



2022 Form M1, Individual Income Tax Do not use staples on anything you submit.

	SHANK st Name and Initial	VINALA Last Name	870554288 Your Social Security Number	0704199 Your Date of Birth	
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Numb	er Spouse's Date of E	Birth
	MARIGOLD CIRCLE Home Address		Check if Address is:	New	Foreign
EDE1	N PRAIRIE		MN State	55344 ZIP Code	
2022	Federal Filing Status (place	e an X in one box):			
X (1) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name		old (5) Qualifyi	ing Widow(er)
Depe	endents (see instructions):	Spouse SSN			
Depend	lent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relation	nship to You
Depend	lent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relation	nship to You
Depend	lent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relation	nship to You
	Your Federal Return (see ins	0	O D	74563	_
A. Wag	es, salaries, tips, etc. B. IRA	, pensions, and annuities	C. Unemployment D.	Federal taxable income	2
1	Federal adjusted gross income (fr	om line 11 of federal Form 104	10 and 1040-SR)	. 1 🗖	87513
2	Additions to income from line 10 o	of Schedule M1M and line 9 of	Schedule M1MB (see instructions)	2 🔳	
3	Add lines 1 and 2			3	87513
4	Itemized deductions (from Schedu	ule M1SA) or your standard de	duction (see instructions)	4 🔳	12900
5	Exemptions (determine from instru	uctions)		5 🔳	
6	State income tax refund from line	1 of federal Schedule 1		6■	
7	Subtractions from line 32 of Scheo	dule M1M and line 21 of Scheo	ule M1MB (see instructions)	7 ■	
8	Total subtractions. Add lines 4 thro	ough 7		8	12900
9	Minnesota taxable income. Subtra	act line 8 from line 3. If zero or	less, leave blank.	9	74613
10	Tax from the table or schedules in	the Form M1 instructions		10	4669

2022 M1, page 2



11	Alternative minimum tax (enclose Schedule M1MT)		.11 🔳	
12 13	Add lines 10 and 11	o lines 13a and 13b.	.12	4669
	line 13, from line 28 on line 13a, and from line 29 on line 13b (enc		13	4669
	13a ■0 13b ■0			
14	Other taxes, such as recapture amounts and the tax on lump-sum	distributions (check appropriate boxes)		
		1		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	4669
16	Amount from line 19 of Schedule M1C, Nonrefundable Credits (en	oclose Schedule M1C)	16 ■	748
17	Subtract line 16 from line 15 (if result is zero or less, leave blank).		17	3921
18	Nongame Wildlife Fund contribution (see instructions)			
	This will reduce your refund or increase the amount you owe \dots		18 ■	
19	Add lines 17 and 18		19	3921
20	Minnesota income tax withheld. Complete and enclose Schedule N		13	
	Minnesota withholding from Forms W-2, 1099, and W-2G and Sched		20 ■	4412
21	Minnesota estimated tax and extension payments made for 2022		21	
22	Amount from line 12 of Schedule M1REF, Refundable Credits (see	instructions; enclose Schedule M1REF)	22	
23	Total payments. Add lines 20 through 22		23	4412
24	REFUND . If line 23 is more than line 19, subtract line 19 from line For direct deposit, complete line 25		24 =	491
25	Direct deposit of your refund (you must use an account not assoc		24 ■	
	X Checking Savings011900254 (003852289665		
	Routing Number	Account Number		
	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line 2 Penalty amount from Schedule M15 (see instructions). Also subtract		26 ■	
	this amount from line 24 or add it to line 26 (enclose Schedule M1		27 ■	
	DU PAY ESTIMATED TAX and want part of your refund credited to es			
28	Amount from line 24 you want sent to you		28 ■	
	Amount from line 24 you want applied to your 2023 estimated tax ayer(s): I declare that this return is correct and complete to the bes		29 ■	
	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
Your	Signature Sp	oouse's Signature (If Filing Jointly)	Da	te (MM/DD/YYYY)
		HASHANK.SACRED@GMAIL.CC	M	
,		1302023	DΩ	02090332
		ate (MM/DD/YYYY)		IN or VITA/TCE # (required)
		umar@gtaxfile.com		
repa		eparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indica		

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55145-0010 1031 REV 01/23/23 PRO





2022 Schedule M1C, Nonrefundable Credits

Complete this schedule to determine line 16 of Form M1. Include this schedule when filing your return.

