Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Ceduction for- Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 Capital security benefits . 6a	Filing Status Check only		0, , =	_	ŭ		• `	,	Head of		`	<i>,</i> —	spou	se (QSS)	ŭ	
Tipoint return, spouse's first name and middle initial Last name Spouse's social security number and sireest, If you have a P.O. box, see instructions. Apt. no. Check here if you, or your City, town, or post office. If you have a P.O. box, see instructions Spouse's asocial security number of check here if you, or your spouse if filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse if filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse if filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse if filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse if filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse as a complete spaces below. State ZiP code Spouse if filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse as a composition of the fund. Check here if you, or your spouse in the filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse as a check here if you, or your spouse in the filling pinntly, want \$3 is got to the fund. Check here if you, or your spouse in the fund. Check here if you got your spouse in the fund. Check here if you got your your spouse as a dependent Your spouse (see instructions); Yes No No Standard Spouse Your	one box.				our spc	ouse. I	f you che	ecke	d the HOH o	or QS	S box, ente	r the cl	nild's	name if the	e qualifying	
Exercised Exer	Your first name and middle initial Last name Y									Yo	Your social security number					
Home address (number and street), If you have a P.O. box, see instructions. City, town, or post office, If you have a foreign address, also complete spaces below. State	Christopher				Walton											
Cley, town, or post office. If you have a foreign address, also complete spaces below. State Cley, town, or post office. If you have a foreign address, also complete spaces below.	If joint return, spouse's first name and middle initial Last name S								Sp	Spouse's social security number						
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Spouse if filing jointly, want S8 togo to this faunc Checking a box below will not change by your tax or refund. You Spouse You Spouse You Spouse You Spouse You Spouse Standard Spouse Spouse Standard Spouse Spouse Standard Spouse Spouse Standard Spouse Spouse Spouse Standard Spouse Spouse Standard Spouse Spouse Spouse Standard Spouse Spouse Spouse Standard Spouse Spouse Standard Spouse Spous																
Foreign country name	City, town, or post office. If you have a foreign address, also complete					ete spaces below.					ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a		
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets	Foreign country name				Foreign province/state/con			ounty	y Foreign postal				your tax or refund.			
Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bilindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you Chell for other dependents (1) First name Last name mumber to you (1) First name Last name mumber (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) Chell for other dependents (1) First name Last name mumber (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions Chell for other dependents (1) First name Last name mumber (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions Chell for other dependents (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions Chell for other dependents (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions (4) Check the box if qualifies for (see instructions) (1) In the second of the properation (4) Check the box if qualifies for (see instructions) (1) In the second of the properation (4) Check the box if qualifies for (see instructions) (1) In the second of the																
Spouse itemizes on a separate return or you were a dual-status alien										asse	et)? (See ins	structio	ons.)	res	□ NO	
See instructions :				•					aepenaent							
If more than four dependents, see instructions and check here Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2 (see instructions) Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form(s) W-2 (see instructions) Total amount from Form(s) W-2 (see instructions) Total amount from Form(s) W-2 (see instructions) Total amount from Form solid waiver payments not reported on Form(s) W-2 (see instructions) Total amount from Form 8019, line 6 Total amount from Form 8019, line 10 Total amount from Form 8019, line 6 Total amount from Form 8019, line 10 Total amount from Form 8019, line 10 Total amount from Form Schedule 1, line 10 Total amount from Form Schedule 1, line 10 Total amount from Form 8019, line 20 Total amount from Form 8019, li	Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spou	ıse:	☐ Was bo	orn be	efore Janua	ry 2, 19	958	Is bli	nd	
If more than four dependents, see instructions and check here here Total amount from Form(s) W-2, box 1 (see instructions)	Dependents	(see i	nstructions):					1 ''		hip	(4) Check the box		qualifi	es for (see i	nstructions):	
see instructions and check here		(1) Fi	rst name Last name		number			to you			Child tax cred		(Credit for oth	er dependents	
Income Income Income Income								\top]				
Income Attach Form(s) W-2 here. Also attach Forms W-2 are Also attach Forms W-2 fir tax was withheld. If you did not get a Form W-2, see instructions W-2 are Also attach Forms W-2 are Also attach Forms W-2 fir tax was withheld. If you did not get a Form W-2, see instructions W-2 are Also attach Forms W-2 fir tax was withheld. If you did not get a Form W-2, see instructions W-2 form by Captage and the Also attach Forms W-2 form by Captage are Also attach Forms W-2 form by Captage are Also attach Sch. B if required. Attach Sch. B 2 a Tax-exempt interest 2 a b Taxable interest 2 b 1.0 Attach Sch. B 3 a Qualified dividends 3 a b Ordinary dividends 3 b 56667.775 Attach Sch. B 3 a Qualified dividends 3 a b Taxable amount 4 b 8.0 All RA distributions 4 a Boroins and annuities 5 a b Taxable amount 5 b Taxable amount 5 b Taxable amount 6 b 35575.885 Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing separately, \$12,950 Married filing between the All of the All																
Attach Forms b Household employee wages not reported on Form(s) W-2 . 1b Attach Forms w2 - 1p income not reported on line 1a (see instructions) . 1c Tip income not reported on line 1a (see instructions) . 1d	here															
Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2 and 1099-Rif tax was withheld. If you did not get a Form W-2, see instructions. If pulper-provided adoption benefits from Form 2441, line 26 If you did not get a Form W-2, see instructions. If was withheld. If you did not get a Form W-2, see instructions. If was a withheld. If you did not get a Form W-2, see instructions. If was part of the was withheld. If you did not get a Form W-2, see instructions. If was part of the was withheld. If you did not get a Form W-2, see instructions. If was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was withheld. If you did not get a Form W-2, see instructions. It was g	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instru	ctions)						1a	728	33.964	
W-2 here. Also attach Forms W-2G and 1099-Ri tax was withheld. If you did not get a Form W-2, Seen instructions W-2 and 1099-Ri tax was withheld. If you did not get a Form W-2, See instructions W-2, See instructions. If was swithheld. If you did not get a Form W-2, See instructions was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you did not get a Form was withheld. If you define to trepting was with was withheld. If you define to trepting was with was withheld. If you define to trepting was with was		b	Household employee wages not re	eported	on Forn	n(s) W	'-2						1b			
attach Forms W-2G and 1099-Ri If tax was withheld. If you did not get a Form W-2, see instructions. Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Mages from Form 8919, line 29 Mages from Form 8919, line 6 Other earned income (see instructions) In Montaxable combat pay election (see instructions) Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Attach Sch. B. B. Tax-exempt interest Add lines 1a through 1h Bordardin 1b Bordardin 1	` ,									1c						
1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f 18925.0 1f 18925.0 1g 1		d	Medicaid waiver payments not rep									1d				
## Attach Sch. B if required. Attach Sch. B if required. Attach Grid Bandard Deduction for Standard Bandard Deduction for Single or Married filing separately, \$12,950																
W-2, see instructions. h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) z Add lines 1a through 1h Attach Sch. B if required. 3a Qualified dividends . 3a b Ordinary dividends . 3b 56667.775 4a IRA distributions . 4a b Taxable amount . 4b 8.0 Standard Deduction for Single or Married filing separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 7 35963.0 Married filing spouse, \$25,900 Namide filing spouse, \$25,900 Plead of household, \$19,400 It you checked any box under Standard deduction, the six of the		f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	18	925.0	
W-2, see instructions. i Nontaxable combat pay election (see instructions) 2 Add lines 1a through 1h Attach Sch. B if required. 3a Qualified dividends 4a D Tax-exempt interest 4a D Tax-exempt interest 4a D Taxable interest 4b D Taxable interest 4b D Taxable amount 4b D Taxable amount 5b D Taxable amount 5b D Taxable amount 5c Single or Married filing separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required, check here (see instructions) 7 Capital gain or (loss). Attach Schedule D if required, check here 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 Standard deduction or itemized deductions (from Schedule A) 12 Standard deduction or itemized deduction from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 15 Subtract line 10 from line 11 If zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0. This is your taxable income 15 Subtract line 14 from line 11 If zero or less enter -0. This is your taxable income		g														
Instructions. Instru		h	· ·						1	'n			1h	897	725.03	
Attach Sch. B If required. Attach Sch. B If you alified dividends If you elect to use the lump-sum election method, check here (see instructions) If you elect to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here Capital gain or (loss). Attach Schedule D if required. If not required, check here Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income from Schedule 1, line 26 Adjustments to income from Schedule 1, line 26 If you checked any box under Standard Add lines 12 and 13 Add lines 12 and 13 It 4 42307.005 Attach Schedule A) It 4 42307.005 Add lines 12 and 13 It 4 42307.005 Attach Schedule A) It 5 Subtract line 14 from line 1.1 if zero or less enter -0- This is your taxable income If you the checked any box under Standard Add lines 12 and 13 It 4 42307.005		i	· · ·	see instr	uctions) .			1	i						
if required. 3a Qualified dividends 3a b Ordinary dividends			1									•				
4a IRA distributions												•				
Standard Deduction for—Single or Married filing separately, \$12,950	ii required.								•							
Ceduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, and surviving the survivi															8.0	
Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Head of household, \$19,400 Head of household, \$19,400 If you elect to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 35963.0 8 869.0 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 Adjustments to income from Schedule 1, line 26 10 0.0 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income														255	75 005	
separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 12 and 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 35963.0 8 869.0 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 Defuction, 10 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your tayable income			<u>-</u>			-1				nt.		Ė	do	333	73.863	
S12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 10 from line 11 If zero or less enter -0- This is your taxable income Other income from Schedule 1, line 10 8 869.0 9 4869.0 9 4869.0 9 4869.0 9 69 69 7 and 8. This is your total income 9 10 0.0 10 0.0 11 5 Subtract line 10 from line 9. This is your adjusted gross income 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,		,		`		,	•			7	35	963.0	
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 0.0 10 0.0 11 0.0 12 13 04 04 05 06 07 07 08 08 09 09 09 09 09 09 09 09 09 09 09 09 09														Ω	69 N	
Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Boduction, Deduction, Deduction, Deduction, \$25,900 Adjustments to income from Schedule 1, line 26	jointly or											869.0				
S25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 10 from line 9. This is your adjusted gross income Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 42307.005 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income											•	_		0.0		
household, \$19,400 If you checked any box under Standard Deduction, Deduction, 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income	\$25,900		•									•				
13 Qualified business income deduction from Form 8995 or Form 8995-A	household,	_		•	-	_						•				
any box under Standard 14 Add lines 12 and 13												•				
Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income 15.	any box under											•		10007.005		
see instructions.	Deduction,												_			
	see instructions.															