Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

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

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS	S) Head of	house	hold (HOH)			fying survi se (QSS)	ving	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you	chec	ked the HOH or	r QSS	box, enter t				qualifying	
		on is a child but not your dependent											
Your first name and middle initial Last name					Y					Your social security number			
AMBROSE GONSALO TUS			TUSC	JSCANO						***-**-6428			
If joint return, s	pouse's	first name and middle initial	Last na	me					Spo	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			1	Apt. no.		residential Election Campaign			
		RMILL DR,								Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	St	ate	ZIP c	ode		to go to this fund. Checking a			
HERNDON						201	0171 box		box below will not change				
Foreign country name			F	Foreign province/state/county Foreign province/state/county			Forei	preign postal code you		your tax or refund.			
								\rightarrow			You	Spouse	
Digital		y time during 2022, did you: (a) rece					-					∇.	
Assets		ange, gift, or otherwise dispose of a					asset	? (See insti	ruction	าร.)	Yes	⊠ No	
Standard Deduction		eone can claim:				s a dependent n							
	You:	Were born before January 2, 19	958	Are blind S	pous	e: Was bor	rn bef	ore January	2, 19	58	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social secur	itv	(3) Relationsh	nip (4	1) Check the	box if o	qualifie	es for (see ir	nstructions):	
If more	•	rst name Last name		number	,	to you		Child tax	credit	c	Credit for othe	er dependents	
than four							V						
dependents, see instructions													
and check	S						>						
here													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions) .						1a	13	7,090.	
	b	Household employee wages not re	ported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					. [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 bene-	fits from	n Form 8839, line 2	29				.	1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instructi					· ·			1h		0.	
instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		<u>li</u>	i						
	Z	Add lines 1a through 1h								1z	13	7,090.	
Attach Sch. B	2a		2a			Taxable interest				2b			
if required.	3a		3a	7.		Ordinary divide				3b		7.	
	4a		4a	617		Taxable amoun				4b			
Standard Deduction for—	5a		5a	617.		Taxable amoun		· vonio	, v.E.I.C	5b		0.	
Single or	6a	Social security benefits 6a b Taxable amount							$\dot{\vdash}$	6b			
Married filing separately,	c				•	•			片	7			
\$12,950	7	Capital gain or (loss). Attach School		•		-			⊔ ∤	7			
Married filing jointly or	8	Other income from Schedule 1, line 10							8	1 2	7 007		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	13	7,097.		
\$25,900	Adjustments to income from Schedule 1, line 20						.	10	1 2	7 007			
Head of household, et a 400 to 12 Subtract line 10 from line 9. This is your adjusted gross income									.	11		7,097.	
\$19,400	12			`	,	 Ω5_Δ			.	12 13	+	2,950.	
If you checked any box under	13 14	Qualified business income deduction from Form 8995 or Form 8995-A								14	1	2 0F0	
Standard Deduction,	15	Add lines 12 and 13							15				
see instructions.	19	Subtract line 14 (1011) line 11. Il Zel	o or lest	o, Gilloi -U IIIIS IS	, your	taxable IIICOII				10	1 12	1,14/.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	23,630.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	23,630.		
	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	23,630.		
	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	23,630.		
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	24,560.		
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	1			
	30	Reserved for future use				
	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	24,560.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	930.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	930.		
Direct deposit? See instructions.	b	Routing number * * * * * * 0 0 3 0 c Type: Checking X Savings				
See instructions.	d	Account number * * * * * * * 4 9 1 6				
	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 <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 structions	elow.	X No		
	De	signee's Phone Personal identifi	cation			
	nar	ne number (PIN)				
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 which				
Here	Yo	ur signature Date Your occupation If the	IRS se	nt you an Identity		
		lana!		IN, enter it here		
Joint return?		STUDENT (see i				
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.		(see i	nst.)			
	Ph	one no. (443)627-1151 Email address AMBROSETUSCANO@GMAIL.COM				
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/17/2023 *****2	2703	Self-employed		
Preparer Use Only	Fire	m's name GLOBAL TAXES LLC Phon	e no. (678)965-9522		
————	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN	**-***1965		