104 0		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		turn 20	22	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple i	in this space.	
Filing Status Check only one box.	lf y	ou checked the MFS box, enter the r	name of	ried filing separate f your spouse. If yo		_		ehold (HOH) box, enter th	spou	lifying surv use (QSS) name if th	·	
Your first name and middle initial			1	Last name						Your social security number		
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number			
Home address (number and street). If you have a P.O. box, see				instructions.				Apt. no.	Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also co									spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.			
Foreign country name Digital At any time during 2022, did you: (a) received and the second				eive (as a reward, award, or payment for property or services); o						You	Spouse	
Assets		hange, gift, or otherwise dispose of	•	•					., ,	Yes	No	
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retu	epende	ent 🗌 Your sp	ouse as	a dependent		, (
Age/Blindness	Yo	: 🗌 Were born before January 2,	1958	Are blind	Spouse	🗴 🗌 Was bor	rn bef	ore January 2	2, 1958	Is bli	ind	
Dependents	s (se			(2) Social security number		(3) Relationship to you		4) Check the b	ox if quali	•	instructions): ner dependents	
than four												
dependents, see instructions										[
and check							Ĩ			[
here			and the second se		01]					
Kr a	(1a	Total amount from Form(s) W-2, t			• 7	1 AR R R R R	12 S	20 360 860	. <u>1a</u>			
Attach Form(s)		lousehold employee wages not				0.5.5.5	8.3		1b	-		
W-2 here. Also	C	Tip income not reported on line 1			8 9 6	uctions)	8 3	e (e	. <u>1c</u> . 1d	-		
attach Forms W-2G and	e	Medicaid waiver payments not re Taxable dependent care benefits			ee msin		8	e e se cences e		-		
1099-R if tax	f	Employer-provided adoption ben		•	20	1.580 80 80 80 80	18 S	55 553 550 	. <u>1e</u> . 1f	t de la companya de l		
was withheld.	ģ	Wages from Form 8919, line 6		-				1 14 201 046 14 14 14 14	. 1g	1		
lf you did not get a Form	h	Other earned income (see instruc							1h			
W-2, see	i	Nontaxable combat pay election										
instructions.	z	Add lines 1a through 1h	8 80			0.020 24 20 22	12 14	H 100 MB	. 1z			
Attach Sch. B	2 a	Tax-exempt interest	2a		ЬТ	axable interest	t ,	5 SF (6)	. 2b			
if required.	3a	Qualified dividends	3a		ЬС	Ordinary divide	nds .		. 3b			
	4a	IRA distributions	4a		ЬТ	axable amoun	t.,		. 4b			
Standard	5 a	Pensions and annuities	5a		ЬТ	axable amoun	t. 🤉		. 5b	2		
 Deduction for — Single or 	6 a	Social security benefits	6a		ЬТ	axable amoun	t. 🤉	• • •	. 6b	1		
Married filing	C	If you elect to use the lump-sum	election	n method, check h	ere (see	instructions)	ж 3	[
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D	if required. If not	required	l, check here	a 3	a as as 🛛	7			
 Married filing jointly or 	8	Other income from Schedule 1, li		12) R 2 2 2			S 3	16 160 AB	. 8	-		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	-		
surviving spouse, \$25,900	10	Adjustments to income from Scho				1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		10 MAN (190	. 10			
 Head of household, 	11	Subtract line 10 from line 9. This				385 15 15 15 IS	3 S	8 95 95	. 11	-		
\$19,400	12	Standard deduction or itemized		•	•	00 R 6 R	C 2	9 30 30	. 12	1		
 If you checked any box under 	13	Qualified business income deduc						00 (0) (0)	. 13			
Standard Deduction,	14							. 14	-			
see instructions.	15	Subtract line 14 from line 11. If ze	ro or le	ess, enter -U This	is your	taxable incom	1e ,	4 (4) (4)	. 15			

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

Cat. No. 11320B

Form 1040 (2022)

Form 1040 (2022)								Pa	age 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 📃 881	4 2 🗌 4972	3		16		
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23		
	24	Add lines 22 and 23. This is	your total tax					24		
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d		
If you have a qualifying child,	26	2022 estimated tax paymen	pplied from 20	21 return			26			
	27	Earned income credit (EIC)			27					
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. These are your total payments						33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34		
lioiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a		
Direct deposit?	b	Routing number C Type: Checking Savings								
See instructions.	d	Account number								
	36	Amount of line 34 you want	applied to your	2023 estimate	edtax	36			<u> </u>	
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 Estimated tax penalty (see instructions)		1 1		37				
	38					38				
Third Party		you want to allow another				_	`omoloto k	alou	No	
Designee		signee's		Phone			sonal identi			
	nar			no.			iber (PIN)	lication		
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	l accompanying sch	edules and statem	ents, and to	the bes	t of my knowledg	e and
Here	bel	ief, they are true, correct, and con	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informat	ion of which	n prepare	er has any knowled	dge.
nere	Yo	/our signature		Date	Your occupation		If the	IRS sei	nt you an Identity IN, enter it here	
Joint return?								inst.)		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign. Date Spouse's occupation		ion If		IRS ser	nt your spouse an		
Keep a copy for	- 1-	,	j				Iden ⁻	tity Prote	ection PIN, enter it	
your records.						(see	inst.)		Ш	
		one no.	1	Email address		T	1			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer							<u> </u>		Self-employ	ed
Use Only	Firm's name Phone									
	Firm's address Firm's							's EIN	Farm 1040	
(20 to wayny in or	W/Eorn	1040 for instructions and the late	et information						Earna 10/0	(0000)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

Form **1040** (2022)