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		ingle Married filing jointly	Marrie	ed filing sep	oarately (N	1FS)	Head of	household (HO			fying surv	iving	
Check only one box.	If you	u checked the MFS box, enter the n	amo of v	our coolic	o If you o	nooko	d the HOH o	OSS have ant			se (QSS)	o gualifying	
one box.		on is a child but not your dependent		our spouse	e. II you ci	iecke		QOO DOX, ent	ei tile Ci	iliu 5 i	name ii ur	e qualifying	
Your first name			Last nar	me					You	ır soc	ial security	v number	
David	Bisho										Your social security number		
	n, spouse's first name and middle initial Last name							Spo	ouse's social security number				
,	a joint rotain, opeded a mat matter and matter matter												
Home address (numbei	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pre	siden	tial Flectio	n Campaign	
(Check here if you, or your			
City, town, or po	City, town, or post office. If you have a foreign address, also complete spaces below. State. 7IP code.									oouse if filing jointly, want \$3			
							to go to this fund. Checking a box below will not change						
Foreign country name			F	Foreign province/state/county			1	Foreign postal code		ır tax	or refund.	oriarigo	
						-					You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, a	award, or	paym	ent for prope	rty or services); or (b) s	ell,			
Assets		ange, gift, or otherwise dispose of a									☐ 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	Vali	Were born before January 2, 1	958 F	Are bline	d Sno	use:	□ Was box	rn before Janu	an/2 10	58	☐ Is bli	nd	
	-	•	930 _	Ī				(4) (1)				nstructions):	
Dependents		rst name Last name	(2) Social security number			(3) Relationship to you		"P ' '	ax credit			•	
If more than four	(1)	St name Last name					•	Offina	T Credit				
dependents,													
see instructions and check											Ī		
here												-	
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructio	ns)					1a	1	4.0	
Income	b	Household employee wages not re								1b			
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c	;		
W-2 here. Also attach Forms										1d	68301.0		
W-2G and										1e	96502.543		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									f 17313.29		
If you did not	g	W (5 0040 F 0									1g 17417.451		
get a Form	h	Other earned income (see instructions)											
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions) .			<u>1</u> i						
	Z	Add lines 1a through 1h	. , .							1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	xable interes	t		2b			
if required.	3a	· ·	3a				dinary divide			3b			
	4a		4a				xable amoun			4b	212	28.357	
Standard Deduction for—	5a	-	5a					t		5b			
Single or	6a	,	6a					t		6b			
Married filing separately,	С _	If you elect to use the lump-sum e		•			•		. 📙				
\$12,950	7	Capital gain or (loss). Attach Sche							. 🗀	7	00	COO F	
 Married filing jointly or 	8	Other income from Schedule 1, lin								8		609.5	
Qualifying surviving spouse,	9	dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9 10	_		
\$25,900	10	Adjustments to income from Schedule 1, line 26									87485.0 8.0		
 Head of household, 	11	, , ,											
\$19,400 If you checked	<u>12</u> 13	otaliaala adadoloi oi homizoa adadoloi (ilom oshodalo / y											
any box under	13 14									14	.0		
Standard Deduction,	15									15			
see instructions.		222.400 1	0 01 1000	2, 011101 0									