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

12022

OMB No. 1545-0074

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

Filing Status Check only		Single Married filing jointly uchecked the MFS box, enter the n						Head of				spou	se (QSS)		
one box.		on is a child but not your dependent		our spo	use. I	i you che	ecke	a the HOH C	ir QS	5 box, ente	r the Cr	ilia s	name ii in	e qualifying	
Your first name	Last name									Your social security number					
Sharon	haron W				Williams										
If joint return, spouse's first name and middle initial Last name S										Spe	Spouse's social security number				
												residential Election Campaign			
City, town, or post office. If you have a foreign address, also complete					ete spaces below. State					ZIP code t		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a			
Foreign country name				Foreign province/state/co								elow will not change ax or refund. You Spouse			
Digital		y time during 2022, did you: (a) rec									Yes	No			
Assets Standard															
Deduction		Spouse itemizes on a separate retur	•			•									
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	rn be	efore Janua	ry 2, 19	958	Is bli	nd	
Dependents	(see i	instructions):		(2) Social security				(3) Relationship		(4) Check the box if o		qualifi	qualifies for (see instructions):		
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cred		(Credit for oth	er dependents	
dependents,											<u></u>		L		
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a			
	b	Household employee wages not re	eported (on Form	n(s) W	-2						1b			
Attach Form(s) C Tip income not reported on line 1a (see instructions) W-2 here. Also												1c	510	00.100	
attach Forms W-2G and	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									•	1d				
1099-R if tax	 e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 									•	1e 1f				
was withheld.	f	Wages from Form 8919, line 6.					•		•		•	1g		0.0	
If you did not get a Form	g h	Other earned income (see instruct							•		•	1h	4	21.0	
W-2, see	i	Nontaxable combat pay election (s	,						ı İ		•				
instructions.	z	Add lines 1a through 1h						· · <u> </u>	•			1z			
Attach Sch. B	2a		2a			b	Tax	xable interes	st			2b			
if required.	3a	·	3a			_		dinary divide				3b	133	377.79	
	4a	IRA distributions	4a					xable amour				4b	76	450.0	
Standard	5a	Pensions and annuities	5a			b	Tax	xable amour	nt .			5b	,	99.0	
Deduction for—	6a	Social security benefits	6a			b	Tax	xable amour	nt.			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	chec	k here (s	ee ir	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If n	ot requir	red, d	check here				7			
Married filing	8	Other income from Schedule 1, lin	e 10 .									8	81	83.87	
ointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total i							come					9			
surviving spouse, \$25,900	10	Adjustments to income from Sche	Schedule 1, line 26												
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted	gross	s income	е					11			
household, \$19,400	12											65.341			
If you checked any box under	13	Qualified business income deduct										13	93	312.0	
Standard	14 Add lines 12 and 13										14				
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					