E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🔀 :	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	househ	old (HOH)			fying surv se (QSS)	iving
Check only one box.	If yo	ou checked the MFS box, enter the	name of y	our spouse. If you	check	ed the HOH or	QSS b	ox, enter				e qualifying
	pers	son is a child but not your depende	nt:									
Your first name and middle initial Last				ast name						Your social security number		
BHUSHAN S PAT				ATIL						***-**-9327		
If joint return, s	s first name and middle initial	name					Spo	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.			Ap	ot. no.	Pre	sider	tial Electio	n Campaign
9261 DEI	OSS PKWY								here if you, or your			
	ce. If you have a foreign address, also	spaces below. State 2			ZIP co	$\overline{}$		spouse if filing jointly, want \$3 o go to this fund. Checking a				
BLUE ASH				ОН			4523	36		oox below will not change		
Foreign country name			F	oreign province/stat	e/count	county		oreign postal code yo			or refund.	J
									4		You	Spouse
Digital		ny time during 2022, did you: (a) re										
Assets		ange, gift, or otherwise dispose of					asset)?	(See inst	ructio	ns.)	∐ Yes	⊠ No
Standard Deduction		neone can claim:	•	•								
		: Were born before January 2,	1958	Are blind S	pouse:	: Was bor	rn befor	e January	/ 2, 19	58	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social secui	rity	(3) Relationsh	nip (4)	Check the	box if	qualif	es for (see i	instructions):
If more		irst name Last name		number			to you Child tax		credit	- 1	Credit for oth	er dependents
than four												
dependents, see instruction	. —											
and check	S						>					
here]											
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .						1a	11	8,666.
	b	Household employee wages not reported on Form(s) W-2								1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not	g	Wages from Form 8919, line 6						1g				
get a Form W-2, see	h		r earned income (see instructions)							1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>li</u>					11	0 666
	<u>z</u>	Add lines 1a through 1h								1z	11	8,666.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interest				2b		
ii required.	3a_	Qualified dividends	3a			rdinary divide			•	3b		
24	4a	IRA distributions	4a			axable amoun			•	4b		
Standard Deduction for— Single or	5a	Pensions and annuities	5a 6a			axable amoun axable amoun			•	5b 6b		
	6a c	Social security benefits		nothed shock has			ι		Ė	OD		
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7			
\$12,950 Married filing	8 Other income from Schedule 1, line 10						ш	8				
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	11	8,666.	
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10		0,000.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									11	8,666.
household,	12	Standard deduction or itemized deductions (from Schedule A)							11 12		2,950.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	† *		
any box under Standard	14	Add lines 12 and 13							14	1	2,950.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		5,716.	
see instructions.					-							

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	19,207.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	19,207.	
	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	19,207.	
	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	19,207.	
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	17,660.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (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	17,660.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		
Direct deposit? See instructions.	b	Routing number * * * * * X X X X C Type: Checking Savings			
	d	Account number * * * * * * * * * * * * * X X X X			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,547.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See structions	pelow.	X No	
	De	signee's Phone Personal identii			
	naı	me no. number (PIN)			
Sign	Un bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the bes	st of my knowledge and er has any knowledge.	
Here	Yo			nt you an Identity	
laint vatuus 0			ection P inst.)	IN, enter it here	
Joint return? See instructions. Keep a copy for your records.	Sn	SOFTWARE ENGINEER		nt your spouse an	
	op.	Ident		ection PIN, enter it here	
	———	one no. (409)812-8528 Email address BHUSHAN8590@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2023 *****	2703	Self-employed	
Preparer			hone no. (678)965-9522		
Use Only			Firm's EIN **-**1965		