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	∐ S	Single Married filing jointly	] Marrie	ed filing s	separately	(MFS)	Head of	house	hold (HOH)			fying surv	viving
Check only one box.	If you	u checked the MFS box, enter the na	ame of v	our spoi	use If you	check	ed the HOH o	r OSS	hox enter			se (QSS) name if th	ne qualifying
0110 20%		on is a child but not your dependent		our opo	acc. II you	OHOOK		, QUU	DOM, OTHER		100	riarrio ii tr	io quaiiiyiiig
Your first name			Last na	me						You	r soc	ial securit	v number
Christopher					Bowen								,
			Last na	Last name								social sec	curity number
, , . , . ,													
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.									Pres	Presidential Election Campaign			
,	, , , , , , , , , , , , , , , , , , , ,									Check here if you, or your			
City, town, or post office. If you have a foreign address, also compl				plete spaces below. State			te	ZIP code			spouse if filing jointly, want \$3		
											to go to this fund. Checking a box below will not change		
Foreign country name			Foreign province/state/o			e/count	nty Fo		oreign postal code			or refund.	•
											You Spouse		
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward	d, award, c	r payn	nent for prope	erty or	services); o	or (b) s	ell,		
Assets		ange, gift, or otherwise dispose of a										Yes	☐ No
Standard	Some	eone can claim:	pendent	t 🔲	Your spou	se as	a dependent						
Deduction		Spouse itemizes on a separate return	n or you	were a	dual-statu	s alien							
Age/Blindness	Valle	Were born before January 2, 19	958 F	Are bl	lind Si	oouse	· 🗆 Was bo	rn haf	ore January	2 10	58	☐ Is bli	ind
Dependents	-		JJU _	Ī									instructions):
-		rst name Last name	(2) Social securi number			ıy	(3) Relationship to you		Child tax cr		1		ner dependents
If more than four	(1)	St name Last name							Silia tax cr		+		
dependents,											1		=
see instructions and check													
here													
	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instruc	tions) .						1a		_
Income	b	Household employee wages not re	•		,						1b	1	393.0
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c	lc 90941.57		
W-2 here. Also attach Forms	d										1d		
W-2G and	e Taxable dependent care benefits from Form 2441, line 26										1e		
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29										27320.406	
If you did not	g										1g	<b>1g</b> 69699.0	
get a Form	h	Other earned income (see instructi	ons) .								1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)			1	i					
	Z	Add lines 1a through 1h	. , .								1z		
Attach Sch. B	2a	Tax-exempt interest	2a			<b>b</b> Ta	axable interes	st .		.	2b	2	232.0
if required.	3a	· ·	3a			<b>b</b> 0	rdinary divide	ends .			3b	96	081.42
	4a	IRA distributions	4a			<b>b</b> Ta	axable amour	nt		.	4b		
Standard	5a	Pensions and annuities	5a				axable amour			- +	5b	65	5546.0
Deduction for— Single or	6a	,	ба				axable amour	nt		_ ⊦	6b		
Married filing separately,	С	If you elect to use the lump-sum el				•	•			닏▮			
\$12,950	7	Capital gain or (loss). Attach Sched								$\sqcup$	7		
Married filing jointly or	8	Other income from Schedule 1, line 10								٠	8	3	359.0
Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>												
\$25,900	10	Adjustments to income from Schedule 1, line 26											
<ul> <li>Head of household,</li> </ul>	11											262 64	
\$19,400	12	- '									12	1	JUJ.U <del>4</del>
any box under	13										13		
5 daria d	14 15										14		
see instructions.	15	Oubtract into 14 from line 11. ii 2610 of 1655, critel "0". This is your taxable income									15		