1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use C	Dnly—D	00 not wr	ite or staple i	in this space.
Filing Status Check only one box.		Single D Married filing jointly		0	eparately (N	,			,	, <u> </u>	spou	ifying surv se (QSS)	0
		on is a child but not your dependent		our spor	ise. Il you ci	IECK		Q33	box, enter	thet	Silliu S	name ii ti	e qualitying
Your first name and middle initial Last name					e Yo						Your social security number		
NAVEEN KATAN				М						*	***-**-2525		
If joint return, spouse's first name and middle initial Last name				ne				Spouse's social security n			urity number		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	P	resider	tial Election	on Campaigr
6323 PRO	SPER	RITY CHURCH ROAD									Check here if you, or your spouse if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code								ode				Checking a	
CHARLOTTE				NC			282	69	b	ox belo	w will not		
Foreign country name				oreign province/state/county				Foreign postal code your tax or refu				Spouse	
Digital		y time during 2022, did you: (a) rec											
Assets		ange, gift, or otherwise dispose of a						asset)	? (See ins	structi	ions.)	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur					a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	use	Was bor	n befo	ore Janua	ry 2, 1	1958	Is bl	ind
Dependents	(see	instructions):		(2) S	ocial security		(3) Relationsh	ip (4) Check the	e box	if qualif	ies for (see	instructions):
If more	(1) Fi	rst name Last name		number to you			to you	Child tax credit			it	Credit for oth	her dependents
than four dependents,				,								l	
see instructions								L					
and check									<u> </u>				╡───
here 🗌									L				
Income	1a b	Total amount from Form(s) W-2, b				•	• • • •	<u>.</u>	• • •		1a 1b	5	91,806.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							10				
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									1e		
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29									1f		
was withheld. If you did not	g	Wages from Form 8919, line 6.									1g		
get a Form	h	Other earned income (see instruct									1h		0.
W-2, see	i	Nontaxable combat pay election (see instructions)											
instructions.	z	Add lines 1a through 1h									1z	9	91,806.
Attach Sch. B	2a		2a			b Ta	axable interest				2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divider	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	i			4b		
Standard Deduction for— • Single or	5a	Pensions and annuities	5a	0	1	b Ta	axable amoun				5b		
	6a	Social security benefits 6a b Taxable amount								123	6b		
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions) \ldots											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	_		
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8		8,423.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			our total inc	ncome				9	8	<u>33,383.</u>	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									10		
Head of household,								11		33,383.			
\$19,400 IZ Standard deduction or itemized deductions (iron								• •	• • •	·	12	1	L2, <mark>9</mark> 50.
 If you checked any box under 	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		0.050	
Standard Deduction,	14	Add lines 12 and 13								14		L2,950.	
see instructions.	15	Subtract line 14 from line 11. If Zel	U UI IESS	, enter -	o This is yo			е.		•	15		70,433.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

Form 1040 (2022	2)							Page 2	
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 🗌 8814	4 2 4972	3 🗌		16	11,111.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	11,111.	
	19	Child tax credit or credit for other dependent	s 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, e	enter -0				22	11,111.	
	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	11,111.	
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			25a 12	2,413.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	12,413.	
If you have a	26	2022 estimated tax payments and amount ap	oplied from 20	21 return		.C.	26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27				
	28	Additional child tax credit from Schedule 8812			28				
	29	American opportunity credit from Form 8863	, line 8		29		r		
	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	total other pa	ayments and refu	ndable credits	· .	32		
	33	Add lines 25d, 26, and 32. These are your to	tal payments				33	12,413.	
Refund	34	If line 33 is more than line 24, subtract line 24	4 from line 33.	This is the amoun	t you overpaid		34	1,302.	
neruna	35a							1,302.	
Direct deposit?	b	Routing number * * * * * 4 8							
See instructions.	d	Account number * * * * * * * * *							
	36	Amount of line 34 you want applied to your 2	2023 estimate	dtax	36				
Amount	37	Subtract line 33 from line 24. This is the amo							
You Owe		For details on how to pay, go to www.irs.gov	37						
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See								
	instructions							X No	
	Designee's Phone Personal identifiname Personal identifiname Personal identification Personal identifi						cation		
0.		der penalties of perjury, I declare that I have examine				. ,	the bee	t of my knowledge and	
Sign		ef, they are true, correct, and complete. Declaration c							
Here		ur signature	Date	Your occupation	1		nt you an Identity		
						ction Pl	IN, enter it here		
Joint return? See instructions. Keep a copy for				SOFTWARE ENGINEER			nst.)		
	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation				nt your spouse an	
your records.					(see i		ection PIN, enter it here		
	Phone no. (606) 706-5007 Email address NVNKATAM@GMAIL.COM								
	Preparer's name Preparer's signature Date PTIN							Check if:	
Paid Preparer Use Only	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2023 ****2						Concerning and the second s		
							neno. (678)965-9522 'sEIN **-**5487		
Co to union internet		1040 for instructions and the latest information.	TIONICIA INC				5 LIN	Form 1040 (2022)	
GO TO WWW.IIS.go	JVIPOIN	הישיט וטר ווופרועכנוטווא מווע נוופ ומנפגר וווטרוומנוטוו.		BAA	REV 01/24/23 PRO			Form 1040 (2022)	

rs.gov/Form1040 for instructions and the