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

20 <b>22</b>	OMB No. 1545-0074
	OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [  u checked the MFS box, enter the roon is a child but not your dependent	name of y	ŭ	eparately (M	, _	_		`	, —	spous	se (QSS)	ŭ
Your first name	and mi	nd middle initial Last name Ye							Yo	Your social security number			
David			Spencer										
If joint return, sp	, spouse's first name and middle initial Last name S						Sp	Spouse's social security number					
Home address (i	numbe	r and street). If you have a P.O. box, see	e instruction	ons.				1	Apt. no.	Pre	residential Election Campaign		
							Ch	Check here if you, or your					
tty, town, or post office. If you have a foreign address, also complete spaces below.						to	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change						
Foreign country name			Foreign province/state/county F			Foreig				or refund.	riarige		
,												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) sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction											Yes	□ No
Standard													
Deduction		Spouse itemizes on a separate retu	•		•								
Age/Blindness	You:	Were born before January 2,	1958	Are blin	nd <b>Spo</b>	use:	Was bo	rn befo	ore Janua	ry 2, 19	958	Is blir	nd
Dependents	(see i	nstructions):		<b>(2)</b> So	cial security	(3)	Relationsh	nip (4	1) Check th	e box if	if qualifies for (see instructions):		
If more	<b>(1)</b> Fi	I) First name Last name		r	number		to you		Child tax cred		it Credit for other dependents		
than four													
dependents, see instructions													
and check									L	┽—			
here $\square$									L				
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		6.0
Attach Form(s)	b	Household employee wages not r	•		•						1b 1c	,	5.0
W-2 here. Also	c Tip income not reported on line 1a (see instructions)								1d				
attach Forms W-2G and	e	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1e		
099-R if tax  f Employer-provided adoption benefits from Form 8830, line 20											1f		
was withheld.									1g				
If you did not get a Form	g h	Other earned income (see instruc									1h	7673	33.468
W-2, see instructions.	i Nontavable combat hav election (see instructions)							i					
instructions.	z	Add lines 1a through 1h	·								1z		
Attach Sch. B	2a	Tax-exempt interest	2a			<b>b</b> Taxab	ole interes	t.			2b	356	64.59
if required.	3a	Qualified dividends	3a			<b>b</b> Ordin	ary divide	nds .			3b	379	59.24
	4a	IRA distributions	4a			<b>b</b> Taxab	ole amoun	ıt			4b	920	74.02
Standard	5a	Pensions and annuities	5a			<b>b</b> Taxab	ole amoun	ıt			5b		
Deduction for— Single or	6a	Social security benefits	6a				ole amoun	it			6b		
Married filing separately,	С										9.0		
\$12,950	7		Schedule D if required. If not required, check here							. Ц	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10								8			
Qualifying surviving spouse,		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9			
\$25,900	10	·									10		
household,	11	- · · · · · · · · · · · · · · · · · · ·								12			
\$19,400 If you checked	Standard deduction or itemized deductions (from Schedule A)								13				
any box under	k under								14	487	98.53		
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15		134.0	
see instructions.				,	,				-				