Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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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	f you che	ecke	d the HOH o	r QSS	S box, ente	r the cl	hild's	name if the	e qualifying	
Your first name	me and middle initial Last name You										our social security number				
Jennifer	Mc				<i>I</i> lcdonald										
If joint return, spouse's first name and middle initial Last r				st name								Spouse's social security number			
Home address (Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code									spo	spouse if filing jointly, want \$3 to go to this fund. Checking a					
Foreign country name				Foreign province/state/cou			ounty		Foreign postal code			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) sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction												Yes	No	
Assets									asse	i): (See iii	Siruciio	115.)			
Standard Deduction		eone can claim:	•			•		dependent							
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 blir	nd	
Dependents	(see i	(see instructions):				(2) Social security			hip	(4) Check the box if qua			alifies for (see instructions):		
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credi		: (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 instru	ctions)						1a	7	7.0	
moonic	b	Household employee wages not re	eported	on Forn	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 Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											1d	68	734.0	
W-2G and 1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26										1e				
was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29										1f	1:	99.0	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .						,			1h	270)15.76	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1	i						
	Z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	' <u>-</u>	2a					xable interes				2b			
if required.	3a		3a					dinary divide				3b			
	4a		4a					xable amour				4b	63	066.5	
Standard Deduction for—	5a		5a					xable amour				5b			
Single or	6a	,	6a					xable amour	nt.			6b			
Married filing separately,	_C	If you elect to use the lump-sum e		,		`		,	•		. 📙	_			
\$12,950	7	Capital gain or (loss). Attach Sche									. Ш	7			
 Married filing jointly or 	8	Other income from Schedule 1, lin										8			
Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total ii												9			
\$25,900	10	Adjustments to income from Sche										10			
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income									11	2/	650.0		
\$19,400	12											12	24		
If you checked any box under	Qualified business income deduction from Form 8995 or Form 8995-A										13	553	30.816		
Standard Deduction,	14 Add lines 12 and 13								15	333	55.510				
see instructions.	15	Captract line 14 HOIII line 11. II Zer	o or less	, enter	U². I	ilio io y0	ui ta	MADIC IIICOI	116			15			