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		0, , =	_	ŭ	•	•	,	Head of		`	′ —	spou	se (QSS)	ŭ	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spo	use. II	r you cne	ескес	tne HOH o	r QSS	o dox, ente	r the ci	niiars	name it th	e qualitying	
Your first name		Last name									Your social security number				
Brett	Sm				mith										
If joint return, spouse's first name and middle initial Last name S									Sp	Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												residential 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 sp					spaces below. State				ZIP code		to	to go to this fund. Checking a			
Foreign country name					Foreign province/state/o			ounty Fo				box below will not change your tax or refund.			
										You Spouse					
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)											☐ 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 al	lien								
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	ls bli	nd	
Dependents	(see i	(2) Total delicitor.							e box if	k if qualifies for (see instructions):					
If more	(1) Fi	rst name Last name		number			to you			Child tax cre		(Credit for other dependent		
than four dependents,					\vdash		-			L			L		
see instructions	_				$\vdash \vdash$					L	<u></u>				
and check here										<u>_</u>					
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions)						1a		_	
IIICOIIIC	b	Household employee wages not re	eported o	on Form	n(s) W	-2						1b	(62.0	
Attach Form(s) W-2 here. Also	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1c	56.0						
attach Forms							struct	tions)				1d		20.0	
W-2G and 1099-R if tax	 Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 										1e				
was withheld.	f	Wages from Form 8919, line 6.					•					1f	90	009.0	
If you did not get a Form	g h	Other earned income (see instructi							•			1g 1h	89	440.0	
W-2, see	i	Nontaxable combat pay election (s	,						ı İ						
instructions.	z	Add lines 1a through 1h										1z	86	662.0	
Attach Sch. B	2a	Tax-exempt interest	2a			b	Тах	able interes	st			2b			
if required.	3a	Qualified dividends	3a			b	Orc	dinary divide	ends			3b	3	22.0	
	4a	IRA distributions	4a			b	Tax	able amour	nt .			4b			
Standard Deduction for—	5a	_	5a			_		able amour				5b		466.0	
Single or	6a	,	6a					able amour	nt .			6b	145	62.301	
Married filing separately,	C	If you elect to use the lump-sum e		•		`		,			. 📙	7	46	053.4	
\$12,950 Married filing	7 8	Capital gain or (loss). Attach Scheoother income from Schedule 1, lin									. Ш	7 8		49.0	
jointly or	9	·										9		+3.0	
Qualifying surviving spouse,	10	Adjustments to income from Sche	6b, 7, and 8. This is your total income							10					
\$25,900	11	Subtract line 10 from line 9. This is										11			
household, \$19,400	12	Standard deduction or itemized	•	-	_							12	3	37.0	
If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A									13					
any box under Standard	14 Add lines 12 and 13										14	85561.0			
5 ' "	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					