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		Single Married filing jointly	Marrie	ed filing separately (M	MFS) Head of	household (HOH)		ılifying surviving use (QSS)		
one box.		u checked the MFS box, enter the na		our spouse. If you ch	necked the HOH o	r QSS box, enter th	ne child's	s name if the qualifying		
fit	•	on is a child but not your dependent					V			
Your first name a	and mi	ddle initial Last name Davis					Your social security number			
-							Spouse's social security number			
If joint feturit, spouse's institiante and middle initial							opouse 3 social security number			
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.		Apt. no.	Preside	Presidential Election Campaign		
								here if you, or your		
City, town, or post office. If you have a foreign address, also complete sp				paces below.	ZIP code	to go to	ouse if filing jointly, want \$3 go to this fund. Checking a below will not change			
Foreign country name			F	oreign province/state/c	Foreign postal code	reign postal code your tax or refund.				
Distal	At an	v time during 2022, did vous (a) read	sivo (oo	a roward award ar	novement for prope	erty or consisced; or	(b) coll	You Spouse		
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						Yes No		
Standard		eone can claim:			e as a dependent	, ,				
Deduction		spouse itemizes on a separate return	n or you	were a dual-status a	alien					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse: U Was bo	rn before January	2, 1958	Is blind		
Dependents	(see i	nstructions):		(2) Social security				fies for (see instructions):		
If more		First name Last name		number	to you	Child tax c	redit	Credit for other dependents		
than four										
dependents, see instructions										
and check										
here										
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)			. 1a	1		
	b	Household employee wages not re	on Form(s) W-2			. 1b	)			
Attach Form(s) W-2 here. Also	ttach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
attach Forms								461.0		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26					. 16			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29					. 1f			
If you did not	g	Wages from Form 8919, line 6 .					. 10			
get a Form W-2, see	h	Other earned income (see instructi	,			 . l	. 1h	336.0		
instructions.	i z	Nontaxable combat pay election (s Add lines 1a through 1h		fuctions)	1		. 1z	35299.0		
Attach Sch. B	2a	1	 2a		<b>b</b> Taxable interes	 t	. 12			
if required.	3a	· —	3a		<b>b</b> Ordinary divide		. 3b			
	4a		<del>1</del> a			nt				
Standard	5a		5a			nt		)		
Deduction for—	6a	Social security benefits	6a		<b>b</b> Taxable amour	nt	. 6b	)		
Single or     Married filing	С	If you elect to use the lump-sum el	ection r	method, check here (	see instructions)	[				
separately, \$12,950	ately, 7 Conital gain or (loss) Attach Schodula D if required If not required check here						_ 7	6.0		
Married filing	8	Other income from Schedule 1, line 10						2.0		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						10573.0		
surviving spouse, \$25,900	10	Adjustments to income from Schee	dule 1, li	ine 26			. 10			
• Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	A)		. 12	4268.719		
If you checked	13	Qualified business income deducti	on from	Form 8995 or Form	8995-A		. 13	85638.24		
any box under Standard	14	Add lines 12 and 13					. 14	71698.01		
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>					. 15	42441.632		
								4040		