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.

_		Single X Married filing jointly] Marrie	ed filing separately (N	ИFS)	☐ Head of	house	nold (HOI	H) [ifying sur ıse (QSS)	
Check only one box.	I f yo	u checked the MFS box, enter the na	ame of y	our spouse. If you c	hecke	ed the HOH or	r QSS	box, ente	er the		, ,	
	pers	on is a child but not your dependent	:									
Your first name	and mi	ddle initial	Last name							Your social security number		
Test			Client							123-45-6789		
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number		
Test			Spou	se						123-45-6798		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	F	Presidential Election Campaigr		
<u>123 Main</u>	Stı	<u> </u>								Check here if you, or your spouse if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State				to				Checking a
Houston				TX						oox belo	ow will not	t change
Foreign country name			Foreign province/state/c			unty		oreign postal code yo		our tax	or refund	
											You	Spouse
Digital		ny time during 2022, did you: (a) rece	,				•	,				15-21
Assets		ange, gift, or otherwise dispose of a					asset)	? (See in	struc	tions.)	∐ Yes	⊠ No
Standard	_	eone can claim:				a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You:	✓ Were born before January 2, 1	958 [Are blind Spo	ouse:	X Was bor	rn befo	re Janua	ary 2,	1958	☐ Is b	lind
Dependents	(see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check th	ne box	if qualif	ies for (see	e instructions):
If more		1) First name Last name		number		to you		Child tax c		dit	Credit for ot	ther dependents
than four												
dependents, see instructions												
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a		
	b	Household employee wages not reported on Form(s) W-2								1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	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 W-2, see	h	Other earned income (see instructions)							1h	+		
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>	i				4	
_		Add lines 1a through 1h		10.000						1z		
Attach Sch. B	2a	· —	2a	12,867.		xable interes				2b		102.
if required.	3a_	· ·	3a	14,798.		dinary divide				3b		20,820.
	4a		4a	27,696.		xable amoun				4b		48,476. 27,518.
Standard Deduction for—	5a	-	5а 6а	49,766.		xable amoun xable amoun				5b		42,301.
Single or	6a	,	_						_	6b	+	42,301.
Married filing separately,	с 7	If you elect to use the lump-sum election method, check here (see instructions)							7	1	-3,000.	
\$12,950 Married filing	8	Other income from Schedule 1, line 10							8	+		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	1	36,217.	
Qualifying surviving spouse,	10	Add lines 12, 25, 35, 45, 35, 65, 7, and 6. This is your total income								10	+ + + + + + + + + + + + + + + + + + + +	<u> </u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	1	36,217.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								12		28,700.
\$19,400 If you checked	13	Qualified business income deducti		•	•					13	†	504.
any box under Standard	14	Add lines 12 and 13							14	1	29,204.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		07,013.	
see instructions.							-					, , , , , , , ,