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								Head of				spou	se (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. I	f you che	ecke	d the HOH o	r QSS	S box, ente	r the ci	nild's	name if the	e qualifying	
Your first name	name and middle initial Last name Yo									our social security number					
Adrian	Sal				alinas										
If joint return, spouse's first name and middle initial Last na					name								Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete s					Spaces below.			1	ZIP code		to	go to		Checking a	
Foreign country name				Foreign province/state/co			ounty		Fore				ax or refund.		
Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b)											Yes	No		
Assets Standard															
Deduction		Spouse itemizes on a separate return	•			•									
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spot	ıse:	Was bo	rn be	fore Janua	ry 2, 19	958	Is bli	nd	
Dependents		see instructions):			(2) Social security			(3) Relationship		(4) Check the box		· 1			
If more than four	(1) Fi	rst name Last name		number			to you			Child tax cr		: (Credit for oth	er dependents	
dependents,											_				
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a			
	b	Household employee wages not re	eported (on Form	n(s) W	'-2						1b	2	20.0	
Attach Form(s) W-2 here. Also	re. Also								1c	90	396.8				
attach Forms W-2G and	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d					
1099-R if tax	e	Taxable dependent care benefits f					٠		•			1e			
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.					•		•			1f			
If you did not get a Form	g h	Other earned income (see instructi							•		•	1g 1h	532	69.969	
W-2, see	i	Nontaxable combat pay election (s						1	ı İ				002		
instructions.	z	Add lines 1a through 1h						· · <u> </u>				1z	90	077.0	
Attach Sch. B	2a	ı ı	2a			b	Tax	kable interes	st			2b	568	399.35	
if required.	За		3a			b	Ord	dinary divide	ends			3b			
	4a	IRA distributions	4a			b	Tax	kable amour	nt .			4b		0.0	
Standard	5a	Pensions and annuities	5a			b	Tax	kable amour	nt.			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,	chec	k here (s	ee ir	structions)			. 🗌				
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	require	d. If n	ot requir	red, d	check here			. 🗌	7	14	466.0	
Married filing	8	Other income from Schedule 1, lin	e 10 .									8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	4b, 5b, 6b, 7, and 8. This is your total income									9			
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26								10		464.0	
	11	Subtract line 10 from line 9. This is	your ac	ljusted	gross	s incom	е					11	9.	182.0	
household, \$19,400	12	Standard deduction or itemized										12			
If you checked any box under	13	Qualified business income deducti										13	57	482.3	
Standard	14	†										14			
Deduction, see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					