SH	ASHANK	VINALA		870554288	
Your	First Name and Initial	Your Last Name		Your Social Security Numb	oer
1	Marriage Credit for joint return when be or taxable retirement income (enclose			1 🖷	
		,			
2	Credit for long-term care insurance pre	emiums paid (enclose Schedule M1LTI,)	2 🔳	
3	Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCI	٦)	3 ■	748
4	Credit for Past Military Service (see ins	structions)		4 🔳	
5	Employer Transit Pass Credit (enclose S	Schedule ETP)		5 ■	
6	SEED Capital Investment Credit (see in:	structions; enclose certification)		6 ■	
7	Education Savings Account Contribution	on Credit (enclose Schedule M1529) .		7 🔳	
8	Credit for Attaining Master's Degree in	ı Teacher's Licensure Field (enclose Sc	hedule M1CMD)	8 🔳	
9	Student Loan Credit (enclose Schedule	M1SLC)		9 🔳	
10	Beginning Farmer Management Credit Enter the certificate number from the BF 22			10 ■	
11	Film Production Credit Enter the credit certificate number: TA			11 🛮	
12	Tax Credit for Owners of Agricultural A Enter the certificate number from the AO 22 AO 22			12 ■	
	AO 22	/ / 6 / / / / / / / / / / / / / / / / /		=	
13	Credit for increasing research activities	s (enclose Schedule KPI, KS, or KF)		13 🔳	
14	Carryforward of prior year Beginning F BF BF	armer Management Credits (see instr	uctions)	14 ■	
15	Carryforward of prior year Owners of AO	Agricultural Assets Credits <i>(see instruc</i>	ctions)	15 🔳	
16	Carryforward of prior year Credit for Ir List the years the credits were reporte	_	:	16 ■	
17	Alternative Minimum Tax Credit (enclo	ose Schedule M1MTC)	:	17 🔳	
18	This line intentionally left blank		:	18 🔳	
19	Add lines 1 through 18. Enter total her	re and on line 16 of Form M1		19	748



SHASHANK VINALA

Your First Name and Initial



870554288 Social Security Number

2022 Schedule M1CR, Credit for Income Tax Paid to Another State

Last Name

Co	nnecticut or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota		
otate	or Canadian Province or Territory That Taxed Income Also Taxed by Wilnnesota		
You	must complete a separate Schedule M1CR for each state or province to which you paid taxes. To report tax	paid t	o Wisconsin, use
Sche	dule M1RCR, Credit for Tax Paid to Wisconsin.		
	e eligible for this credit, all of these must apply:		
	ou were a full- or part-year Minnesota resident in 2022		
	ou paid 2022 state income tax to both Minnesota and another state or Canadian province on the same income		
• Y	ou were a Minnesota resident when both states taxed the same income		
			und amounts to the arest whole dollar.
EII	-Year Residents and Part-Year Residents		
	Amount of adjusted gross income you received while		
-	a Minnesota resident that was taxed by the other state (see instructions)	1	14533
2	Your adjusted gross income adjusted by U.S. bond interest and	•	
-	bonds of another state (determine from instructions).		
	Part-year residents: See instructions	2	87513
3	Divide line 1 by line 2. Enter the result as a decimal (carry to	-	
•	five decimal places; if line 1 is more than line 2, enter 1.00000)	3	0.16607
4	Complete the lines below to determine your Minnesota tax after credits.		
	a Tax from line 13 of Form M1	<u>)</u>	
	b Add lines 1-2 and 4-9 of Schedule M1C	-	
	Subtract line 4b from line 4a. If the result is zero or less, STOP HERE . You do not qualify for this credit	4	4669
_	Multiply line 4 by line 3	_	775
5 6	From the other state's income tax return, enter the tax amount before	5	
U	you subtract any tax withheld or estimated tax payments (see instructions).		
	If you paid taxes to a Canadian province or territory, see instructions	6 =	748
	if you paid taxes to a canadian province of territory, see instructions	· <u> </u>	. 10
Full	-Year Residents		
7	Amount from line 5 or line 6, whichever is less. Enter here and include on line 3 of Schedule M1C	7	748
Par	t-Year Residents		
8	From the other state's income tax return, enter the amount of income		
	taxed by that state before subtracting itemized or standard deductions	8	
9	Divide line 1 by line 8. Enter the result as a decimal (carry to		
	five decimal places; if line 1 is more than line 8, enter 1.00000)	9	•
10	Multiply line 6 by line 9	١0	
11	Amount from line 5 or line 10, whichever is less. Enter here and include on line 3 of Schedule M1C	l 1	

You must include this schedule with your Form M1.





