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 Check only one box.	If yo	u checked the MFS box, enter the na	ame of y					☐ Head of				spou	se (QSS)	_	
	•	on is a child but not your dependent													
Jessica					st name harp								Your social security number		
	01100'0	first name and middle initial									e <sub>n</sub>	Chausa's assist assurity number			
If joint return, spouse's first name and middle initial  Last name  S									J Sp	Spouse's social security number					
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ns.						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 complete spaces below.  State  ZIP code							code	to	to go to this fund. Checking a box below will not change						
Foreign country name				Foreign province/state/county				Fore				your tax or refund.			
 Digital	At an	y time during 2022, did you: (a) rece	eive (as a	a rewar	d, awa	ard, or p	aymo	ent for prope	erty c	or services);	or (b) :	sell,	You	Spouse	
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (o	r a fin	ancial in	teres	st in a digital	l asse	et)? (See ins	structio	ns.)	☐ Yes	☐ No	
Standard		eone can claim: You as a de	•			•		dependent							
Deduction		Spouse itemizes on a separate return		were a	dual-	status al	ien								
		Were born before January 2, 1	958 _	Are b	lind	Spou	ıse:			efore Janua			∐ Is bli		
Dependents				(2)		security		(3) Relations	hip			· 1		instructions):	
If more than four	<b>(1)</b> Fi	rst name Last name		number			to you			Child tax c		- 1	credit for oth	ner dependents	
dependents,							+				<u></u> 7			┽──	
see instructions and check							+				<del>-</del>			┽──	
here							$\top$				<del>-</del>		[		
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	ctions	)					<del>-</del> .	1a			
Income	b	Household employee wages not re	eported (	on Form	n(s) W	'-2						1b			
Attach Form(s)	· · · · · · · · · · · · · · · · · · ·								1c	61367.807					
W-2 here. Also attach Forms	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d						
W-2G and	e Taxable dependent care benefits from Form 2441, line 26								1e	81	1624.0				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	3839,	line 29						1f	171	111.671	
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form W-2, see	h	Other earned income (see instructi						1	-			1h			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				1	i						
	Z	Add lines 1a through 1h				· .	·				•	1z			
Attach Sch. B if required.	2a	'	2a					xable interes				2b			
ii required.	3a		3a					dinary divide				3b			
2444	4a		4a					xable amour				4b		40.0	
Standard Deduction for—	5a 6a	_	5a 6a			_		xable amour xable amour				5b 6b		293.639	
Single or Married filing	C	If you elect to use the lump-sum e		nethod	chec				н.		$\dot{\Box}$	OD	402	.55.055	
separately,	7	Capital gain or (loss). Attach Scheo		•		`		,	•		П	7	26	6122.0	
\$12,950 Married filing	8	Other income from Schedule 1, lin										8	5	504.0	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,										9	19	918.0	
surviving spouse,	10	Adjustments to income from Sche									10	3	663.0		
\$25,900	11	Subtract line 10 from line 9. This is	•									11			
household, \$19,400	12		dard deduction or itemized deductions (from Schedule A)												
If you checked	Qualified business income deduction from Form 8995 or Form 8995-A										13	- (	66.0		
any box under Standard	14	<b>14</b> Add lines 12 and 13										14			
5 ' "	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15						