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. 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														e aualifyina		
ONE BOX.		on is a child but not your dependent		oui spo	usc. I	i you on	CCRC		TOT QC	o box, crite	i tilo oi	ilia 3 i	name ii tii	c qualifying		
Your first name	-		Last na	ne							Yo	Your social security number				
Joshua	Jime					nenez										
If joint return, sp	If joint return, spouse's first name and middle initial Last						ast name									
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												Presidential Election Campaign				
									Ch	Check here if you, or your						
City, town, or po	st offic	e. If you have a foreign address, also co	mplete s	oaces be	low.		State)	ZIF	code				tly, want \$3		
										o go to this fund. Checking a box below will not change						
Foreign country	F	Foreign province/state			ounty		Foi	reign postal co	de yo	ur tax	or refund.	, and the second				
												You Spouse				
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for pro	perty	or services);	or (b)	sell,				
Assets	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)													☐ No		
Standard	Som	omeone 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	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		
												if qualifies for (see instructions):				
If more		rst name Last name		number			to you			Child tax cre			Credit for oth	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	30	346.0		
	b	Household employee wages not re	eported	on Form	n(s) W	-2						1b				
Attach Form(s) W-2 here. Also											1c					
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d	t				
W-2G and 1099-R if tax	е	Taxable dependent care benefits		m Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption bene										1f	912	274.838		
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	160	18.382		
instructions.	i	Nontaxable combat pay election (see instr	uctions)	٠			L	1i				4	688.0		
	Z	Add lines 1a through 1h	· · ·			·					•	1z				
Attach Sch. B if required.	2a	' -	2a					xable inte				2b				
	3a_		3a 4a			_		dinary div xable amo				3b 4b				
Standard	4a 5a		4a 5a								•	5b				
Deduction for—	6a	_	6a									6b	70	02.02		
Single or Married filing	C	If you elect to use the lump-sum e		nethod	checl						· i	OD	70	02.02		
separately,		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here														
\$12,950 Married filing	8	Other income from Schedule 1, line 10										8	525	40.884		
jointly or	9	· ·	and 8. This is your total income								9					
Qualifying surviving spouse,	10	Adjustments to income from Sche										10				
\$25,900 • Head of	11										11					
household, \$19,400	12	-									12					
If you checked	13	Qualified business income deduct		`			,	-A				13	4	45.0		
any box under Standard	14	14 Add lines 12 and 13										14				
Deduction, see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15	730	65.454				
SSC IIISTI UCTIONS.																