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		Single Married filing jointly	Marrie	ed filing	separ	ately (M	FS)	Head	of hou	sehold (HOF			fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spo	uea l	f vou ch	acka	d the HOH	or OS	S hav ente			se (QSS) name if th	e aualifyina	
ONE BOX.		on is a child but not your dependen		oui spo	usc. I	i you on	CORC		or QC	o box, crite	i tile el	iliu 3	name ii tii	c qualifying	
Your first name			Last na	me							Yo	ur soc	ial security	y number	
lan	Robin				binson										
If joint return, sp	n, spouse's first name and middle initial Last name									Sp	Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.												Presidential Election Campaign			
											Ch	Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code													tly, want \$3		
										go to this fund. Checking a below will not change					
Foreign country	F	Foreign province/state/			ounty		Foi	Foreign postal code		ur tax	or refund.	ŭ			
													You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d, awa	ard, or p	aym	ent for pro	perty	or services);	or (b)	sell,			
Assets	exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												☐ No		
Standard	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 a	lien								
Age/Blindness	You:	Were born before January 2, 1	958	Are b	lind	Spor	use:	☐ Was I	oorn b	efore Janua	ry 2, 19	958	☐ Is bli	nd	
Dependents											qualifies for (see instructions):				
If more		rst name Last name		number			to you		1	Child tax cre		edit Credit for other dependent			
than four															
dependents, see instructions															
and check															
here]	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instrud	ctions)						1a	542	218.66	
	b Household employee wages not reported on Form(s) W-2									1b	682	216.91			
Attach Form(s) W-2 here. Also	c Tip income not reported on line 1a (see instructions)										1c				
attach Forms	d	(-)									1d				
W-2G and 1099-R if tax	e	Taxable dependent care benefits										1e			
was withheld.	f	Employer-provided adoption bene										1f	205	17.155	
If you did not	g	Wages from Form 8919, line 6 .										1g	203	117.100	
get a Form W-2, see	h :	Other earned income (see instruct	,					1	 4:		•	1h			
instructions.	i -	Nontaxable combat pay election (see mstr	uctions	,		•	L	1i			1-			
Attach Sch. B	2a	Add lines 1a through 1h Tax-exempt interest	2a	• •			h Ta	 xable inter	oct		•	1z 2b			
if required.	3a	'	3a			_		dinary divi			•	3b			
	4a		4a			_		xable amo			•	4b	98	878.15	
Standard	5a		5a								•	5b		15.0	
Deduction for—	6a	_	6a									6b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod.	chec						. 🗀				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	require	d. If n	ot requi	red,	check here	,		. 🗆	7	824	28.861	
• Married filing	8														
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	and 8. This is your total income								9	622	296.38		
surviving spouse, \$25,900	10	Adjustments to income from Sche									10	4-	429.0		
Head of	11	·									11	630	099.09		
household, \$19,400	12 Standard deduction or itemized deductions (from Schedule A)														
If you checked	13	Qualified business income deduct	ion from	Form 8	995 o	r Form	8995	-A				13	2	29.0	
any box under Standard	14	Add lines 12 and 13										14	538	301.149	
Deduction, see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					