E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2 :	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.		
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the n son is a child but not your dependent	ame of you	filing separately (N r spouse. If you ch	,			. ,	spou	lifying surviving use (QSS) name if the qualifying		
Your first name	and mi	iddle initial	Last name						Your so	cial security number		
KISHAN			RAI	RAI						***-**-5891		
lf joint return, s	pouse's	s first name and middle initial	Last name						Spouse'	s social security number		
HASMITHA				RAI					***_	**-2555		
Home address (number and street). If you have a P.O. box, see in			instructions.	nstructions.				Apt. no.	Preside	ntial Election Campaigr		
4500 TRI	JXEL	RD					3			nere if you, or your		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete spaces below. State 2				ZIP c			if filing jointly, want \$3 this fund. Checking a		
SACRAMENTO			CA				958			ow will not change		
Foreign country name			Foreign province/state/county				Foreig	in postal code	your tax	or refund.		
										You Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					- -		· · ·	🗌 Yes 🛛 No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status a	alien	1						
Age/Blindnes	s You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor		ore January 2		Is blind		
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see instructions):		
If more	(1) F	irst name Last name		number		to you		Child tax cr	edit	Credit for other dependents		
than four dependents,	ADH	ADHA RAI		***-**-9188 Daughte		Daughter				<u> </u>		
see instruction	s ——							<u> </u>				
and check	, —						,	<u> </u>				
here												
Income	1a	Total amount from Form(s) W-2, b	•	,	•		• •		. <u>1</u> a			
	b	Household employee wages not reported on Form(s) W-2										
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. <u>1</u> c			
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		. <u>1</u> d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f			•		• •		. <u>1e</u>			
was withheld.	f	Employer-provided adoption bene	fits from Fo	orm 8839, line 29	•		• •		. <u>1f</u>			
If you did not	g	Wages from Form 8919, line 6 .	• • •		•		• •	· · ·	. <u>1g</u>	-		
get a Form W-2, see	h	Other earned income (see instruct			•		···		. <u>1h</u>	0.		
instructions.	I	Nontaxable combat pay election (see instruct	tions)	•	<u>1</u> i			_	100 000		
		Add lines 1a through 1h	\cdot	• • • • • •	. <u>.</u>				. <u>1z</u>	-		
Attach Sch. B if required.	2a		2a			axable interes			. 2b			
	<u>3a</u>		3a			ordinary divide			. 3b			
	4a		4a			axable amoun		· · ·	. 4b			
Standard Deduction for –	5a		5a			axable amoun			. 5b			
 Single or 	6a		6a			axable amoun	[· · · ·	. 6b			
Married filing separately,	c _	If you elect to use the lump-sum e				,	• •	· · · L	╡╎╺			
\$12,950	7	Capital gain or (loss). Attach Sche					• •	· · · L		10.070		
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •	· · ·	. 8	-12,870.		
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	. 9	93,906.								
\$25,900	10	Adjustments to income from Sche	. 10									
Head of household, 10 Subtract line 10 from line 9. This is your			•						. 11			
\$19,400	12	Standard deduction or itemized		,	'	 	• •		. 12			
 If you checked any box under 	13	Qualified business income deduct	ION TROM FO	or Form	899	э-А	• •		. 13			
Standard Deduction,	14	Add lines 12 and 13			•				. 14			
see instructions.	15	Subtract line 14 from line 11. If zer	o or iess, e	inter -u I his is yo	our 1		е.	· · ·	. 15	68,006.		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,752.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,752.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,252.
	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	7,252.
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	7,540.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)	\mathbf{D}	Υ Υ
attach Sch. 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 total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	7,540.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	288.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	288.
Direct deposit?	b	Routing number * * * 0 1 9 6 c Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * * 9 2 6 0		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
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		you want to allow another person to discuss this return with the IRS? See		_
Designee		structions		X No
	De nai	signee's Phone Personal identi me no. number (PIN)	fication	
Ciara		der penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of my knowledge and
Sign		lief, 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	e IRS ser	nt you an Identity
		Prot		N, enter it here
Joint return?		BOFTWARE ENGINEER	e inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an action PIN, enter it here
your records.			inst.)	
	Ph	one no. (916)213-9876 Email address		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2023 *****	2703	Self-employed
Preparer				678)965-9522
Use Only			n's EIN	**-**1965
Co to warn in a				Form 1040 (2022)
GO IO WWW.IIS.go	UV/FOM	n1040 for instructions and the latest information. BAA REV 03/02/23 PRO		Form 1040 (2022)

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