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	v s	ingle Married filing jointly	Marri	ed filing separately (M	1FS) 🗌 I	Head of ho	usehold (HOH)		ılifying survi use (QSS)	ving
one box.	If you	u checked the MFS box, enter the n	ame of	your spouse. If you ch	necked the	HOH or Q	SS box, enter th		` ,	e qualifying
	•	on is a child but not your dependent	t:							
				ime				Your social security number		
SUDHEER				KAPATI				_		
If joint return, spouse's first name and middle initial			Last na	ıme				Spouse's social security number		
Home address (numbei	and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	Preside	ential Election	n Campaign
10 COTTAGE		· ·					'	•	here if you, o	
City, town, or po	st offic	e. If you have a foreign address, also co	mplete s	paces below.	State	ZI	P code		if filing joint	
LINCOLN			RI				02838	_	this fund. C low will not c	•
Foreign country name			1	Foreign province/state/o	county		oreign postal code	your tax or refund.		
	A 1		-: (/I=\ = = II	You	Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a							Yes	☑No
Standard		eone can claim: You as a de					, ,			
Deduction	□ s	pouse itemizes on a separate retur	•							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use: 🔲 \	Was born l	pefore January	2, 1958	ls blir	nd
Dependents	(see i	nstructions):		(2) Social security	(3) R	elationship	(4) Check the b	ox if quali	fies for (see i	nstructions):
If more		rst name Last name		number		to you	Child tax c	redit	Credit for other	er dependents
than four]
dependents, see instructions										
and check										
here \square								1		
Income	1a	Total amount from Form(s) W-2, b	,	•				. 1a		
Attach Form(s)	b	Household employee wages not re		` '				. 1b		
W-2 here. Also	C	Tip income not reported on line 1a		, and the second				. 1c		
attach Forms W-2G and	d e	Medicaid waiver payments not rep Taxable dependent care benefits to		, ,				. 16		
1099-R if tax	f	Employer-provided adoption bene		·				. 16		
was withheld.	g g	Wages from Form 8919, line 6.						. 19		
If you did not get a Form	h	Other earned income (see instruct						. 1h		
W-2, see instructions.	i	Nontaxable combat pay election (1i				
instructions.	z	Add lines 1a through 1h	. ,					. 1z		
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxable	interest		. 2b)	
if required.	3a	Qualified dividends	3a		b Ordinary	y dividends	3	. 3b		
	4a	IRA distributions	4a		b Taxable	amount .		. 4b		
Standard Deduction for—	5a	-	5a							
Single or	6a	· _	6a					. 6b		
Married filing separately,	c	If you elect to use the lump-sum e				,		d _		
\$12,950	7	Capital gain or (loss). Attach Sche						- 7 - 6		
Married filing jointly or	8 9	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 8		
Qualifying surviving spouse,	10	Adjustments to income from Sche						. 10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is						. 11		
household,	12	Standard deduction or itemized	•					. 12		12950
\$19,400 If you checked	13	Qualified business income deduct						. 13		
any box under Standard	14	Add lines 12 and 13						. 14	,	12950
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -0 This is ye	our taxabl e	e income		. 15	5	
										1010

Form 1040 (2022)								Page 2
Tax and	16	Tax (see instructions). Chec	k if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	
Credits	17	Amount from Schedule 2, I	ine 3					17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for	r other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, I	ine 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 1						22	
	23	Other taxes, including self-	employment tax,	from Schedule	2, line 21 .			23	
	24	Add lines 22 and 23. This i	s your total tax					24	
Payments	25	Federal income tax withhe							
,	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructio				25c			
	d	Add lines 25a through 25c	•					25d	
	26	2022 estimated tax payme						26	
If you have a L qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit fr				28		1	
	29	American opportunity cred				29		1	
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, I				31		1	
	32	Add lines 27, 28, 29, and 3						32	
	33	Add lines 25d, 26, and 32.	•	-	-			33	
	34	If line 33 is more than line 2						34	
Refund	35a	Amount of line 34 you wan				•		35a	
Direct deposit?	b	Routing number				Checking		554	
See instructions.	d	Account number					Ouvingo		
	36	Amount of line 34 you wan	t applied to your	2023 estimate	d tax	36			
Amount	37	Subtract line 33 from line 2				00			
You Owe	31			•				37	
	38	For details on how to pay, go to www.irs.gov/Payments or see instructions						0,	
Third Party		you want to allow another							
Designee			· · · · · ·				complete l	below.	□No
Doorginoo		signee's		Phone			sonal identi		
	nar			no.			nber (PIN)		
Sign		der penalties of perjury, I declare							
Here	bel	ief, they are true, correct, and co	mplete. Declaration	of preparer (othe	than taxpayer) is ba	ased on all informati			, ,
11010	Yo	ur signature		Date	Your occupation				nt you an Identity
l-i-t0								ection P inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return	hoth must sign	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for	Op	ouse a signature. If a joint return	, Dour mast sign.	oth must sign. Date Spouse's occupation					ection PIN, enter it here
your records.				(5				inst.)	
	Ph	one no.		Email address					
Doid	Pre	parer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid									Self-employed
Preparer	Fire	n's name	-				Pho	ne no.	
Use Only	Fire	n's address					Firm	's EIN	
Co to unusualiza au	v/Forn	11040 for instructions and the la	test information						Form 1040 (2022)