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.

	☐ S	ingle Married filing jointly	Marrie	d filing	separ	ately (MFS	Head of	house	ehold (HOH)			ifying surviving se (QSS)		
Check only one box.	If you	u checked the MFS box, enter the na	ame of v	our spo	use. I	f you chec	ked the HOH or	r QSS	S box, enter		•	` '		
		on is a child but not your dependent		•					ĺ			, , ,		
Your first name	and middle initial Last name									You	Your social security number			
Eric		Hendricks												
If joint return, spouse's first name and middle initial Last name									Spo	Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.										Presidential 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 com-				nplete spaces below.			ate	ZIP	tode		to go to this fund. Checking a			
Foreign country name							- Lundry - Fa					w will not change		
				Foreign province/state/			irity For		reign postal code y		our tax or refund.  You Spouse			
D' ' ' ' '	۸ ا		-: (		d					- 11 (1-) -	11			
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	•					•	, .	` '		Yes No		
Standard														
Deduction		pouse itemizes on a separate return	•			•	•							
Age/Blindness	Vou	Were born before January 2, 1	058 F	Are b	lind	Spous	a. Was hou	rn hat	fore January	, 2 10	58	☐ Is blind		
Dependents	-	•	000 _			security	(3) Relationsh					es for (see instructions):		
If more	(1) First name Last name			number		,	to you		Child tax		·	Credit for other dependents		
than four														
dependents,														
see instructions and check														
here $\square$														
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instruc	tions	)					1a			
	b	Household employee wages not re	eported	on Form	n(s) W	'-2					1b			
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)										1c	5448.8		
attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									1e	66262.76		
was withheld.	f	Employer-provided adoption bene									1f	29.0		
If you did not	g	Wages from Form 8919, line 6 .						•			1g			
get a Form W-2, see	h :	Other earned income (see instruction)					1	i		٠	1h			
instructions.	i _	Nontaxable combat pay election (s Add lines 1a through 1h	see instr	uctions)			<u>1i</u>				1-			
Attach Sch. B		Ĭ	2a		•		· · · · · · · · · · · · · · · · · · ·			•	1z 2b			
if required.	3a		3a				Ordinary divide			•	3b	6685.8		
	4a		4a				Taxable amoun				4b	4711.01		
Standard	5a		5a				Taxable amoun				5b			
Deduction for—	6a	Social security benefits	6a			b	Taxable amoun	t		. 1	6b			
Single or Married filing	С	If you elect to use the lump-sum el	lection r	nethod,	chec	 k here (see	e instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	require	d. If n	ot require	d, check here				7			
Married filing	8	Other income from Schedule 1, line	e 10 .							. [	8			
jointly or Qualifying	<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								.	9	85171.87			
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									10			
Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									11	41.0		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Sc	hedule A)					12			
If you checked any box under	13	Qualified business income deducti									13	41105.0		
Standard	14	Add lines 12 and 13									14	263.0		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter	-0 T	his is your	taxable incom	ne			15	478.0		