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

2022

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 (HC			fying surv	iving		
Check only one box.	If you	u checked the MFS box, enter the n	ame of v	our spou	sa If you ch	nacka	d the HOH or	OSS hove ant			se (QSS) name if th	e aualifyina		
one box.		on is a child but not your dependent		our spou	se. II you ci	IECKE	u tile Holl o	QOO DOX, GIII	er trie ci	iliu 3	name ii iii	e qualifying		
Your first name			Last nar	me					Yo	ur soc	ial securit	v number		
Tracy	Per				Perez									
	,				st name						Spouse's social security number			
												·		
Home address (numbei	and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pre	esiden	itial Election	n Campaign		
									Ch	eck h	ere if you,	or your		
City, town, or po	st offic	e. If you have a foreign address, also co	mplete s	paces belo	w.	State)	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
										box below will not change				
Foreign country	F	Foreign province/state/county				Foreign postal code		ur tax	or refund.	ŭ				
											You	Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward,	, award, or I	oaym	ent for prope	rty or services	s); or (b)	sell,				
Assets	excha	ange, gift, or otherwise dispose of a	a digital a	asset (or	a financial i	nteres	st in a digital	asset)? (See ii	nstructio	ns.)	Yes	☐ No		
Standard Someone can claim: You as a dependent Your spouse as a dependent														
Deduction		Spouse itemizes on a separate return or you were a dual-status alien												
Age/Blindness	You:	Were born before January 2, 1	958	Are blir	nd Spo	use:	☐ Was bor	n before Janu	arv 2. 19	958	☐ Is bli	nd		
Dependents				Ī	ocial security		(3) Relationsh	(4) (1)				instructions):		
If more		est name Last name	number				to you		tax credit	dit Credit for other dependents				
than four												<u> </u>		
dependents,														
see instructions and check														
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions)					1a	670	17.551		
moonic	b	Household employee wages not re	eported	on Form(s) W-2					1b				
Attach Form(s) W-2 here. Also										1c				
attach Forms	Al Madiacid								1d	46200.247				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e	13149.0			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
If you did not	g	Wages from Form 8919, line 6								1g 5168.0				
get a Form W-2, see	h	Other earned income (see instruct	ions) .					,		1h				
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1i</u>							
	Z	Add lines 1a through 1h								1z				
Attach Sch. B if required.	2a	· –	2a				xable interes			2b	744	10 501		
ii required.	3a	- 1	3a				dinary divide			3b	/11	18.521		
	4a		4a				xable amoun			4b				
Standard Deduction for—	5a	_	5a					t •		5b				
Single or	6a	If you elect to use the lump-sum e	6a	nothod o			xable amoun		· .	6b				
Married filing separately,	С 7	•			`		,		. 📙	7				
\$12,950 Married filing	8	apital gain or (loss). Attach Schedule D if required. If not required, check here												
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9				
Qualifying surviving spouse,	10	Adjustments to income from Sche												
\$25,900 • Head of	11	<u> </u>												
household,	12	Subtract line 10 from line 9. This is your adjusted gross income												
\$19,400 If you checked	13				Form 8995 or Form 8995-A					13	(61.0		
any box under Standard	14	Add lines 12 and 13												
Deduction,	15									14 15	319	965.71		
see instructions.					Í									