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	<b>X</b> S	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	ehold (HOH)			fying surv se (QSS)	iving		
one box.	-	u checked the MFS box, enter the r	-	our spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the cl	hild's	name if th	e qualifying		
	pers	on is a child but not your dependen	t:											
Your first name	and mi	ddle initial	Last na	Last name							Your social security number			
DIVYA			SING	SINGH						051-65-1530				
If joint return, spouse's first name and middle initial Last name				me						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		
401 E 32	2nd s	street						2212			ere if you,	, ,		
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code										ly, want \$3 Checking a				
CHICAGO				IL			60	0616 box			w will not			
Foreign country name			F	Foreign province/state/county Foreign				eign postal code your ta		ur tax	or refund.			
											You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-				Yes	⊠ No		
Standard		eone can claim:		<u></u>			4000	ty: (000 iii.0.	dotte	,,,,				
Deduction	_	Spouse itemizes on a separate retu	•	•										
Age/Blindness	You:	Were born before January 2,	1958	Are blind Spo	use	: Was bor	n be	fore January	/ 2, 19	958	☐ Is bli	nd		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ıip	(4) Check the	box if	qualifi	es for (see i	nstructions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax	credit	: (	Credit for oth	er dependents		
than four														
dependents, see instructions	s ——													
and check	,													
here										$\perp$	<u> </u>			
Income	1a	Total amount from Form(s) W-2, b								1a	7	6,180.		
Attach Form(s)	b	Household employee wages not r	•							1b				
W-2 here. Also	С.	·	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	e	Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption bend			٠					1f				
If you did not get a Form	g	Wages from Form 8919, line 6 .	_ 1						•	1g				
W-2, see	h :	Other earned income (see instructions)							•	1h		0.		
instructions.	i	Add lines 1a through 1h	see msu	uctions)						1z	7	6,180.		
Attach Sch. B	z 2a	Tax-exempt interest	2a		· h T	axable interest			•	2b	<u> </u>	0,100.		
if required.	3a	Qualified dividends	3a			rdinary divider			•	3b				
	4a	IRA distributions	4a			axable amoun			•	4b				
Standard	5a	Pensions and annuities	5a			axable amoun			•	5b				
Deduction for—	6a	Social security benefits 6a b Taxable amount							6b					
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)												
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here												
\$12,950 Married filing	8	Other income from Schedule 1, line 10								8	_	7,427.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		8,753.		
surviving spouse,	10	Adjustments to income from Schedule 1, line 26												
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							11	6	8,753.			
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	A)					12		2,950.		
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A												
any box under Standard	14	Add lines 12 and 13								14	1	2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is ye	our <b>t</b>	axable incom	ie			15		5,803.		
1 1 222121101)		*												

Form 1040 (2022	2)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,899.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	7,899.	
	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	7,899.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,899.	
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	9,544.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)			
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32		
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	9,544.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,645.	
11010110	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,645.	
Direct deposit?	b	Routing number 0 7 1 9 2 1 8 9 1 c Type: X Checking Savings			
See instructions.	d	Account number 4 6 8 5 2 8 6 4 0 8			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See tructions	helow	X No	
Designee		signee's Phone Personal ident			
	nai				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whice			
Here	Yo			nt you an Identity	
Joint return? See instructions. Keep a copy for your records.			tection P inst.)	IN, enter it here	
	Sp	Ider	the IRS sent your spouse an entity Protection PIN, enter it here ee inst.)		
		one no. (773)673-7146 Email address SINGH.DIVYA168@GMAIL.COM			
Paid	Pre	eparer's name Preparer's signature Date PTIN	· <u></u>	Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/16/2023 P0208	2703	Self-employed	
Use Only	Fir	m's name GLOBAL TAXES LLC Pho	Phone no. (678)965-9522		
———	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	ı's EIN	84-3171965	