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 Check only												spou	ifying surviving se (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	box, ente	r the cr	niid's	name if the qualifying		
Your first name										You	Your social security number				
Joshua	Hov				lowe										
If joint return, spouse's first name and middle initial Last na					ot name								Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Pre	Presidential Election Campaign			
										Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete s					e spaces below. State				ZIP code		to	to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county					Fore	Foreign postal code your			or refund. You Spouse		
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction											☐ Yes ☐ No			
Standard Someone can claim: You as a dependent Your spouse as a dependent															
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status al	lien								
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 blind		
Dependents	(see i									e box if	x if qualifies for (see instructions):				
If more	(1) Fi	rst name Last name		number			to you			Child tax cred			Credit for other dependents		
than four dependents,					\sqcup								<u> </u>		
see instructions	_				\vdash				-						
and check here	_				\vdash								<u> </u>		
	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a	92468.824		
Income	b	Household employee wages not re	,			•						1b	3.0		
Attach Form(s)	С	Tip income not reported on line 1a	•									1c	89386.3		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										1d	4705.0		
W-2G and 1099-R if tax	е	, , , , , , , , , , , , , , , , , , , ,										1e			
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	87610.0		
get a Form W-2, see	h	Other earned income (see instructi						1	i			1h	60856.0		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i						
	Z	Add lines 1a through 1h				·						1z			
Attach Sch. B if required.	2a	'	2a					xable interes				2b 3b			
	3a 4a		3a 4a					dinary divide xable amour				4b	74137.0		
Standard	т а 5а		та 5а					xable amour				5b	7.0		
Deduction for—	6a	_	6a			_		xable amour				6b	65316.78		
Single or Married filing	С	If you elect to use the lump-sum e		nethod,	chec										
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	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	19329.19		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is y	our t o	otal inco	me					9			
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26								10	0.0		
Head of	<u>11</u>	Subtract line 10 from line 9. This is	your ac	ljusted	gross	s incom	е					11	21.0		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	A)					12	8.0		
If you checked any box under	13	Qualified business income deducti										13	51484.8		
Standard	14	†										14			
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					