Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

202	2
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OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status		ingle   Married filing jointly	Marrie	ed filing	separa	ately (M	FS)	Head	d of hou	sehold (HOF			fying surv	viving
Check only one box.	spouse (QSS)  If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying													
ONE BOX.		on is a child but not your dependen		oui spo	usc. II	i you on	CCRC		TOT QC	oo box, crite	i tile el	illa 3 i	iame ii tii	ic qualifying
Your first name			Last na	me							Yo	ur soc	ial securit	y number
If joint return, spouse's first name and middle initial Las				me							Sp	ouse's	social sec	urity number
Last hame														
Home address (	numbe	and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pre	esiden	tial Election	on 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									spouse if filing jointly, want \$3					
							to go to this fund. Checking a box below will not change							
Foreign country name			F	Foreign province/state/			county Fc		oreign postal code		ur tax	or refund.	onango	
						You Spous								
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a rewar	d. awa	ard. or p	oavm	ent for pr	opertv	or services):	or (b)	sell.		
Assets		ange, gift, or otherwise dispose of											Yes	☐ No
Standard	Som	eone can claim: You as a de	ependent	: [	Your	spouse	as a	depende	nt					
Deduction		pouse itemizes on a separate retu	n or you	were a	dual-	status a	ılien	·						
A are /Disa de a a a	V	Name have before leaven 0.1	1050 F	7 4 15	lina al	C			la aa la	-f l	0 10	250		
		Were born before January 2, 1	958 _	Are b		Spor	use:			efore Janua			ls bli	
-	dents (see instructions): (1) First name Last name			(2)	(2) Social security number		(3) Relationsh to you			(4) Check the b		· 1	•	•
If more than four	(1) FI	rst name Last name	Humber			JCI	to you		-u	Child tax cre			realt for otr	ner dependents
dependents,					$\vdash \vdash$		+				┽		L	┽──
see instructions					$\vdash \vdash$		+				┪			┽──
and check here $\square$							-							
	10	Total amount from Form(s) W-2, b	ov 1 (co	o inetru	otione'	١	_					1a	<u>_</u>	
Income	1a b	Household employee wages not r									•	1b		
Attach Form(s)	C	Tip income not reported on line 1a	•								•	1c		
W-2 here. Also	d	Medicaid waiver payments not rep	•								•	1d		
attach Forms W-2G and	e	Taxable dependent care benefits									•	1e		
1099-R if tax	f										1f			
was withheld.	g	Wages from Form 8919, line 6.										1g		
If you did not get a Form	h	Other earned income (see instruct										1h		
W-2, see	i	Nontaxable combat pay election (	,					1	1i					
instructions.	z	Add lines 1a through 1h										1z		
Attach Sch. B	2a	Tax-exempt interest	2a			ŀ	<b>b</b> Ta	xable inte	rest			2b		
if required.	За	Qualified dividends	3a			- l	o Or	dinary div	ridends			3b		
	4a	IRA distributions	4a			k	o Ta	xable amo	ount .			4b		
Standard	5a	Pensions and annuities	5a			ŀ	o Ta	xable amo	ount .			5b		
Deduction for—	6a	Social security benefits	6a			ŀ	o Ta	xable amo	ount .			6b		
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions) $$							. 🗌					
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									. 🔲	7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .									8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	5b, 6b, 7, and 8. This is your <b>total income</b>								9			
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, I	ine 26								10		
Head of	<u>11</u>	Subtract line 10 from line 9. This is	bbtract line 10 from line 9. This is your <b>adjusted gross income</b>											
household, \$19,400	12	Standard deduction or itemized	deducti	ons (fro	m Scl	hedule /	4)					12		
If you checked any box under	13	3 Qualified business income deduction from Form 8995 or Form 8995-A										13		
Standard	14										14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter	-0 TI	his is yo	our <b>ta</b>	xable inc	come			15		

Form 1040 (2022	)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16		
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		
	19	Child tax credit or credit for	other dependent	ts from Schedi	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		
	23	Other taxes, including self-en	23							
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24		
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d		
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	yments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	33							
Refund	34	If line 33 is more than line 24	34							
	35a	Amount of line 34 you want	35a							
Direct deposit?	b	Routing number	:							
See instructions.	d	Account number								
	36	Amount of line 34 you want a	applied to your	2023 estimate	d tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another						11	□ N.	
Designee		instructions							∐ No	
	nar	O .		Phone no.			iber (PIN)	uncation		
Sign	Und	der penalties of perjury, I declare to	hat I have examine	d this return and	accompanying scl	nedules and stateme	ents, and	to the bes	at of my knowledge and	
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has								
Here	You	ur signature		Date	Your occupation				nt you an Identity	
								Protection PIN, enter it here (see inst.)		
Joint return? See instructions.		ouse's signature. If a joint return, <b>t</b>	oth must sign	Date	Spouse's occupa	tion	`	e IRS sent your spouse an		
Keep a copy for	Эрі	ouse's signature. If a joint return, L	Date	Spouse's occupa	шоп		ntity Protection PIN, enter it here			
your records.						(se	e inst.)			
	Pho	one no.		Email address						
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN	_	Check if:	
							<u> </u>		Self-employed	
Preparer Use Only	Firr	n's name					Pho	one no.		
—————	Firm's address Firm's									
Go to www.irs.ac	v/Form	11040 for instructions and the late	st information.						Form <b>1040</b> (2022)	