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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head	of hou	sehold (HOF	,		fying surv	iving	
Check only one box.	spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the													o gualifying	
one box.		on is a child but not your dependen		our spo	use. i	i you cii	ecke	a the nor	1 OF QS	oo box, ente	i the ci	iliu S	name ii iii	e qualifying	
Your first name			Last nar	me							Yo	ur soc	ial securit	v numher	
Lisa	Hol												Your social security number		
	ırn, spouse's first name and middle initial Last name									Spouse			social sec	urity number	
ii joint rotain, op	. joint totally operate a mornaine and madie made														
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												esiden	tial Flection	n Campaign	
												Check here if you, or your			
City, town, or po	ost offic	ee. If you have a foreign address, also co	omplete si	mplete spaces below. State				ZIF	code	sp	spouse if filing jointly, want \$3				
o.ty, to, o. p.		on place of				Olule			0000		_		Checking a		
Foreign country	F	Foreign province/state			county F		For	Foreign postal code			w will not or refund.	change			
. o.o.g oouy	'						'	olg. Poola oo		You Spouse					
 Digital	Δt an	y time during 2022, did you: (a) rec	oive (as	a rawar	d awa	ard or r	navm	ent for pro	nerty	or sarvicas):	or (b)	المء			
Assets													Yes	No	
Standard															
Deduction		Spouse itemizes on a separate return or you were a dual-status alien													
				_											
		Were born before January 2, 1	958	Are b	lind	Spor	use:	Was	born b	efore Janua			∐ Is bli		
Dependents				(2) Social secu						(4) Check the box		· 1	,	,	
If more	(1) Fi	rst name Last name		number			to you		u	Child tax cr		: (Credit for oth	er dependents	
than four dependents,	_						\rightarrow						L		
see instructions							_						L		
and check							_			L			L		
here							\perp			L					
Income	1a	Total amount from Form(s) W-2, b	•			•						1a			
Attach Form(s)	re. Also										1b		44.0		
W-2 here. Also										1c					
attach Forms		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d 1e	11726.484			
W-2G and 1099-R if tax f Employer-provided adoption benefits from Form 8839, li													11720.404		
was withheld.	f											1f	360	72.022	
If you did not get a Form	g	Wages from Form 8919, line 6 .										1g		64.364	
W-2, see	h :	Other earned income (see instruct	,					1				1h	024	04.304	
instructions.	i _	Nontaxable combat pay election (see mstr	uctions)		•	L	1i			4-			
A# O D	2a	Add lines 1a through 1h Tax-exempt interest	2a		•		h To	 xable inte	· ·			1z 2b			
Attach Sch. B if required.	3a	· -	3a			_		dinary div				3b	329	98.249	
	4a	_	4a			_		xable amo				4b	020	.00.2 10	
Standard	5a		5a									5b	5	503.0	
Deduction for—	6a	_	6a			_						6b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec						. n				
separately,	7														
\$12,950 Married filing		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here													
jointly or	9	·	, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9			
Qualifying surviving spouse,	10	Adjustments to income from Sche									10	889	999.832		
\$25,900 • Head of	11										11				
household,	12									12	21	852.05			
\$19,400 If you checked	13	Qualified business income deduct						-A				13	40	126.01	
any box under Standard	14											14			
Deduction,	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					
see instructions.															