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	d filing	separa	ately (MF	FS)	Head of	hous	ehold (HOH			fying surv se (QSS)	iving	
one box.		u checked the MFS box, enter the na		our spo	use. If	f you che	ecked	the HOH o	r QSS	S box, ente		•	` ,	e qualifying	
	•	on is a child but not your dependent													
Your first name and middle initial Last name										Yo	Your social security number				
If joint return, spouse's first name and middle initial Last name					name								Spouse's social security number		
Home address (Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code									spo	spouse if filing jointly, want \$3 to go to this fund. Checking a					
Foreign country name				Foreign province/state/cou			unty		Fore				w will not or refund.	change	
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for prop									orty o	r corvicos):	or (b)	coll	You	Spouse	
Assets		ange, gift, or otherwise dispose of a											☐ Yes	☐ No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	•			•		dependent							
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 bli	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		C	Credit for oth	er dependents	
dependents,											<u></u> T		L		
see instructions and check											<u>-</u>				
here											1				
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruc	ctions))					<u> </u>	1a			
Income	b	Household employee wages not re	eported (on Form	า(s) W	-2						1b			
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	truction	າຣ) .							1c			
W-2 here. Also attach Forms	Also Madiacid weiger negments not reported an Fermio M							ions)				1d			
W-2G and	е	Taxable dependent care benefits f	nefits from Form 2441, line 26								1e				
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29										1f			
If you did not	g	Wages from Form 8919, line 6 .										1g			
get a Form	h	Other earned income (see instruction	ions) .						,			1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)				<u>1</u> i	i						
	Z	Add lines 1a through 1h										1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b	Tax	able interes	t			2b			
if required.	3a	Qualified dividends	3a			b	Orc	linary divide	ends			3b			
	4a	IRA distributions	4a			b	Tax	able amoun	nt.			4b			
Standard Deduction for— Single or	5a	_	5a			_		able amoun				5b			
	6a	,	6a					able amoun	nt.		Ŀ	6b			
Married filing separately,	С	If you elect to use the lump-sum e		,		`		,							
\$12,950	7	Capital gain or (loss). Attach Sched									Ш	7			
Married filing jointly or	8	Other income from Schedule 1, lin										8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,										9			
\$25,900	10	Adjustments to income from Sche										10			
 Head of household, 	11	Subtract line 10 from line 9. This is										11			
\$19,400	12	Standard deduction or itemized									•	12			
If you checked any box under	13										•	13			
Standard Deduction,	14 15											14			
see instructions.	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15					