Form	1	0	4()-SR	Department of the Treasury—Internal Revenue Service U.S. Tax Return for Seniors
ш		•		9	U.S. Tax Return for Seniors

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	☐ I		MFS box, enter	 the na	Qualif me of y	ying our	spouse. I	ng f yo	spouse (Q			•		Í	
name if the qualifying person is a child but not your depersor first name and middle initial Last name					ieperideri					our social security number					
If joint return, s	spous	se's first name and	d middle initial	Last na	ıme				E		Spo	use's	social seci	ırity nu	ımber
Home address	(num	nber and street). If	f you have a P.O. b	ox, see	instructi	ons.				Apt. no.		Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also co					so complete spaces below. State ZIP code				spo to g	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change					
Foreign country name				Foreign province/state/county Foreign postal code					e you	your tax or refund. You Spouse					
Digital Assets							igital 	r		No					
Standard Deduction			laim:								ende	nt			
Beduction		e/Blindness	∫ You:	□ We	re bor	n b	efore Ja	เทน	ary 2, 1958 ary 2, 1958	8 🗆 Are	e blin olind	d			
Dependents (see instructions):	(1) F	First name	Last name		(2) Socia	ıl secu	ırity number	(3)	Relationship to you	(4) Check the		1	es for (see in		
If more than four															uents
dependents, see instructions and]			<u> </u>	
check here]]	
Income	1a	Total amour	nt from Form(s) W-2	2, box	1 (s	ee instr	uct	tions)			1a			
Attach Form(s) W-2	b Household employee wages not reported on Form(s) W-2								1b						
here. Also attach Forms	c Tip income not reported on line 1a (see instructions)									1c					
W-2G and 1099-R if tax	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							าร)	1d						
was withheld.	e Taxable dependent care benefits from Form 2441, line 26								1e						
If you did not get a Form	f Employer-provided adoption benefits from Form 8839, line 29									1f					
W-2, see instructions.	g Wages from Form 8919, line 6									1g					
	h Other earned income (see instructions)									1h					
	i Nontaxable combat pay election (see instructions) . 1i														
	z	Add lines 1a	a through 1h									1z			
Attach	2a	Tax-exempt	t interest .	2a				b	Taxable in	iterest .		2b			
Schedule B if required.	За	Qualified div	vidends	3a				b	Ordinary o	dividends		3b			
	4a	IRA distribu	tions	4a				b	Taxable a	mount .		4b			
	5a	Pensions ar	nd annuities	5a				b	Taxable a	mount .		5b			
	6a	Social securi	ity benefits .	6a				b	Taxable a	mount .		6b			
	c If you elect to use the lump-sum election method, check here (see instructions)														
	7	Capital gair	n or (loss). At	tach S	Sched	ule	D if req	uir	red. If not	required,		7			

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	8	Other income from Schedule 1, line 10		8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your to	9		
	10	Adjustments to income from Schedule 1, line 26	10		
	11	Subtract line 10 from line 9. This is your adjusted gross	11		
Standard Deduction	12	Standard deduction or itemized deductions (from Sch	12		
See Standard	13	Qualified business income deduction from Form 8995 or	13		
Deduction Chart on the last page	14	Add lines 12 and 13	14		
of this form.	15	Subtract line 14 from line 11. If zero or less, enter			
		taxable income	15		
Tax and Credits	16	Tax (see instructions). Check if any from:	UL		
Orcarts		1 □ Form(s) 8814 2 □ Form(s) 4972 3 □		16	
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17	/ () . /	18	
	19	Child tax credit or credit for other dependents from Sche	edule 8812	19	
	20	Amount from Schedule 3, line 8		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-employment tax, from Sched	ule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax		24	
Payments	25	Federal income tax withheld from:	1		
	а	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	С	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
	26	2022 estimated tax payments and amount applied from	2021 return	26	
If you have a qualifying	27	Earned income credit (EIC)	27		
child, attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8.	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other refundable credits	• •	32	
	33	Add lines 25d, 26, and 32. These are your total paymen	ts	33	

Form 1040-SR (2022) Page 3 Refund If line 33 is more than line 24, subtract line 24 from line 33. This is the 34 amount you overpaid 34 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Direct deposit? **b** Routing number Checking Savings See instructions d Account number Amount of line 34 you want applied to your 2023 36 36 estimated tax Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 Estimated tax penalty (see instructions). 38 **Third Party** Do you want to allow another person to discuss this return with the IRS? See Designee instructions ☐ No Yes. Complete below. Phone Personal identification Designee's name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best Sign of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all Here information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here Joint return? (see inst.) See instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. Email address Date PTIN Preparer's signature Check if: Preparer's name Paid

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Firm's name

Firm's address

Preparer

Use Only

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Phone no.

Firm's EIN

☐ Self-employed

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Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is				
Single	1	\$14,700				
Single B B B		16,450				
HITCHIN		\$27,300				
Married	2	28,700				
filing jointly		30,100				
DRA	4 4	31,500				
Qualifying	1	\$27,300				
surviving spouse	2	28,700				
Head of COTC	noer 9	\$21,150				
household	2	22,900				
	1	\$14,350				
Married filing	2	15,750				
separately**	3	17,150				
	4	18,550				

^{*}Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

^{**}You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.