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	ed filing	separ	ately (MFS	S)	Head of	hous	ehold (HOH)			fying survi [,] se (QSS)	ving	
Check only one box.	If you	u checked the MFS box, enter the i	name of	our spo	ouse. I	f you chec	cked	the HOH or	QSS	box, enter th			` ,	e qualifying	
		on is a child but not your depender													
Your first name	and middle initial Last name										Your social security number				
Crystal	Hunt														
If joint return, sp	If joint return, spouse's first name and middle initial Last name									Spouse's social security number					
Home address	Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Presidential Election Campaig			
													ere if you, c		
City, town, or post office. If you have a foreign address, also complete sp				spaces below.			State ZIP			r code		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/o			ounty Fo					your tax or refund. You Spouse			
Digital	At an	y time during 2022, did you: (a) red	reive (as	a rewar	d awa	ard or nav	vme	nt for prope	rty o	r services): or	(h) sel				
Assets		ange, gift, or otherwise dispose of											Yes	☐ No	
Standard		eone can claim: You as a d						dependent		, ,					
Deduction		pouse itemizes on a separate retu	rn or you	were a	dual-	status alie	en	·							
Age/Blindness	You:	Were born before January 2,	1958	Are b	lind	Spous	se:	Was bor	n be	fore January	2. 1958	3	☐ Is blin	nd	
Dependents				Ī		security		(3) Relationsh		(4) Check the b			_		
If more		rst name Last name		number			to you			Child tax c		redit Credit fo		for other dependents	
than four															
dependents,															
see instructions and check															
here \square															
Income	1a	Total amount from Form(s) W-2, I	oox 1 (se	e instru	ctions)					. <u>L</u>	1a			
	b	Household employee wages not	reported	on Forn	n(s) W	-2					. <u>L</u>	1b	882	10.273	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)													
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)													
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26													
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29													
If you did not	g	Wages from Form 8919, line 6 .			-						. <u>L</u>	1g			
get a Form	h	Other earned income (see instruc	tions)						,			1h	10	02.0	
W-2, see instructions.	i	Nontaxable combat pay election	(see insti	ructions) .			. <u>li</u>			_				
	Z	Add lines 1a through 1h			-						· 📙	1z			
Attach Sch. B	2a	Tax-exempt interest	2a			_		able interest			_	2b_			
if required.	3a	Qualified dividends	3a					nary divide				3b	,	7.0	
	4a	IRA distributions	4a					able amoun			_	4b	0/	05.0	
Standard Deduction for—	5a	Pensions and annuities	5a			_		able amoun				5b_		95.0	
Single or	6a	Social security benefits	6a	11 1	-11			able amoun		_	<u> </u>	6b	2	4.0	
Married filing separately,	c	If you elect to use the lump-sum		,		`		,	•	L	╡ =	7	828	65.63	
\$12,950	7	Capital gain or (loss). Attach Scho							•			7	- 525		
Married filing jointly or	8	Other income from Schedule 1, line 10									<u> </u>	9	-	3.0	
Qualifying surviving spouse,	9 10										_			5.0	
\$25,900		Adjustments to income from Schedule 1, line 26											-0.0		
Head of household,	11 12	Subtract line 10 from line 9. This is your adjusted gross income													
\$19,400 If you checked	13											13	1347	76.301	
any box under	14	Add lines 12 and 13										13 14			
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									-	15	326	18.92	
see instructions.		The state of the s		_,	· · ·									-	
						-								1010	