2022 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SHASHANK		VINAL	VINALA Last Name				870554288 Your Social Security Number			
Your First Name and Initi	ial	Last Name								
If a Joint Return, Spouse's	First Name and Initial	Spouse's Las	st Name			Spouse's S	ocial Security Number			
If you received a fede complete this schedu amounts to the neare W-2G; keep them wit 1 Minnesota wages a complete line 5 on	ale to determine line est whole dollar. You th your tax records. and Minnesota tax w	e 20 of Form M u must include All instruction:	11. List only the for this schedule when s are included on the	ms that repo n you file yo nis schedule	ort Minnesota incon our return. DO NOT	ne tax withho send in your	eld. Round dollar Forms W-2, 1099, or			
Α	B—Box 13	C—Box 15		D—Box 3		E—Box 1				
If the Form W-2 is for:you, enter 1spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's s Tax ID Numb	even-digit Minnesota er		ges, tips, etc. o nearest whole dollar)		ta tax withheld o nearest whole dollar)			
a1 <u>1</u>	b1	c1 MN	7909544	d1	80247	e1	4412			
a2	b2	c2 MN		d2		e2				
a3	b3	c3 MN		d3		e3				
a4	b4	c4 MN		d4		e4				
a5	b5	c5 MN		d5		e5				
Subtotal for addition	onal Forms W-2 <i>(fron</i>	n line 5 on page	2)							
Total Minnesota ta	ax withheld on all Fo	rms W-2 (add a	amounts in line 1, co	lumn E)		1 🔳	4412			
 Minnesota tax with A If the Form 1099, W-2 you, enter 1 spouse, enter 2 		B Payer's seve	42-S. If you have mon-digit Minnesota Tax ID	C Income	forms, complete line amount (see the table on for amounts to include)	D Minne	sota tax withheld to nearest whole dollar)			
a1		b1 MN		c1		d1				
a2		b2 MN		c2		d2				
a3		ьз МN		c3		d3				
a4		b4 MN		c4		d4				
Subtotal for addition	onal 1099, W-2G, and	d 1042-S (from	line 6 on page 2)							
Total Minnesota ta	ax withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2, c	olumn D)	2■				
3 Total Minnesota ta	, ,	. , .	•							
(from line 7 on pag 4 Total. Add the Min	•					3 🔳				
Enter the total her	e and on line 20 of Fo	orm M1				4	4412			

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.

