1040 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 one box.	If you	ingle Married filing jointly checked the MFS box, enter the na	ame of y									spou	fying surv se (QSS) name if th	
	pers	on is a child but not your dependent	:											
Your first name	Last na	Last name									Your social security number			
If joint return, sp	Last na	Last name									Spouse's social security number			
Home address (numbe	and street). If you have a P.O. box, see	instruction	ons.						Apt. no.	Pr	Presidential Election Campaign		
												Check here if you, or your spouse if filing jointly, want \$3		
City, town, or po	mplete s	plete spaces below. State					ZIP	code	to	go to		Checking a		
Foreign country name				Foreign province/state/county					Foreign postal code			ur tax	or refund.	
													You	Spouse
Digital Assets	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No											□No		
Standard	Some	Someone can claim: You as a dependent Your spouse as a dependent												
Deduction		pouse itemizes on a separate return	n or you	were a	dual-	status al	ien							
Age/Blindness	You:	☐ Were born before January 2, 19	958	Are b	lind	Spou	ıse:	☐ Was bor	n be	fore Janua	ry 2, 1	958	☐ Is bli	ind
Dependents	(see i	nstructions):		(2) Social security		security	\top	(3) Relationsh		(4) Check the bo		qualifi	es for (see	instructions):
If more	_	stname Lastname			numb	ber		to you		Child to	ax credit	t (Credit for oth	ner dependents
than four													[
dependents, see instructions							4					_		
and check					Ш		4					\rightarrow	[
here	_				\square		_		_	L		\vdash		
Income	1a	Total amount from Form(s) W-2, bo				-						1a	-	
Attach Form(s)	ь											1b	-	
W-2 here. Also	C											1c	_	
attach Forms W-2G and	d											1d 1e	_	
1099-R if tax	f	Taxable dependent care benefits from Form 2441, line 26									1f			
was withheld.	g	Wages from Form 8919, line 6 .										1g		
lf you did not get a Form	h	Other earned income (see instructi										1h		
W-2, see	ï	Nontaxable combat pay election (s												
instructions.	z	Add lines 1a through 1h							_			1z	1	
Attach Sch. B	2a		2a			-		cable interes				2b		
if required.	За	Qualified dividends	3a			ь	Orc	dinary divide	nds			3b		
	4a	IRA distributions	4a			b	Ta	kable amoun	t.			4b		
Standard	5a	Pensions and annuities	5a			b	Tao	kable amoun	t.			5b		
Deduction for— Single or	6a	Social security benefits	6a			b	Tax	kable amoun	t .			6b		
Married fling	С	If you elect to use the lump-sum el	ection r	nethod,	chec	k here (s	ee in	structions)			. 🔲	7	Į.	
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											_	
Married filing jointly or	8	Other income from Schedule 1, line										8	_	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										10	-	
\$25,900	10	Adjustments to income from Schedule 1, line 26											-	
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income										11	_	
\$19,400	12			-								12	_	
If you checked any box under	13 14	Qualified business income deducti										13		
Standard Deduction,	15	Add lines 12 and 13										15	 	
see instructions.		CONTROL OF TOTAL BIRTH IN LES	J U1 1031	, 011101	0.1	a yo	ar to	AUDIO IIIOOII				10		