E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022	2
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OMB No. 1545-0074

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

Check only	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	y (MFS)	Head of	hous	ehold (H0	OH)		llifying sur use (QSS)	0
one box.	-	u checked the MFS box, enter the n on is a child but not your dependen	,	our spouse. If you	u check	ed the HOH or	r QS	S box, en	ter th	e child's	s name if t	he qualifying
Your first name and middle initial				me						Your social security number		
DIGAMBER				В						359-79-6347		
If joint return, spouse's first name and middle initial				me						Spouse's social security number		
RAKHI DIGAMBER				В						APPLIED FOR		
Home address (number and street). If you have a P.O. box, see in				instructions. Apt. no.						Preside	ntial Elect	ion Campaigr
1200 E PARMER LANE								1 3 1 2 1			here if you	, ,
City, town, or post office. If you have a foreign address, also comp				nplete spaces below. State ZII								ntly, want \$3 . Checking a
AUSTIN				TX			78	753		_	ow will no	•
Foreign country name			F	Foreign province/state/county Fo			Fore	oreign postal code yo		your ta	x or refund	l
										You Spo		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-				☐ Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retui	n or you	were a dual-stat	us alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn be	fore Janı	uary 2	2, 1958	☐ Is b	olind
Dependents	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip	(4) Check	the b	ox if qualifies for (see instruction		e instructions):
If more		st name Last name		number		to you		Child tax cred		redit Credit for other depe		ther dependent
than four												
dependents,												
see instructions and check	5 —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						. 1a	ı	80,177.
meome	b	Household employee wages not r	eported	on Form(s) W-2 .						. 1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)						. 10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	1		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							. 1e	•		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						. <u>1f</u>	:			
If you did not	g	Wages from Form 8919, line 6 .								. 10	1	
get a Form	h	Other earned income (see instruct	ructions)					. 1h	1	0.		
W-2, see instructions.	i	Nontaxable combat pay election (at pay election (see instructions)									
	Z	Add lines 1a through 1h	. , .							. 1z	:	80,177.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			. 2b)	
if required.	<u>3a</u>	Qualified dividends	3a		b 0	rdinary divide	nds			. 3b)	
	4a	IRA distributions	4a		b T	axable amoun	t.			. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				. 5b)	
Single or	6a	Social security benefits	b Taxable amount						٠.	. 6b)	
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)								┥ ┝━		
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing jointly or	8	Other income from Schedule 1, line 10								. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		80,177.
surviving spouse, \$25,900 Adjustments to income from Schedule 1, line 26									. 10			
Head of household,	d of Subtract line 10 from line 9. This is your adjusted gross income								. 11		80,177.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								. 12	1	25,900.
If you checked any box under	13	Qualified business income deduct								. 13		
Standard Deduction,	14	Add lines 12 and 13						. 14		25,900.		
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							. 15	<u> </u>	54,277.	

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Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	6,	102.
Credits	17	Amount from Schedule 2, lin	ie 3				[17		
	18	Add lines 16 and 17						18	6,1	102.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,3	102.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is	your total tax					24	6,1	102.
Payments	25	Federal income tax withheld							,	
	а	Form(s) W-2				25a 12	,749.			
	b	Porm(s) 1099								
	С									
	d								12,	749.
.,	26	2022 estimated tax payment						26	, , , , , , , , , , , , , , , , , , ,	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from			28					
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31				ndable credits	:	32		
	33	Add lines 25d, 26, and 32. T						33	12,	749.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	;	34	6,	647.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🖪	5a	6,	647.
Direct deposit?	b	Routing number 1 1 1					Savings			
See instructions.	d	Account number 8 3 6	2 2 2 0	7 2						
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24						_ [
rou owe	20	For details on how to pay, g	_	-				37		
This Death	38	Estimated tax penalty (see in				38				
Third Party Designee		you want to allow another			n with the IRS?		mplete bel)W/	X No	
Designee		signee's		Phone			nal identifica		Z IIO	
		me		no.			er (PIN)			
Sign		der penalties of perjury, I declare t								
Here		lief, they are true, correct, and com	plete. Declaration of		. , ,	sed on all informatio			,	Ü
	Yo	ur signature	Date Your occupation					you an Ident I, enter it here	•	
Joint return?				 IT SERVICE	!	(see inst		I, enter it fiere	Ť	
See instructions.	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation			If the IR	S sent	your spouse	an	
Keep a copy for	·	, ,				,		tion PIN, ent	er it here	
your records.		TEACHING					(see inst	.)		
		one no. (737) 231–332		Email address	DIGAMBERPAR	AB@GMAIL.CO				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/21/2023	P020827		Self-emp	
Use Only	Fir	m's name GLOBAL TAX					Phone r	o. (6	78) 965-	9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	88-214	
Go to www.irs.go	ov/Forr	m1040 for instructions and the late	st information.		BAA	REV 01/14/23 PRO			Form 10 4	40 (2022)