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 Check only								Head of				spou	se (QSS)	-	
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 o	r QSS	S box, ente	r the ci	niid's	name if the	qualifying	
Your first name	Your first name and middle initial						Yo	Your social security number							
Ryan	Ba				arber										
If joint return, sp	Last nar	ast name								Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Pre	residential 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					te spaces below. State				ZIP code			to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/count					Foreign postal code			your tax 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		eone can claim: You as a de						dependent				,			
Deduction		Spouse itemizes on a separate retur	•			•									
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 blir	nd	
Dependents	(see i	instructions):		(2) Social security			(3) Relationship			(4) Check the box if qua		qualifi	lifies for (see instructions):		
If more	(1) Fi	rst name Last name		number			to you			Child tax cr		(Credit for other depende		
than four dependents,					$\vdash \vdash$		+			L					
see instructions	_				$\vdash \vdash \vdash$		+			L	<u></u>			<u></u>	
and check here	_				\vdash		+						_	<u></u>	
	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)					_	1a	66	29.0	
Income	b	Household employee wages not re	,			•						1b	8240	05.286	
Attach Form(s) W-2 here. Also										1c					
attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s) W-2	2 (see ins	struc	tions)				1d			
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26											1e			
was withheld.	f	Employer-provided adoption bene										1f		722.5	
If you did not	g	Wages from Form 8919, line 6.										1g		38.111	
get a Form W-2, see	h	Other earned income (see instruct						1	. 1			1h	74	71.0	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			٠	1	i						
		Add lines 1a through 1h	 o-				·					1z			
Attach Sch. B if required.	2a	' <u> </u>	2a					xable interes				2b 3b	6	0.0	
	3a 4a		3a 4a					dinary divide				4b	0	0.0	
Standard	т а 5а		та 5а					xable amour xable amour				5b	328	33.636	
Deduction for—	6a		6a			_		xable amour				6b		378.0	
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 Schee		-		•		,			. 🗆	7	138	50.692	
Married filing	8	Other income from Schedule 1, lin										8			
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	773	99.22	
aumining anauga	10	Adjustments to income from Sche								10	760	46.033			
Head of	11	Subtract line 10 from line 9. This is	Subtract line 10 from line 9. This is your adjusted gross income									11	30154.0		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									12	9	9.0		
If you checked	13	Qualified business income deduct	on from	Form 8	995 o	or Form 8	3995	-A				13	3642	29.331	
any box under Standard	14	Add lines 12 and 13										14	4		
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					