## E 1040 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> 5	Single Married filing jointly	Marrie	ed filing separately (N	MFS)	Head of	household	HOH) [		fying survi se (QSS)	ving		
one box.		u checked the MFS box, enter the n		our spouse. If you cl	hecked	d the HOH or	QSS box,	enter the		` ,	aqualifying		
Your first name and middle initial Last r				ne		Your social security number							
AKHIL	AKHIL RAC				CHAMALLA						***-**-2960		
If joint return, spouse's first name and middle initial  Last na										Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. n	).	Presider	tial Electio	n Campaign		
1325 BRJ	RIDGE CIRCLE						Check here if you, or your						
		ce. If you have a foreign address, also co	mplete sp	spaces below. State Z			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
WARSAW				IN			46582			w will not			
Foreign country name			F	Foreign province/state/county			Foreign pos		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		eone can claim: You as a de				$\overline{}$							
Deduction		Spouse itemizes on a separate retur	-		alien								
Age/Blindness		Were born before January 2, 1		1	ouse:	☐ Was bor	rn before J			☐ Is blii			
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationsh	(4) Che	ck the bo	x if qualifi	es for (see i	nstructions):		
If more	(1) F	irst name Last name		number		to you	Ch	ild tax cre	edit (	Credit for oth	er dependents		
than four				-									
dependents, see instructions	s ——												
and check						A O E							
here L										L			
Income	1a	Total amount from Form(s) W-2, b				./.)			1a	7	7,247.		
	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6.							1g 1h				
get a Form W-2, see	h	Other earned income (see instructions)									0.		
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i							
	Z	Add lines 1a through 1h							1z	/	7,247.		
Attach Sch. B	2a		2a			cable interest			2b				
if required.	3a		3a			dinary divide			3b				
	4a		4a			kable amoun			4b				
Standard Deduction for—	5a		5a			kable amoun			5b	,			
Single or	6a		6a			(able amoun	τ		6b				
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)											
\$12,950	7							L	<u>7</u>   8		7 000		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10									7,892.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								6	9,355.		
\$25,900	10	Adjustments to income from Schedule 1, line 26									0 255		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your adjusted gross income									9,355.		
\$19,400	12		12	+	2,950.								
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								- 1	2 050		
Standard Deduction,	14 15	Add lines 12 and 13							15		2,950.		
see instructions.	13	Subtract line 14 from line 11. If zero or less, enter -u This is your <b>taxable income</b>									6,405.		

Form 1040 (202	2)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	8,031.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	8,031.	
	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	8,031.	
	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	8,031.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	9,582.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	<b>&gt;</b>	
	27	Earned income credit (EIC)	Y		
	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	9,582.	
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	1,551.	
riciana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,551.	
Direct deposit?	b	Routing number * * * * * * 0 0 4 5 c Type: X Checking Savings			
See instructions.	d	Account number   *   *   *   *   *   *   *   *   *			
	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 <b>amount you owe</b> .  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.	<b>X</b> No	
Ü		signee's Phone Personal identi	fication		
	nai		Section 1991		
Sign		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			
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		MANUFACTURING ENGINEER (see	inst.)		
See instructions.	Sp		IRS sent your spouse an		
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here	
, ou. 1000.uo.					
		one no. (913) 499–9030 Email address RCAKHIL94@MAIL.COM sparer's name Preparer's signature Date PTIN		Check if:	
Paid			2702	Self-employed	
Preparer	17				
Use Only	-			(678) 965-9522 **-***5487	
	FIL	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	^ ^ ^ ^ ^ 248 /	