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		0, , =	_	ŭ	•	• •	,	Head of		,	_	spou	ise (QSS)	ŭ
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH c	or QSS	S box, ente	the ch	ıild's	name if the	qualifying
Your first name	ame and middle initial Last name Yo								You	our social security number				
Donna	Hughes													
If joint return, spouse's first name and middle initial Last name							Spo	Spouse's social security number						
										Presidential Election Campaign				
City town or post office. If you have a foreign address, also complete spaces below.							spo	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a						
Foreign country name			F	Foreign province/state/county							box below will not change your tax or refund.			
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)													
Assets		ange, gift, or otherwise dispose of a							l asse	et)? (See ins	tructio	ns.)	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	orn be	fore Januar	y 2, 19	158	Is blin	nd
Dependents	(see i	instructions):		(2)		security		(3) Relations	hip	(4) Check the	e box if	qualifi	es for (see in	nstructions):
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cred		(Credit for othe	er dependents
dependents,							\top				<u>. </u>			<u> </u>
see instructions and check							\top				1			<u> </u>
here							\top				1			<u></u>
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	640)10.8
Income	b	Household employee wages not re	eported (on Form	า(s) W	-2						1b	308	33.73
Attach Form(s)	c Tip income not reported on line 1a (see instructions)							1c	261.0					
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s) W-2	2 (see ins	struc	tions)				1d		
W-2G and	e Taxable dependent care benefits from Form 2441, line 26								1e	78157.0				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .										1g	5089	92.579
get a Form	h	Other earned income (see instruct	ions) .									1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)) .			1	i					
motruotions.	z	Add lines 1a through 1h										1z	872	284.0
Attach Sch. B	2a	Tax-exempt interest	2a			l:) Ta	xable interes	st			2b		
if required.	За	Qualified dividends	3a			k	Oro	dinary divide	ends			3b	695	26.77
	4a	IRA distributions	4a			k) Tax	xable amour	nt.			4b	939	34.08
Standard	5a	Pensions and annuities	5a			k) Tax	xable amour	nt.			5b	57	89.0
Deduction for—	6a	Social security benefits	6a			k) 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	see ir	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	red, o	check here				7		
Married filing	8	Other income from Schedule 1, lin	e 10 .									8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	and 8.	This is y	our t o	otal inco	ome					9	6160	06.139
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, line 26								10			
	11													
household, \$19,400	12	Standard deduction or itemized	mized deductions (from Schedule A)								12			
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A										13			
Standard	14									14				
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	15				