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.

	X 5	Single Married filing jointly	Marrie	ed filing separately (N	MFS)	Head of	househo	old (HOH)		fying surv	iving	
Check only one box.	If vo	ou checked the MFS box, enter the n	ame of v	your enguee If you o	hacka	d the HOH or	. 088 h	ov antai	the c		se (QSS)	e aualifyina	
one box.		son is a child but not your dependent		our spouse. It you c	HECKE		QOO DI	JA, GIILGI	tile C	illiu 5 i	iaine ii tii	5 qualifyirig	
Your first name and middle initial Last name				me	Y	Your social security number							
AND			CHEL								***-**-7068		
		s first name and middle initial	Last nar							Spouse's social security number			
jo o.a, o			Lactria						"		1	,	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	Pı	residen	tial Election	n Campaign	
		~ 5								Check here if you, or your			
38 GIANNA DR City, town, or post office. If you have a foreign address, also complete sp			spaces below. State ZII			ZIP cod				spouse if filing jointly, want \$3			
MANCHESTER				The state of the s							to go to this fund. Checking a box below will not change		
		F	Foreign province/state/county			~			or refund.	mange			
				J	,						You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	a reward award or	navm	ent for prope	rty or se	ervices):	or (b)	sell			
Assets		lange, gift, or otherwise dispose of a									Yes	X No	
Standard		eone can claim: You as a de								,			
Deduction	7 <u></u> 4	Spouse itemizes on a separate retur											
		<u> </u>		-						050			
		Were born before January 2, 1	958 _	·	ouse:		100	_	•		☐ Is bli		
Dependents				(2) Social security number	/	(3) Relationsh to you	ip (4)			. î		instructions):	
If more	(1) F	First name Last name		Tiurnber		to you		Child tax cre		t C	realt for oth	er dependents	
than four dependents.	9.						N					 	
see instructions	s ——								<u></u>		L		
and check here									<u></u>			┽──	
	1a	Total amount from Form(s) W-2, b	ov 1 (cor	instructions)						1a	11	9,008.	
Income	b	Household employee wages not re				· · · ·			•	1b	11	9,000.	
Attach Form(s)	C	Tip income not reported on line 1a	•							1c	7		
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29						1e					
1099-R if tax	f							1f					
was withheld.	a	Wages from Form 8919, line 6							1g				
If you did not get a Form	h	Other earned income (see instruct								1h		0.	
W-2, see	i	Nontaxable combat pay election (s				1	Ĥ		101				
instructions.	Z	Add lines 1a through 1h								1z	11	9,008.	
Attach Sch. B	2a		2a		b Ta	xable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b Or	dinary divide	nds .			3b			
	4a	IRA distributions	4a		b Ta	xable amoun	t			4b			
Standard	5a	Pensions and annuities	5a			xable amoun				5b			
Deduction for—	6a	Social security benefits	6a		b Ta	xable amoun	t		121	6b			
 Single or Married filing 	С	If you elect to use the lump-sum e	lection n	nethod, check here	(see in	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	uired,	check here				7			
Married filing	8	Other income from Schedule 1, line 10							8	-1	0,903.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 1	9	10	8,105.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
 Head of 	11	Subtract line 10 from line 9. This is your adjusted gross income							11	10	8,105.		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	(A)					12	1	2,950.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	i-A				13			
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 zer	o or less	s, enter -0 This is y	our ta	axable incom	ne .		•	15	9	5, 155.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	16,678.		
Credits	17	Amount from Schedule 2, line 3	17			
0.000	18	Add lines 16 and 17	18	16,678.		
	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	16,678.		
	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	16,678.		
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	15,471.		
	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)	Y			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	7			
	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	15,471.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a			
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings				
See instructions.	d	Account number * * * * * * * * *				
	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	1,207.		
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions	elow.	× No		
	De	signee's Phone Personal identif me no. number (PIN)	ication			
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bee	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	IRS ser	nt you an Identity		
		Prote		N, enter it here		
Joint return?		SOFTWAKE DEVELOTER .	inst.)			
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here		
your records.		(see	,	Social III, Gillor it Hore		
	Ph	one no. (630)267-6167 Email address MAHESHBABUSQL@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/22/2023 *****	2703	Self-employed		
Preparer	1			678) 965-9522		
Use Only	-		Firm's EIN **-**5487			