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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head of	of hou	sehold (HOH	l) 🗌		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	ama of v	our coo	uco I	f vou ch	ooko	d tha UOU	or 08	S hav anta	r tha a		se (QSS)	o gualifying	
one box.		on is a child but not your dependent		our spo	use. I	i you cii	ecke	u ille non	or QS	S DOX, ente	i the ci	iliu S	name ii ur	e qualifying	
Your first name			Last nar	me							Yo	ur soc	ial security	v number	
Shelby	Todd														
						st name							Spouse's social security number		
										"					
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pro	esiden	tial Electio	n 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													ly, want \$3		
												to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/o			ounty	1	For				or refund.	oriarigo	
													You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for prop	perty o	or services):	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a											☐ Yes	☐ No	
Standard Someone can claim: You as a dependent Your spouse as a dependent															
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-	status a	llien								
Ago/Blindness	Vau	Were born before January 2, 1	059	Are b	lind	Spor		□ Was b	orn b	efore Janua	n/2 10	250	☐ Is bli	nd	
			930 _	Ī			use.							nstructions):	
Dependents		rst name Last name		(2) Social security number			(3) Relationship to you		snip	Child tax cre		· 1	•	er dependents	
If more than four	(1)	Last name					•			Orma tax or					
dependents,											_				
see instructions and check	_										_				
here					\Box						-		Ī		
	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions)						1a	909	31.12	
Income	b	Household employee wages not re	•									1b			
Attach Form(s)	c Tip income not reported on line 1a (see instructions)									1c	15	473.0			
W-2 here. Also attach Forms	d									1d					
W-2G and	е											1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8	3839,	line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruct	ions) .									1h	875	559.78	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)) .				1i						
	z	Add lines 1a through 1h				. , .						1z	2	07.0	
Attach Sch. B	2a	Tax-exempt interest	2a				b Ta	xable intere	est			2b	672	234.76	
if required.	3a		3a			_		dinary divic				3b			
	4a		4a				b Ta	xable amou	ınt .			4b			
Standard Deduction for—	5a	-	5a									5b			
Single or	6a	,	6a									6b			
Married filing separately,	_C											7			
\$12,950	7													7.0	
 Married filing jointly or 	8	Other income from Schedule 1, lin										8		7.0	
Qualifying surviving spouse,	9		nes 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9			
\$25,900	10	•									10				
 Head of household, 	11	-									11				
\$19,400	12											12			
If you checked any box under	13											13			
Standard Deduction,	14 15	Subtract line 14 from line 11. If zer										14	601	381.53	
see instructions.	15	Subtract line 14 ITOHT line 11. II Zel	o or less	s, enter	-U I	ilio io yc	our ta	ivanie ilico	ille			15	000	001.00	