§ 1040	Depa	artment of the Treasury - Internal Revenue S	Service	12020	s		Ĩ					
<u>E</u> 1040	U.S	S. Individual Income Tax	Return	2022	0	MB No. 1545-007	4 IRS Use	Only - De	o not write	or staple in	this s	space.
Filing Status	s	ingle 🛛 Married filing jointly	Married filing	separately (MFS)	Head o	of household (H	юн) 🗌 с	Jualifyin	g survivi	ng spouse	(QS	SS)
Check only	If you	u checked the MFS box, enter the na										
one box.	a chi	d but not your dependent										
Your first name and middle initial Last name							Yo	our socia	I security	num	iber	
DOUGLAS				EMHOFF								
If joint return, spouse's first name and middle initial Last name							Sp	ouse's so	ocial secu	rity	number	
KAMALA I	17117	have and about 16 have a D	HARRIS					— <u> </u>		. Flacking		
Home address	s (num	ber and street). If you have a P.	O. box, see insti	ructions.			Apt. no.			al Election if you, or		
City town or	post s	office. If you have a foreign addr	occ. elec comple	to angees below		Ctata ZID a	L .	sp	ouse if fi	ling jointly	, wa	ant \$3 to
Oity, town, or	post t	onice. Il you have a loreigh addi	ess, also comple	ite spaces below	•	State ZIP o	oue			und. Chec not change		
Foreign country name Foreign province/state/country Foreign postal code							ref	fund. F	You	Ę.		
, oroigir count	, , ,,,,,,,		1.00	igit province/stat	c/county	li oroigii po	star couc		E	A You	ഥ	Spouse
Digital	At any	y time during 2022, did you: (a)	receive (as a rew	ard award or n	avment fo	r property or	eenvicee):	or (b) s	oll			
		inge, gift, or otherwise dispose o								Yes	X	No
SEE V V	11 - 1	one can claim: You as a dep	777 (1 10 200				1 (000 1110	il dollor	10.7	100	P-4	140
Deduction		pouse itemizes on a separate re	-			•						
			9 7/3	a diddi o totto o till	-							
Age/Blindness	You:	Were born before January 2, 19	958 Are blin	d Spouse:	Was bo	orn before Janu	ary 2, 1958	П	ls blind			
Dependents (s	ee ins	tructions):	8 W	(2) Social security		(3) Relationsh				if qualifies f	or (se	e instr.):
If more than four (1) F	(1) First name Last name					#50 EVA #10.00		d tax credit			dependents	
depend-		(1)									П	
ents, see											П	
instr. and												7
here							dissilation to the same of the				Ш	
Income	1a	Total amount from Form(s) W-2	2, box 1 (see inst	tructions)		SI	MT 1	1a		388	, 8	336.
Attach Form(s		Household employee wages not reported on Form(s) W-2						1b				
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						1c	\vdash			
attach Forms W-2G and	d	Medicald walver payments not reported on Form(s) W-2 (see instructions)						1d	-			
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							-			
If you did not get a Form	g	Wages from Form 8919, line 6						1g	-			
W-2, see	h	Other earned income (see instructions) Nontaxable combat pay election (see instructions) 1i							-			
instructions.	i							-		200		
Attach	z	Add lines 1a through 1h						1z	_			336.
Sch. B if		Tax-exempt interest	2a		b Taxab	le interest		2b 3b	-		, ()54.
required.	A.	Qualified dividends	3a				ry dividends		-		_	
(a) = (b) = (c) =	∫ 4a	IRA distributions	4a	444,115.				4b	+		_	
Standard	5a	Pensions and annuities		444,115.		l		5b	_			0.
Deduction for -	6a	Social security benefits	6a	ad abaak baya (a			П	6b	-	_	(8	
 Single or Married filing separately, 	7											
\$12,950	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here Uther income from Schedule 1, line 10						7	_	62	9	370.
 Married filing jointly or Qualifying surviving spouse, 	9	Other income from Schedule 1, line 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9				60.
	10	Adjustments to income from Cohedula 1 line 00						10	_	437		342.
\$25,900		Adjustments to income from Schedule 1, line 26 Subtract line 10 from line 9. This is your adjusted gross income							_	456		18.
 Head of household, \$19,400 If you checked 	12							11				250.
	13	Qualified business income deduction from Form 8995 or Form 8995-A						13		33	, 2	
any box under Standard Deduction,	14	Add lines 12 and 13						14		5.9	2	250.
	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15				68.
see instructions.] 13	Castract into 14 from life 11. Il	zero or less, em	ter -o Triis is you	ıı taxabı	e income		15	100000	331	, 0	

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)