one box if you checked the MPS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Your first name and middle initial SHASHANK VINALA VINALA SHOPPARISH Home address (number and street). If you have a P.O. box, see instructions. B 68.0 MARTIGOLD_CTRICLE City, from, or pest office. If you have a F.O. box, see instructions. B 68.0 MARTIGOLD_CTRICLE City, from, or pest office. If you have a foreign address, also complete spaces below. State Foreign country name Foreign country name Foreign province/state/country Foreign	Filing Status	X 5	Single Married filing jointly	Marr Marr	ried filing separately	(MFS)	Head of	hous	ehold (HOF	l)		ifying surv	iving
person is a child but not your dependent: Your first name and middle initial SHASHANK VINALA ShashanK Act no. Check here if you, or your or your reported on from shashand and deleting in the your have a foreign address, also complete spaces below. MN Shashan Foreign country name Foreign province/state/country Foreign province/state/country Foreign country name Foreign country name Foreign province/state/country Foreign country name Foreign province/state/country Foreign province/state/	Check only	If vo	u checked the MES box, enter t	he name of	vour spouse. If you	check	ed the HOH o	r OSS	Shox ente	r the c			e qualifying
## SPACE STATE Spouse instructions Last rame Spouse instructions Spouse instruct	one box.				your opouco. If you	Concort			o box, orno		11110	namo n un	o quamymig
If joint return, spouse's first name and middle initial Last name Spouse's social security number Spouse Spouse infinity number Spouse Spouse Spouse infinity number Spouse Sp	Your first name	and mi	iddle initial	Last n	ame					Yo	our so	cial security	/ number
If joint return, spouse's first name and middle initial Last name Spouse's social security number Spouse Spouse infinity number Spouse Spouse Spouse infinity number Spouse Sp	SHASHANK	ζ		VIN	ALA					8			
Check here if you, or your Subset Check here if you, or your			s first name and middle initial										
Check here if you, or your Subset Check here if you, or your													
State Check town or post office. If you have a foreign address, also complete spaces below. State ZiP code Spouse if filling jointly, want \$3 to got to this fund. Checking a box below will not change Poreign prostations Poreign province/state/country Poreign postal code Vou Spouse Poreign postal code Vou Spouse Standard Checking a contract Vou Spouse Standard Checking a contract Vou Spouse Standard Checking a contract Vou Spouse Checking	Home address	(numbe	er and street). If you have a P.O. box	k, see instruc	tions.				Apt. no.	Pr	esider	ntial Electio	n Campaign
EDEN PRATEE State	8680 MAF	RIGOI	LD CIRCLE										
EDEN PRATRIE NN 553.44 Dox below will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign postal code Town Province/state/country Province/state/st	City, town, or p	ost offi	ce. If you have a foreign address, al	so complete	spaces below.	Sta	te	ZIP					
Foreign province/state/county Foreign protein code Your tax or refund. You Spouse Spouse Spouse Spouse Standard Saests Standard Someone can calm: You as a dependent You posse You You You Spouse Standard Someone can calm: You as a dependent You posse as dependent You posse	EDEN PRA	AIRII	E			MN	1	55	344	A -			•
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets schange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes (see instructions): (1) First name	Foreign country name				Foreign province/sta	te/count	у	Fore	eign postal co		· · ·		
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												You	Spouse
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	Digital	At ar	ny time during 2022, did you: (a) receive (as	s a reward, award,	or payn	nent for prope	erty o	r services);	or (b)	sell,		
Age/Blindness Vou: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (2) Social security number to you Child tax credit Credit for other dependents han four dependents, see instructions and check here control of the property of the prop	Assets	exch	ange, gift, or otherwise dispose	e of a digita	l asset (or a financi	al intere	est in a digital	asse	et)? (See ins	struction	ons.)	☐ Yes	⊠ No
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents If more than four dependents, see instructions	Standard	Som	eone can claim:	a depende	nt 🗌 Your spo	use as	a dependent						
Dependents (see instructions): (1) First name Last na	Deduction		Spouse itemizes on a separate	return or yo	ou were a dual-stati	ıs alien							
Dependents (see instructions): (1) First name Last na	Age/Blindness	· You	Were born before January	2 1958	Are blind	nouse	· Was bo	rn be	fore Janua	rv 2 1	958	☐ Is blir	nd
If more than four dependents, see instructions and check here				2, 1000	_	•				, ,			
Income Total amount from Form(s) W-2, box 1 (see instructions) Total amount from Form form Form 8895, possible amount form form form form form form form form	•	,	•			inty		"P	. ,		· 1	,	•
dependents, see instructions and check here		(1)					-			7		Γ	7
Income Income Income Income Income Income Income Income Income Income Income Income In	dependents,											Ī	
Income		s ——								-		Ī	
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Sch B from by Wages from Form 8899, line 29 Wages from Form 8919, line 6 Other earned income (see instructions) Add lines 1 a through 1h Add	here]								-			-
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Forms W-26 and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) attach Sch B from by Wages from Form 8899, line 29 Wages from Form 8919, line 6 Other earned income (see instructions) Add lines 1 a through 1h Add	Incomo	1a	Total amount from Form(s) W	-2, box 1 (s	ee instructions) .					- .	1a	8	7,513.
Attach Forms W-2 here. Also attach Forms W-2 face and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1a through 1h Attach Sch. B frequired. Attach Sch. B frequired. Attach Grand Add climes 1a through 1h Attach Sch. B frequired. Add lines 1a through 1h Attach Grand Attach Grand Add lines 1a through 1h Add lines 1a through 1h Attach Grand Add lines 1a through 1h Attach Sch. B frequired. Add lines 1a through 1h Add line	Income	b	Household employee wages r	not reported	d on Form(s) W-2 .						1b		<u> </u>
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	Attach Form(s)	С									1c		
