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	X 9	Single Married filing jointly	Marrie	ed filing separately (N	MFS)	Head of	hous	ehold (HOH)		fying survi se (QSS)	ving	
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you c	heck	ed the HOH or	r QSS	S box, enter	the c			e qualifying	
		on is a child but not your dependen											
Your first name and middle initial Last name						Yo	Your social security number						
DIVYA VANI AMBA			BATI						***-**-4970				
If joint return, spouse's first name and middle initial Last name				name					Sp	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pro	esiden	tial Electio	n Campaign	
2495 SAWDUST RD 2122 Q							Check here if you, or your						
City, town, or post office. If you have a foreign address, also complete spaces below.					te	ZIP	code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
WOODLANDS			TX 7			77				w will not o			
Foreign country name			oreign province/state/county Fo			Fore	reign postal code your ta		ur tax	tax or refund.			
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	rty o	r services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial	intere	est in a digital	asse	t)? (See ins	tructio	ns.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	penden	t	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	Was bor	n be	fore Januar	y 2, 1	958	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) Check the	box if	qualifi	es for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	: (Credit for oth	er dependents	
than four]]	
dependents, see instructions	· —]				
and check							>]]	
here						10				\perp			
Income	1a	Total amount from Form(s) W-2, b	•	,						1a	20	0,511.	
A44I- F(-)	b	Household employee wages not r	•							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6 .					•		٠	1g			
get a Form W-2, see	h		ther earned income (see instructions)						1h		0.		
instructions.	i	Nontaxable combat pay election (see instructions)							20	О Г11			
AII	<u>z</u>	Add lines 1a through 1h	00		 L T				•	1z	20	0,511.	
Attach Sch. B if required.	2a	Tax-exempt interest Qualified dividends	2a 3a			axable interest rdinary divide:			•	2b 3b		0.	
	3a 4a		4a			axable amoun			•	4b		<u> </u>	
Standard	т а 5а		5a			axable amoun			•	5b			
Deduction for—	6a		6a			axable amoun			•	6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)						$\dot{\Box}$	0.5				
separately,	7		tal gain or (loss). Attach Schedule D if required. If not required, check here						П	7		58.	
\$12,950 Married filing	8 Other income from Schedule 1, line 10							8	-1	9,674.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						·	9	1	0,895.		
surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10	1	-, -, -, -,	
\$25,900 • Head of	11								11	18	0,895.		
household,	12	Standard deduction or itemized deductions (from Schedule A)								12		2,950.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	T -	,	
any box under Standard	14	Add lines 12 and 13						14	12,950.				
Deduction,	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This is y	our t	axable incom	ne			15			
see instructions.				-									

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	34,142.	
Credits	17	Amount from Schedule 2, line 3	17		
0.04.10	18	Add lines 16 and 17	18	34,142.	
	19	Child tax credit or credit for other dependents from Schedule 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	34,142.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	34,142.	
Payments	25	Federal income tax withheld from:			
,	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	35,819.	
lf	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	7		
	30	Reserved for future use	1		
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	35,819.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,677.	
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,677.	
Direct deposit?	b	Routing number * * * * * * 0 1 3 8 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * * * 1 8 7 9			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		structions	elow.	X No	
		signee's Phone Personal identif	ication		
	naı				
Sign	Un bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the bes	st of my knowledge and er has any knowledge	
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		SYSTEM ANALYST (see	inst.)		
See instructions.	Sp		he IRS sent your spouse an		
Keep a copy for your records.			iity Prote inst.)	ection PIN, enter it here	
,					
		one no. (914)848-1234 Email address DIVSAMBATI@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:	
Paid			2702	Self-employed	
Preparer					
Use Only			Phone no. (678)965-9522 Firm's FIN **-**5487		