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 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. It	f you che	ecke	d the HOH o	r QSS	S box, ente	r the ch	nild's	name if the	qualifying
Your first name	ne and middle initial Last name Yo								our social security number					
Billy	Alexander													
If joint return, sp	joint return, spouse's first name and middle initial Last name Sp								Spe	Spouse's social security number				
										Presidential Election Campaign Check here if you, or your				
City town or post office. If you have a foreign address, also complete spaces below.						spo to	spouse 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					Fore				ow will not clor refund. You	nange Spouse
Digital Assets		y time during 2022, did you: (a) reca											Yes	□ Species □ No
Standard		eone can claim: You as a de						dependent	asse	1): (366 111	Structio	113.)		
Deduction		Spouse itemizes on a separate retur	•					черепает						
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 blin	d
Dependents	(see i	nstructions):		(2)	Social	security		(3) Relationsh	hip	(4) Check th	e box if	qualifi	es for (see in	structions):
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credi		(Credit for othe	r dependents
dependents,					\Box						-			<u>. </u>
see instructions and check											ī]
here]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instru	ctions)						1a	4632	9.141
IIICOIII C	b	Household employee wages not re	eported o	on Forn	n(s) W	'-2						1b	79	9.0
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	struction	าร)							1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2	2 (see ins	struc	tions)				1d		
W-2G and	• Taxable deportable date betterne itel			om Form 2441, line 26							1e	e 613.0		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	3582	24.46
If you did not	g	Wages from Form 8919, line 6 .										1g		
get a Form	h	Other earned income (see instruct	ions) .									1h	8575	9.816
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			1	i				000	105
	Z	Add lines 1a through 1h	. , .			. , .						1z	639	.195
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	xable interes	st			2b		
if required.	3a	Qualified dividends	3a			b	Ord	dinary divide	ends			3b	3564	8.102
	4a	IRA distributions	4a			b	Tax	xable amour	nt.			4b		
Standard	5a		5a			b	Tax	xable amour	nt.			5b	2	0
Deduction for— Single or	6a	,	6a					xable amour	nt.		· <u>·</u>	6b		
Married filing	С	If you elect to use the lump-sum e		,		`		,			. 📙			
separately, \$12,950	7	Capital gain or (loss). Attach Schee		require	d. If n	ot requir	red, o	check here			. Ц	7		
Married filing jointly or	8	Other income from Schedule 1, lin										8		.0
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	o, 4b, 5b, 6b, 7, and 8. This is your total income							9	3332	21.43		
surviving spouse, \$25,900	10	Adjustments to income from Sche	•									10		20.0
Head of household,	11	, , ,								11	118	36.0		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)												
If you checked any box under	 Qualified business income deduction from Form 8995 or Form 8995-A									13				
Standard Deduction,	14											14		
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-U I	nis is yo	ur ta	xable incon	ne			15	54/6	04.20