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		0, , =	_	ŭ	•	•	,	Head of		`	_	spou	se (QSS)	Ū	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spo	use. It	f you che	ecke	d the HOH o	r QSS	S box, ente	r the cl	nild's	name if the	e qualifying	
Your first name a	Last nar	Last name									Your social security number				
Raven	And				ndrews										
If joint return, spouse's first name and middle initial  Last name									Sp	Spouse's social security number					
												Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete					ete spaces below. State				ZIP code		spe	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/co			ounty					ax 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) exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instruction											Yes			
Standard															
Deduction		pouse itemizes on a separate retur	•			•		Соронсон							
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	Is blir	nd	
Dependents	(see i	(see instructions): (2) Social security (3) Relationship (4) Check the								e box if	box if qualifies for (see instructions):				
If more than four	(1) Fi	rst name Last name		number			to you			Child tax credit		(	Credit for other	er dependents	
dependents,											5			]	
see instructions and check															
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	ctions	)						1a	318	42.03	
	b	Household employee wages not re	eported o	on Form	า(s) W	′-2						1b	144	169.77	
Attach Form(s) W-2 here. Also										1c					
attach Forms	d	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d				
W-2G and 1099-R if tax	е	, , , ,										1e			
was withheld.	f	Employer-provided adoption bene										1f			
If you did not	g	Wages from Form 8919, line 6.										1g			
get a Form W-2, see	h	Other earned income (see instruct						1	. 1			1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	,		•	1	i						
		Add lines 1a through 1h										1z	007	200.45	
Attach Sch. B if required.	2a	· —	2a					xable interes				2b		03.45	
	3a		3a					dinary divide				3b	//	68.0	
	4a		4a					xable amour				4b			
Standard Deduction for—	5a		5a					xable amour				5b			
Single or	6a	Social security benefits Left you elect to use the lump-sum e	6a	n ath a d	abaa			xable amour	π.		· .	6b			
Married filing separately,	с 7	Capital gain or (loss). Attach Sche		•		`		,	•			7			
\$12,950 Married filing	8	Other income from Schedule 1, lin									. 🗀	8			
jointly or	9										•	9			
Qualifying surviving spouse,		nd 8. This is your <b>total income</b>							•	10	722	285.35			
\$25,900	10 11	Adjustments to income from Sche Subtract line 10 from line 9. This is									•	11		6.0	
household,	12	Standard deduction or itemized									•	12			
\$19,400 If you checked	13									•	13	642	288.59		
any box under	<b>14</b> Add lines 12 and 13										14		305.12		
Deduction,	15	Subtract line 14 from line 11. If zer										15		)43.81	
see instructions.						, ,									