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

202	2
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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	of hou	sehold (HOH	,		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	amo of v	our coo	uco I	f vou ch	ooko	4 tha UOU	or 08	S hav anta			se (QSS)	o gualifying	
one box.		on is a child but not your dependent		our spo	use. I	i you cii	ecke	a the non	or QS	S DOX, ente	r trie Ci	iliu S	name ii ui	e qualifying	
Your first name			Last na	me							Yo	ur soc	ial security	v number	
Sheri	Wise												Your social security number		
									Sn	Spouse's social security number					
If joint return, spouse's first name and middle initial  Last name  S								J Op							
Home address (	numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pre	esiden	tial Flectio	n Campaign	
(101110 4441000)		5 554 454								7.54		Check here if you, or your			
City, town, or po	st offic	ce. If you have a foreign address, also co	omplete s	paces be	low.		State	<del></del>	ZIF	code	spe	spouse if filing jointly, want \$3			
only, term, e. peet emeer in you have a fereign address, also eemp.										0000		to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/			county Fo		For	Foreign postal code			or refund.	criarige	
				,									You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a rewar	d awa	ard or r	navm	ent for pror	nerty (	or services):	or (b)	sell			
Assets		ange, gift, or otherwise dispose of a											Yes	No	
Standard		eone can claim: You as a de						. dependen		, (		,			
Deduction		— Spouse itemizes on a separate retur	•			•		·							
			050 5	7 A Is	Para I	0				. (	0.40	250		1	
		Were born before January 2, 1	958	Are b		Spor	use:			efore Janua			ls bli		
-		(see instructions):  (1) First name  Last name			(2) Social security (3) Relation number to you			ship	· 1		· .	•	•		
If more than four	(1) FI	rst name Last name	Tiuribei			JOI	to you			Child tax cr		-	realt for oth	er dependents	
dependents,	_						_				<u> </u>	-		┪——	
see instructions	_										<u> </u>			┽──	
and check here $\square$							-				<u></u>			┽──	
	10	Total amount from Form(s) W-2, b	ov 1 (co	o inetru	otions	١				_		1a	32	628.0	
Income	1a b	Household employee wages not re									•	1b	02	020.0	
Attach Form(s)	C	• • •	•								•	1c			
W-2 here. Also	<ul> <li>c Tip income not reported on line 1a (see instructions)</li> <li>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</li> <li>e Taxable dependent care benefits from Form 2441, line 26</li> </ul>								1d						
attach Forms W-2G and									1e						
1099-R if tax	f Employer-provided adoption benefits from Form 8830 line 20										1f		5.0		
was withheld.	g	Wages from Form 8919, line 6.										1g			
If you did not get a Form	h	Other earned income (see instruct										1h			
W-2, see	i	Nontaxable combat pay election (	,					1	1i						
instructions.	z	Add lines 1a through 1h						–				1z			
Attach Sch. B	2a	Tax-exempt interest	2a			ı	<b>b</b> Ta	xable intere	est			2b		0.0	
if required.	3a	Qualified dividends	3a			ı	<b>o</b> Or	dinary divid	lends			3b			
	4a	IRA distributions	4a			ı	<b>b</b> Ta	xable amou	ınt .			4b			
Standard	5a	Pensions and annuities	5a			l	<b>b</b> Ta	xable amοι	ınt .			5b			
Deduction for— Single or	6a	Social security benefits	6a				<b>b</b> Ta	xable amou	ınt .			6b			
Married filing	С	If you elect to use the lump-sum e	election r	nethod,	chec	k here (s	see ir	nstructions)							
separately, \$12,950 <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not							red,	check here				7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .									8	100	341.09	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	o, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									9	740	)34.28	
surviving spouse, \$25,900	10 Adjustments to income from Schedule 1, line 26								10						
Head of	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11		89.265				
household, \$19,400	12	Standard deduction or itemized										12		5.0	
If you checked any box under	13											13			
Standard	14	Add lines 12 and 13										14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	15				