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

| 2022 |
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OMB No. 1545-0074

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

| Filing Status Check only | □ S | ingle Married filing jointly | Marrie | ed filing separately (M | MFS) [| Head of | househ | nold (HOH) | | alifying sur ouse (QSS) | viving | |
|---|---|---|----------|-------------------------------|----------------|---------------|----------|---------------------------------|---|---|----------------|--|
| one box. | | u checked the MFS box, enter the non- on is a child but not your dependent | | our spouse. If you ch | necked | the HOH or | r QSS I | oox, enter th | ne child' | s name if tl | ne qualifying | |
| Your first name and middle initial Last name | | | | | | | | Your s | ocial securi | tv number | | |
| Beth | Jones | | | | | | | | | | | |
| If joint return, sp | ouse's | first name and middle initial | name | | | | | Spouse's social security number | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. Apt. no. | | | | | | | | Presidential Election Campaign | | | | |
| | , , | | | | | | | here if you, | | | | |
| City, town, or post office. If you have a foreign address, also complete sp | | | | spaces below. State | | | 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/county | | | Foreig | n postal code | | your tax or refund. You Spouse | | |
| Digital Assets | | y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a | | | | | | | | | □ No | |
| Standard | | eone can claim: You as a de | | | | | , | (| , | | | |
| Deduction | | pouse itemizes on a separate retur | • | | | | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Spo | use: [| Was bor | rn befo | re January | 2, 1958 | ☐ Is b | lind | |
| Dependents | (see i | nstructions): | | (2) Social security | (| 3) Relationsh | nip (4) |) Check the b | ox if qua | lifies for (see | instructions): | |
| If more | (1) Fir | st name Last name | | number | | to you | | Child tax credit | | dit Credit for other dependents | | |
| than four dependents, | | | | | | | | | | | | |
| see instructions | | | | | | | | | | | | |
| and check here | | | | | | | | | | | <u> </u> | |
| | 4 | Tatal analysis from Farma(a) M. O. Is | 1 / | - : | | | | | | - 93 | 2439.47 | |
| Income | 1a b | Total amount from Form(s) W-2, b | • | • | | | | | . 1: | 4 | .400.47 | |
| Attach Form(s) | C | Household employee wages not reported on Form(s) W-2 | | | | | | | | 1b 5537.0 | | |
| W-2 here. Also | d | In princome not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | . 10 | | | |
| attach Forms W-2G and | e | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | . 10 | | | |
| 1099-R if tax | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | . 1 | | | |
| was withheld. If you did not | g | Wages from Form 8919, line 6 | | | | | | | | 1g 68907.6 | | |
| get a Form | h | Other earned income (see instruct | | | | | | | . 11 | | | |
| W-2, see | i | Nontaxable combat pay election (s | | | | 1 | i | | | | | |
| instructions. | z | Add lines 1a through 1h | | | | | | | . 1: | z | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Taxa | able interest | t. | | . 21 | b | | |
| if required. | 3a | Qualified dividends | 3a | | b Ordi | nary divider | nds . | | . 31 | b | | |
| | 4a | IRA distributions | 4a | | b Taxa | able amoun | ıt | | . 41 | b 60 | 0073.53 | |
| Standard | 5a | - | 5a | | b Taxa | able amoun | ıt | | . 51 | b | | |
| Deduction for— Single or | 6a | , | 6a | | | able amoun | ıt | | . 61 | b 49 | 781.13 | |
| Married filing separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | 」 | | | |
| Married filing jointly or | 8 Other income from Schedule 1, line 10 | | | | | | | | . 8 | | | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | <u> </u> | | |
| \$25,900 | 10 | • | | | | | | | | 1 | | |
| Head of household, | 11 | - · · · · · · · · · · · · · · · · · · · | | | | | | | | | 3921.0 | |
| \$19,400 | 12 | | | | | | | | | | 3921.0 | |
| any box under | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | _ | 13 48220.95 14 85440.0 | | |
| 5 tarradi d | 14 15 | Add lines 12 and 13 | | | | | | | | • | 232.558 | |
| see instructions. | 13 | Oubtract mic 14 HOITIME 11. II Zer | o or ies | s, enter -u 11115 15 y | our tax | able IIICUM | | | . 13 | 03 | | |
| | | | | | - | | | | | | 1010 | |