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. I	r you che	еске	a the HOH c	or QS	S box, ente	r the cr	niia's	name ir tne	e qualitying	
Your first name	and mi	ddle initial	Last nar	ne							Yo	Your social security number			
Michael	Go				Gordon										
If joint return, spouse's first name and middle initial Last name							Sp	Spouse's social security number							
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.						Apt. no.		Presidential Election Campaign			
City, town, or post office. If you have a foreign address, also complete spaces below. State							spe	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a							
Foreign country name			F	Foreign province/state/county				For				box below will not change your tax or refund. You Spouse			
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)														
Assets Standard		ange, gift, or otherwise dispose of a eone can claim: You as a de						dependent	asse	et)? (See ins	structio	ns.)	Yes	∐ No	
Deduction Deduction		Spouse itemizes on a separate retur	•			•		черепчеп							
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 blir	nd	
Dependents	(see i	instructions):		(2)		security		(3) Relations	hip			1		nstructions):	
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cre		(Credit for oth	er dependents	
dependents,	_						+				1				
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a			
	b	Household employee wages not re	eported (on Form	ı(s) W	-2						1b		6.0	
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)								1c						
attach Forms	d	Medicaid waiver payments not rep			•	•	struc	tions)	•			1d			
W-2G and 1099-R if tax	e	Taxable dependent care benefits f							•			1e			
was withheld.	f	Employer-provided adoption bene					•		•			1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .							•			1g 1h	25	433.6	
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election (s						1	. i		•	In	25	433.0	
instructions.	z	Add lines 1a through 1h	see msu	uctions	' ' '		•	· · <u>_ '</u>	•			1z			
Attach Sch. B	2a	1	2a			h	· Tay	 kable interes	et		•	2b			
if required.	3a		3a					dinary divide				3b			
	4a		4a					kable amour				4b	224	136.67	
Standard	5a		5a					cable amour				5b			
Deduction for—	6a	Social security benefits	6a			b	Tax	kable amour	nt .			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod,	checi	 k here (s	ee in	structions)			. 🗆				
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If n	ot requir	ed, c	check here			. 🔲	7	39	65.06	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8	7	1.0	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is y	our t o	otal inco	me					9			
aumining anauga	10	Adjustments to income from Sche	dule 1, li	ne 26								10			
Head of	11	Subtract line 10 from line 9. This is	your ac	ljusted	gross	s income	е					11			
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A	A)					12	99	038.0	
If you checked any box under	13	Qualified business income deduct										13			
Standard	14											14			
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15						