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	)		lifying suruse (QSS)	
Check only one box.	If yo	u checked the MFS box, enter the	name of y	our spouse. If you	check	ed the HOH o	r QSS b	ox, ente	r the c			
		son is a child but not your depende		,				,				, , ,
Your first name and middle initial				Last name					Yo	Your social security number		
BHUSHAN S PA				PATIL					3	336-69-9327		
If joint return, spouse's first name and middle initial				me					Sp	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, se	ee instructio	ons.			A	ot. no.	Pr	eside	ntial Electi	on Campaigr
9261 DEERCROSS PKWY							2.	144		heck here if you, or your		
City, town, or post office. If you have a foreign address, also of				omplete spaces below. State			ZIP co	de		spouse if filing jointly, want \$3 to go to this fund. Checking a		
BLUE ASH				ОН			45000			_	ow will not	•
Foreign country name			F	oreign province/stat	e/count	ty For		reign postal code you		our tax or refund.		
										You Spouse		
Digital		ny time during 2022, did you: (a) re									□ Vaa	X No
Assets		ange, gift, or otherwise dispose of					asset)?	(See ins	structio	oris.)	∐ Yes	
Standard Deduction		eone can claim:		•								
Age/Blindness	s You:	Were born before January 2,	1958	Are blind S	pouse	: Was bo	rn befoi	re Janua	y 2, 1	958	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social security		(3) Relationship		(4) Check the box if		f qualif	fies for (see	instructions):
If more		irst name Last name		number		to you		Child tax credi		lit Credit for other depender		her dependent
than four												
dependents, see instruction												
and check	5											
here												
Income	1a	Total amount from Form(s) W-2,	•	,						1a	1	18,666.
	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	Other earned income (see instructions)						1h	-	0.		
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i					1	10 666
		Add lines 1a through 1h								1z		18,666.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes			•	2b		
ii required.	3a	Qualified dividends	3a 4a			rdinary divide axable amoun			•	3b		
24	4a	IRA distributions							•	4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			•	5b		
Single or	6a	Social security benefits 6a b Taxable amount						Ė	6b			
Married filing separately,	C 7	If you elect to use the lump-sum election method, check here (see instructions)								7		
ψ12,300 · · · · · · · · · · · · · · · · · ·					•				ш	8		
jointly or	9	Other income from Schedule 1, line 10							9	1	18,666.	
Qualifying surviving spouse,	10	Add lines 12, 20, 30, 40, 50, 60, 7, and 6. This is your total income								10		10,000.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11		18,666.
household,	12	Standard deduction or itemized deductions (from Schedule A)								12		12,950.
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		<u> </u>	
any box under Standard	14	Add lines 12 and 13							14		12,950.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15		05,716.	
see instructions.	J	Cabitation 14 from the 11.11 2010 of 1633, office 05. This is your taxable modifie										

Form 1040 (2022	2)					Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814	<b>2</b> 4972	3 🗌	1	19,207.
Credits	17	Amount from Schedule 2, line 3			1	17
	18	Add lines 16 and 17			1	19,207.
	19	Child tax credit or credit for other dependents from Schedule	e 8812		1	19
	20	Amount from Schedule 3, line 8			2	20
	21	Add lines 19 and 20			2	21
	22	Subtract line 21 from line 18. If zero or less, enter -0			2	19,207.
	23	Other taxes, including self-employment tax, from Schedule 2	2, line 21		2	23 0.
	24	Add lines 22 and 23. This is your <b>total tax</b>			2	19,207.
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2		<b>25a</b> 17,	660.	
	b	Form(s) 1099		25b		
	С	Other forms (see instructions)		25c		
	d	Add lines 25a through 25c			2	<b>5d</b> 17,660.
	26	2022 estimated tax payments and amount applied from 202				26
If you have a qualifying child,	27	Earned income credit (EIC)		27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		28		
	29	American opportunity credit from Form 8863, 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 your <b>total other pay</b>			3	32
	33	Add lines 25d, 26, and 32. These are your total payments			_	17,660.
	34	If line 33 is more than line 24, subtract line 24 from line 33. T				34
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is		•		5a
Direct deposit?	b	Routing number   X   X   X   X   X   X   X   X   X			avings	
See instructions.		Account number X X X X X X X X X X X X	zvii igo			
	36	Amount of line 34 you want applied to your 2023 estimated		36		
Amount		· · · · ·		00		
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 se	ee instructions			1,547.
104 0 110	38	Estimated tax penalty (see instructions)		38		1,317.
Third Party		you want to allow another person to discuss this return				
Designee		tructions			nplete belo	ow. 🔀 No
	De	signee's Phone			al identificat	
	nar	ne no.		numbe	r (PIN)	
Sign		der penalties of perjury, I declare that I have examined this return and a				
Here		ef, they are true, correct, and complete. Declaration of preparer (other the		sed on all information		
11010	Yo	ır signature Date	Date Your occupation			S sent you an Identity on PIN, enter it here
Joint return?			SOFTWARE ENGINEER			.) .
See instructions.	Sp		Spouse's occupation	If the IRS	S sent your spouse an	
Keep a copy for			Ident			Protection PIN, enter it here
your records.						.)
	Ph		BHUSHAN859	0@GMAIL.COM		
Paid	Pre	parer's name Preparer's signature		Date I	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR G	UPTA TALLAM	03/10/2023 F	0208270	03 Self-employed
Use Only	Fire	n's name GLOBAL TAXES LLC			Phone n	o. (678)965-9522
————	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ	08816		Firm's El	IN 84-3171965
Go to www.irs.ge	ov/Forn	1040 for instructions and the latest information.	BAA	REV 03/02/23 PRO		Form <b>1040</b> (2022)