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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	IFS)	Head	of hou	sehold (HOH	,		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our sno	nica l	f vou ch	ocko	d the HOL	l or OS	S hav ente			se (QSS) name if th	e aualifyina	
ONE BOX.		on is a child but not your dependent		oui spo	usc. I	i you on	CORC	a the Hor	i oi Qc	oo box, crito	i tilo oi	ilia 3	name ii tii	c qualifying	
Your first name	-		Last na	me							Yo	ur soc	cial securit	y number	
Vanessa	a Davis														
If joint return, sp	sturn, spouse's first name and middle initial Last name							Sp	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				
											Ch	Check here if you, or your			
City, town, or po												tly, want \$3			
												•	w will not	Checking a change	
Foreign country name			F	Foreign province/state/co			ounty		Foi	oreign postal code y		ur tax	or refund.	ŭ	
													You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	oaym	ent for pro	perty	or services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (o	r a fin	ancial ir	nteres	st in a digi	tal ass	et)? (See ins	structio	ns.)	☐ Yes	☐ No	
Standard	Som	eone can claim: 🔲 You as a de	pendent	: 🗌	Your	spouse	as a	depender	nt						
Deduction		spouse itemizes on a separate retur	n or you	were a	dual-	status a	lien								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spo	use:	Was	born b	efore Janua	ry 2, 19	958	☐ Is bli	nd	
Dependents	(see	nstructions):		(2)	Social	security		(3) Relation					es for (see	instructions):	
If more		rst name Last name		number				to you		Child tax cr		redit Credit for other depen		er dependents	
than four															
dependents, see instructions															
and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	677	12.431	
	b Household employee wages not reported on Form(s) W-2									1b	69.0				
Attach Form(s) W-2 here. Also									1c	37792.293					
attach Forms	 d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 									1d					
W-2G and 1099-R if tax										1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839, 1	line 29						1f			
If you did not	g	Wages from Form 8919, line 6.										1g			
get a Form W-2, see	h	Other earned income (see instruct	,					1			•	1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			•	L	1i				582	95.902	
	Z	Add lines 1a through 1h				· · ·					•	1z			
Attach Sch. B if required.	2a	' <u>-</u>	2a			_		xable inter			•	2b		6.0	
	3a	· ·	3a 4a					dinary divi xable amo			•	3b 4b		0.0	
Standard	4a 5a		4a 5a								•	5b	69	9584.6	
Deduction for—	6a		6a			_						6b	-		
Single or	C	If you elect to use the lump-sum e		nethod	chec						$\dot{\Box}$	OD			
separately, 7 Capital gain or (loss) Attach Schodule D if required J							`								
\$12,950 Married filing	8										8	92	79.793		
jointly or	9	·	7, and 8. This is your total income							·	9		553.0		
Qualifying surviving spouse,	10	Adjustments to income from Sche										10			
\$25,900 • Head of	11 Subtract line 10 from line 9. This is your adjusted gross income														
household,	12 Standard deduction or itemized deductions (from Schedule A)									12					
\$19,400 If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A											13			
any box under Standard	14										14	46	81.519		
5 ' "	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	6	21.0				
300 III3II UUUIOIIS.															