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 one box.		Single Married filing jointly uchecked the MFS box, enter the n						Head of				spou	se (QSS)	_	
one box.		on is a child but not your dependent		oui spo	use. I	i you che	CCRC		i QO	5 box, ente	i tile ci	iliu 3	name ii ui	e qualifying	
Your first name	ame and middle initial Last name You									our social security number					
Zachary	Wright				nt										
If joint return, spouse's first name and middle initial Last name Signature:								Sp	Spouse's social security number						
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.		Presidential Election Campaign			
City, town, or post office. If you have a foreign address, also complete spaces below.							sp	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					Fore	bo			oox below will not change your tax or refund.		
 Digital	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) s									You Spouse sell,					
Assets	exch	ange, gift, or otherwise dispose of a			r a fin	ancial in	teres	t in a digital	asse	et)? (See ins	structio	ns.)	Yes	□ No	
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 bli	nd	
Dependents	(see i									qualifi	alifies for (see instructions):				
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credi		(Credit for oth	ner dependents	
dependents,											5				
see instructions and check															
here]	
Income	1a	Total amount from Form(s) W-2, b	•			•						1a			
Attach Form(s)	b	Household employee wages not re	•			'-2			•			1b			
W-2 here. Also								1c	_						
attach Forms W-2G and	 d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26							1d		0.0					
1099-R if tax	e f	Employer-provided adoption bene					•		•			1e 1f	11	546.87	
was withheld.		Wages from Form 8919, line 6.					•		•		•	1g		3 10.01	
If you did not get a Form	g h	Other earned income (see instruct							•			1h			
W-2, see	i	Nontaxable combat pay election (s						1	ı İ						
instructions.	z	Add lines 1a through 1h		aotiono,			•		•			1z			
Attach Sch. B	2a		2a	• •	-		Tax		· :t			2b			
if required.	3a	·	3a			_		dinary divide				3b			
	4a		4a					kable amour				4b			
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,	chec	k here (s	ee ir	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If n	ot requir	red, d	check here			. 🔲	7	19	829.29	
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	, and 8. ⁻	This is y	our t o	otal inco	me					9	90	605.0	
aumining anauga	10	Adjustments to income from Sche									10				
Head of	11	Subtract line 10 from line 9. This is	s your ac	ljusted	gross	s incom	е					11			
household, \$19,400	12	Standard deduction or itemized	duction or itemized deductions (from Schedule A)								12				
If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A									13	73	309.23			
any box under Standard	14									14					
Deduction, see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	624	11.088					