

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. 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 person is a child but not your dependent:

Your first name and middle initial DAVID A	Last name DRAPER	Your social security number 478-84-2250	
If joint return, spouse's first name and middle initial COLLEEN	Last name DRAPER	Spouse's social security number 215-13-9215	
Home address (number and street). If you have a P.O. box, see instructions. 501 WILLIAMS BOX 100		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. APEX	State NC		ZIP code 27502
Foreign country name	Foreign province/state/county		Foreign postal code

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

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z	2a	2b	3a	3b	4a	4b	5a	5b	6a	6b	7	8	9	10	11	12	13	14	15		
1a Total amount from Form(s) W-2, box 1 (see instructions)																														443,389	
b Household employee wages not reported on Form(s) W-2																															
c Tip income not reported on line 1a (see instructions)																															
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)																															
e Taxable dependent care benefits from Form 2441, line 26																															
f Employer-provided adoption benefits from Form 8839, line 29																															
g Wages from Form 8919, line 6																															
h Other earned income (see instructions)																															
i Nontaxable combat pay election (see instructions)																															
z Add lines 1a through 1h																														443,389	
2a Tax-exempt interest																															
3a Qualified dividends																															
4a IRA distributions																															
5a Pensions and annuities																															
6a Social security benefits																															
c If you elect to use the lump-sum election method, check here (see instructions)																															
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here																															
8 Other income from Schedule 1, line 10																															
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income																															475,694
10 Adjustments to income from Schedule 1, line 26																															
11 Subtract line 10 from line 9. This is your adjusted gross income																															475,694
12 Standard deduction or itemized deductions (from Schedule A)																															59,174
13 Qualified business income deduction from Form 8995 or Form 8995-A																															
14 Add lines 12 and 13																															59,174
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income																															416,520

Attach Sch. B if required.

Standard Deduction for-
 • Single or Married filing separately, \$12,950
 • Married filing jointly or Qualifying surviving spouse, \$25,900
 • Head of household, \$19,400
 • If you checked any box under Standard Deduction, see instructions.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial DAVID A	Last name DRAPER	Your social security number 478-84-2250
If joint return, spouse's first name and middle initial COLLEEN	Last name DRAPER	Spouse's social security number 215-13-9215
Home address (number and street). If you have a P.O. box, see instructions. 606 DAVIS LOVE DR		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. CHAPEL HILL		State NC
Foreign country name		ZIP code 27517
Foreign province/state/county		Foreign postal code
		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1957 Are blind **Spouse:** Was born before January 2, 1957 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	546,758
	2a Tax-exempt interest	2a	2b Taxable interest	
	3a Qualified dividends	3a	3b Ordinary dividends	
	4a IRA distributions	4a	4b Taxable amount	11,075
	5a Pensions and annuities	5a	5b Taxable amount	
	6a Social security benefits	6a	6b Taxable amount	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7		
8 Other income from Schedule 1, line 10		8		
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	557,833	
10 Adjustments to income from Schedule 1, line 26		10		
11 Subtract line 10 from line 9. This is your adjusted gross income ▶		11	557,833	
12a Standard deduction or itemized deductions (from Schedule A)		12a	80,273	
	b Charitable contributions if you take the standard deduction (see instructions)	12b		
c Add lines 12a and 12b		12c	80,273	
13 Qualified business income deduction from Form 8995 or Form 8995-A		13		
14 Add lines 12c and 13		14	80,273	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.		15	477,560	