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Add lines 1a through 1h Taxable dependent care benefits from Form 8839, line 29 If wases from W-2, see instructions. Add lines 1a through 1h Add lines 1a through 1h Tax-exempt interest . 2a b Taxable interest . 2b Tax-exempt interest . 2a b Taxable interest . 2b Tax-exempt interest . 2a b Taxable amount . 4b Tax-exempt interest . 5a b Taxable amount . 4b Tax-exempt interest . 5a b Taxable amount . 5b Social security benefits . 6a b Taxable amount . 6b If you elect to use the lump-sum election method, check here (see instructions) . 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here Other income from Schedule 1, line 10 Subtract line 10 from line 9. This is your adjusted gross income If you elected and place in the pla		d	Medicaid waiver payments no	t reported	on Form(s) W-2 (se	e instru	ctions)				1d		
### was withheld. If you did not get a Form W-2, see instructions. ### Attach Sch. B are frequired. ### At	W-2G and	е	Taxable dependent care bene	efits from Fo	orm 2441, line 26						1e		
get a Form Wages from Form 8919, line 6	1099-R if tax	f	·						1f				
get a Form W-2, see instructions. In h Other earned income (see instructions) In Nontaxable combat pay election (see instructions) It was a see instructions. It was a		g	Wages from Form 8919, line 6	3							1g		
Instructions. Z Add lines 1a through 1h Attach Sch. B Attach Sch. A B Taxable amount Attach Sch. B B Taxable amount Att	get a Form	h	Other earned income (see ins	tructions)							1h		0.
Attach Sch. B At		i	Nontaxable combat pay elect	·									
If required. 3a Qualified dividends 3a b Ordinary dividends	matruotiona.	z	Add lines 1a through 1h .								1z	8	7,513.
deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 19 to you under Standard Deduction, 15 Subtract line 10 from line 11 lf zero or less enter -0- This is your taxable income 15 to your taxable	Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 If you checked any box under Standard Deduction, \$20,000 Deduction	if required.	3a	Qualified dividends	3a			•				3b		
Social security benefits Ga Social security benefits Social security Social secuc		4a	IRA distributions	4a		b Ta	axable amoun	ıt.			4b		
Single or Married filing separately, \$12,950	Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	ıt .			5b		
Married filing separately, \$12,950		6a	Social security benefits	6a		b Ta	axable amoun	ıt .		· <u>·</u>	6b		
### Capital gain or (loss). Attach Schedule D if required, the frequired, check here ### Other income from Schedule 1, line 10 ### Other income from Schedule 1, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	Married filing	С	If you elect to use the lump-si	um election	method, check he	re (see	instructions)			. 📙			
yes and some source of the sou		7	Capital gain or (loss). Attach S	Schedule D	if required. If not re	quired,	, check here			. 📙	7		
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 87,513. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 87,513. If you checked any box under standard Deduction, Deduction, 10 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 74,563.	Married filing	8		-							8		
Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12 12 15 15 16 17 17 18 18 18 18 18 18	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6	6b, 7, and 8	. This is your total	income						8	7,513.
household, \$19,400			Adjustments to income from S	Schedule 1,	line 26						10		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A)	Head of	11	Subtract line 10 from line 9. T	his is your a	adjusted gross inc	ome					11		
any box under Standard 14 Add lines 12 and 13		12			,	,					12	1 1	2,950.
Standard 14 Add lines 12 and 13	If you checked any box under											1	
	Standard												
		15	Subtract line 14 from line 11.	It zero or le	ss, enter -0 This i	s your t	axable incon	ne			15	7	4,563.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	12,024.
Credits	17	Amount from Schedule 2, line 3				[17	
	18	Add lines 16 and 17				[18	12,024.
	19	Child tax credit or credit for other dependen	nts from Sched	ule 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	12,024.
	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	12,024.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25 a 11	,648.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	11,648.
If	26	2022 estimated tax payments and amount	applied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			27	ĺ		
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28			
	29	American opportunity credit from Form 886	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	yments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	11,648.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	nt you overpaid		34	
nerana	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	is attached, che	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X X X X X X		c Type:		Savings		
See instructions.	d	Account number X X X X X X X X	X X X Z	X X X X	XX			
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe.					
You Owe		For details on how to pay, go to www.irs.go	ov/Payments or	see instructions		[37	376.
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to dis	cuss this retu	n with the IRS?	See _			_
Designee	ins	tructions			Yes. Co	mplete be	elow.	× No
	De nai	signee's	Phone no.			nal identifi er (PIN)	cation	
0:		der penalties of periury, I declare that I have examin		l accommon ting col		, ,		t of my knowledge and
Sign		der penaities of perjury, i declare that i have examinate, they are true, correct, and complete. Declaration		, , ,				, ,
Here		ur signature	Date	Your occupation		1		nt you an Identity
		a. e.g. tatal e		. ca. cccapanen		Protec	ction Pl	N, enter it here
Joint return?				SOFTWARE	ENGINEER	(see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion			nt your spouse an
your records.						(see ir		ection PIN, enter it here
		200 00 (202)016 2041	Email address	CITA CITA NIIZ CA	CDEDOCMATI CO		,	
		parer's name Preparer's signal		SHASHANK.SA	CRED@GMAIL.CO	M PTIN	\neg	Check if:
Paid				T 7\			222	Self-employed
Preparer			CUMARAPPAI	NA.	01/30/2023	P02090		
Use Only		n's name GLOBAL TAXES LLC	ייי איז איז איז	T 00016				646)727-7157
		n's address 245 ROONEY CT E BR	OINSMICK IN			Firm's	, EIIV	30-1017196
Go to www.irs.go	ov/Forn	11040 for instructions and the latest information.		BAA	REV 01/24/23 PRO			Form 1040 (2022)