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 Check only | | 0, , = | _ | ŭ | | • | , | Head o | | ` | <i>,</i> — | spou | se (QSS) | ŭ | |
|--|---|--|--|--------------------------|-------------------------|-----------|--------|---------------|--------|-------------------|-----------------------------|--------------------------------|--|----------------|--|
| one box. | | u checked the MFS box, enter the n on is a child but not your dependent | | our spo | ouse. I | f you che | ecke | d the HOH o | or QS | S box, ente | r the cl | nild's | name if th | e qualifying | |
| Your first name and middle initial Last name Your | | | | | | | | | | Yo | Your social security number | | | | |
| Timothy | Timothy Ha | | | | Hamilton | | | | | | | | | | |
| If joint return, spouse's first name and middle initial Last n | | | | | st name | | | | | | | | Spouse's social security number | | |
| | | | | | | | | | | | | Presidential Election Campaign | | | |
| City, town, or post office. If you have a foreign address, also complete | | | | | ete spaces below. State | | | | | ZIP code | | | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a | | |
| Foreign country name | | | | Foreign province/state/c | | | ounty | | For | | | | pelow will not change tax or refund. | | |
| Digital | At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) | | | | | | | | | | | | | | |
| Assets | | | | | | | | | | | | | □ NO | | |
| Standard Deduction | | eone can claim: | • | | | • | | аерепает | | | | | | | |
| 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 | |
| Dependents | (see i | instructions): | | (2) Social security | | | | | ship | (4) Check the box | | qualifi | es for (see | instructions): | |
| If more than four | (1) Fi | rst name Last name | | number | | | to you | | | Child tax credit | | (| Credit for oth | ner dependents | |
| dependents, see instructions | | | | | | | | | | | | | |] | |
| and check | | | | | | | | | | | | | | | |
| here | | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instruc | ctions |) | | | | | | 1a | 1 | 15.0 | |
| | b | Household employee wages not re | eported (| on Form | n(s) W | '-2 | | | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | c Tip income not reported on line 1a (see instructions) | | | | | | | | | 1c | | | | | |
| attach Forms | d | | | | | | | | | 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 | | 197.34 | |
| If you did not | g | Wages from Form 8919, line 6. | | | | | | | | | | 1g | 601 | 03.171 | |
| get a Form W-2, see | h | Other earned income (see instruct | | | | | | 1 | . i | | | 1h | | | |
| instructions. | i | Nontaxable combat pay election (s | see instr | uctions) |) . | | | 1 | li | | | | | | |
| | | Add lines 1a through 1h | | | | · i . | | | . • | | | 1z | | 200.0 | |
| Attach Sch. B | 2a | · - | 2a | | | | | xable intere | | | | 2b | 48 | 369.0 | |
| if required. | 3a_ | | 3a | | | | | dinary divide | | | | 3b | | | |
| | 4a | _ | 4a | | | | | xable amou | | | | 4b | 9 | 049.0 | |
| Standard Deduction for— | 5a | - | 5a | | | | | xable amou | | | | 5b | 0 | 049.0 | |
| Single or | 6a | Social security benefits Large If you elect to use the lump-sum e | 6a | | -1 | | | xable amou | | | | 6b | | | |
| Married filing separately, | c | , | | • | | ` | | , | | | . 🗀 | 7 | 230 | 062.28 | |
| \$12,950 | 7 | Capital gain or (loss). Attach Sche- Other income from Schedule 1, lin | | | | | | | | | . Ш | | | | |
| Married filing jointly or | 8 9 | | | | | | | | | | | 9 | | | |
| Qualifying surviving spouse, | | | 5b, 6b, 7, and 8. This is your total income | | | | | | | | _ | | | | |
| \$25,900 | 10 11 | Adjustments to income from Sche Subtract line 10 from line 9. This is | • | | | | | | | | | 10 | | | |
| Head of household, | 12 | | • | - | _ | | | | | | | 12 | | | |
| \$19,400 If you checked | 13 | - ' | | | | | | | | 8 | 34.0 | | | | |
| any box under | 14 Add lines 12 and 13 | | | | | | | | | | 14 | 0440.074 | | | |
| Standard Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | | | | 15 | 1 | - | |
| see instructions. | | 2 | 2. 1000 | , 0.1101 | · · · | | | | | | • | | | | |
| _ | | | | | | | | | | | | | | | |