	ne							Yo	Your social security number			
David Sn					Smith										
If joint return, sp	Last nar	Last name								Spouse's social security number					
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		Presidential Election Campaign			
City, town, or post office. If you have a foreign address, also complete spaces below.							State	ate ZIP code				Check here if you, or your spouse if filing jointly, want \$3			
City, town, or po	mpiete st	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			State	•	2 5545			to go to this fund. Checking a box below will not change					
Foreign country name				Foreign province/state/cour			ounty		Foreign postal code			your tax or refund.  You Spouse			
Digital			a) receive (as a reward, award, or payment for property or service												
Assets		exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No													
Standard Deduction		eone can claim:				•		dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	fore Janua	ry 2, 19	958	☐ Is blir	nd	
<b>Dependents</b>	(see instructions):			(2) Social security			(3) Relationship		hip	(4) Check the box		if qualifies for (see instructions):			
If more than four	<b>(1)</b> Fi	rst name Last name		number				to you		Child tax o		(	Credit for other dependents		
dependents,							+				<del>_</del>			<del></del>	
see instructions and check							-				<del>-</del>			<del></del>	
here							$\top$							]	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions	)						1a	5650	04.045	
IIICOIII <del>C</del>	b	Household employee wages not re	eported o	on Form	า(s) W	'-2						1b	1.	44.0	
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)											1c	>		
attach Forms	d	Medicaid waiver payments not rep	orted or	Form(	s) W-2	2 (see ins	struc	tions)				1d			
W-2G and 1099-R if tax	е	, , , , ,									1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	3:	97.0	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form W-2, see	h	Other earned income (see instructi	,					1	-			1h	894	41.626	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i				48	50.42	
		Add lines 1a through 1h				· i ·			. •		•	1z			
Attach Sch. B if required.	2a	'	2a					xable interes			•	2b	9018	31.104	
ii required.	3a		3a					dinary divide				3b	45	:10.0	
<u> </u>	4a		4a					xable amour				4b	45	516.0	
Standard Deduction for—	5a 6a	<del>-</del>	5a 6a					xable amour xable amour				5b 6b			
Single or	C	If you elect to use the lump-sum e		nethod	chac				ιι .		Ė	OD			
Married filing separately,	7	'		•		`		,	•		Н	7	673	94.626	
\$12,950 Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here									8					
jointly or		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									•	9		0.0	
Qualifying surviving spouse,	10										10				
\$25,900	11	•	s your <b>adjusted gross income</b>										11 56428.636		
household,	12	Standard deduction or itemized	-	-	_							12			
\$19,400 If you checked	13	Qualified business income deducti										13			
any box under Standard	14	<b>14</b> Add lines 12 and 13									14				
5 ' "	15	Subtract line 14 from line 11. If zer										15	1	8.0	