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.

Filing Status		single Married filing jointly	Marrie	ed filing se	parately (N	1FS)	Head of	household (H	ЮН)		ifying surv	iving		
Check only one box.	If you	u checked the MFS box, enter the n	ame of v	our enoue	a If you d	nacka	d the HOH or	OSS hov	nter the		ise (QSS) name if th	e auglifyina		
ONC DOX.		on is a child but not your dependent		our spous	c. II you ci	ICCKC		QOO DOX, O	inter the	Crilia 3	name ii tii	c qualifying		
Your first name			Last nar	me					Y	our so	cial securit	v number		
Emily	Alvar			varado										
	,				st name						Spouse's social security number			
Home address (numbei	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Р	resider	ntial Election	n Campaign		
									C	Check h	ere if you,	or your		
City, town, or po	st offic	e. If you have a foreign address, also co	mplete s	paces belov	٧.	State)	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
							box below will not change							
Foreign country name				Foreign province/state/county				Foreign postal code		our tax	or refund.	, and the second		
											You	Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward,	award, or	paym	ent for prope	rty or servic	es); or (b) sell,				
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a	financial i	nteres	st in a digital	asset)? (See	instruct	ions.)	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	You:	Were born before January 2, 1	958	Are blin	d Spo	use:	☐ Was bor	rn before Jar	nuarv 2.	1958	☐ Is bli	nd		
Dependents			_	Ī	cial security		(3) Relationsh	(4) (1)		oox if qualifies for (see instructions):				
If more		rst name Last name		number			to you		d tax crec	dit	it Credit for other dependen			
than four														
dependents,														
see instructions and check														
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruction	ons)					1a	334	198.94		
	b	Household employee wages not reported on Form(s) W-2								1b	75740.0			
Attach Form(s) W-2 here. Also	Here. Also									1c	12.0			
attach Forms									1d					
W-2G and e Taxable dependent care benefits from Form 2441, line 26										1e	741	71.209		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
If you did not	g	Wages from Form 8919, line 6								1g				
get a Form W-2, see	h	Other earned income (see instructions)								1h	3116.0			
instructions.	i	Nontaxable combat pay election (see instr	uctions) .			<u>1i</u>				45	562.0		
	Z	Add lines 1a through 1h								1z				
Attach Sch. B if required.	2a	' -	2a				xable interes			2b		331.62		
ii required.	3a_	· ·	3a 4a				dinary divide xable amoun			3b 4b		351.62		
2444	4a		4a 5a							5b	0.50	304.631		
Standard Deduction for—	5a 6a		6a				xable amoun xable amoun			6b		296.27		
Single or	C	If you elect to use the lump-sum e		nethod ch	nack hara i					OD	7 12	200.27		
Married filing separately,	7	'		,			,			7				
\$12,950 Married filing	8	Other income from Schedule 1, lin). Attach Schedule D if required. If not required, check here							8	37825.95			
jointly or	9	·	z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income											
Qualifying surviving spouse,	10	Adjustments to income from Sche								9 10		55.0		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income												
household,	12	Standard deduction or itemized deductions (from Schedule A)										912.56		
\$19,400 If you checked	13	=									13 2382.23			
any box under Standard	14	Add lines 12 and 13								14				
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	15			