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



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly under the number on is a child but not your dependent	ame of y	ed filing separately (I		_				spou	ifying surv ise (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last nar	me					Υ	Your social security number			
APOORVA			PONN	EKANTI						779-20-6999			
			Last nar						-	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			,	Apt. no.	P	resider	ntial Election	n Campaign	
3249 TAMARACK CT								1040			Check here if you, or your		
City, town, or post office. If you have a foreign address, also complete				olete spaces below. State ZI								tly, want \$3 Checking a	
EVANSVILLE				IN			477	15		0	ow will not	0	
Foreign country name				Foreign province/state/county				Foreign postal code yo			your tax or refund. You Spouse		
 Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	rty or	services);	or (b) sell,	rou	Spouse	
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial	intere	est in a digital	asset)	? (See ins	truct	ions.)	X Yes	☐ No	
Standard		eone can claim:		·		a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spe	ouse:	☐ Was bor	rn befo	ore Janua	y 2, ⁻	1958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security number		(3) Relationshi to you		(4) Check the b		if qualif	ies for (see	instructions):	
If more	(1) Fi	rst name Last name								lit	Credit for other dependents		
than four dependents,								L	<u></u>		L		
see instructions	s ——								<u></u>		L		
and check								L	<u></u>				
here		T. I	4 (L		\perp			
Income		1a Total amount from Form(s) W-2, box 1 (see instructions)						٠	1a		8,199.		
Attach Form(s)		b Household employee wages not reported on Form(s) W-2							٠	1b			
W-2 here. Also		c Tip income not reported on line 1a (see instructions)							٠	1c			
attach Forms W-2G and	d								•	1d			
1099-R if tax	e f								•	1e	+		
was withheld.		W. G. E. October							•				
If you did not get a Form	you did not								•	1g 1h		0.	
W-2, see	h i	Other earned income (see instructions)							•	- 111		<u></u>	
instructions.	z	Add lines to through th		,						1z		8,199.	
Attach Sch. B	2a		2a			 axable interest	+		•	2b		, o , i , j , .	
if required.	3a	· –	3a	34.		rdinary divider				3b	1	34.	
	4a		4a	011		axable amoun				4b		<u> </u>	
Standard	5a		5a			axable amoun			•	5b			
Deduction for—	6a		6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod. check here					П	-			
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	1	-158.	
Married filing	8	Other income from Schedule 1, line 10							8	_	2,550.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		5,525.	
surviving spouse,	10	· · · · · · · · · · · · · · · · · · ·								10			
\$25,900 Head of	11									11	5	5,525.	
household, \$19,400	12									12		2,950.	
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, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		2,575.		

		Page 2
	16	4,978.
· ·	17	2,3731
	18	4,978.
	19	2/3/30
	20	
	21	
	22	4,978.
	23	
	24	0. 4,978.
7,452.		
	25d	7,452.
	26	
e credits	32	
	33	7,452.
overpaid	34	2,474.
🗆	35a	2,474.
king Savings		
	37	
Yes. Complete b	olow	▼ No
Personal identif		ı∧ı NU
number (PIN)	icaliUil	

Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3			16	4,978	3 .
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	4,978	3.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18							22	4,978	<u> </u>
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	(Ο.
	24	Add lines 22 and 23. This is	your total tax						24	4,978	
Payments	25	Federal income tax withheld									
,	а	Form(s) W-2				25a	-	,452			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	7,452	2.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
If you have a qualifying child,	27	Earned income credit (EIC)									
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	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	7,452	2.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	2,474	1 .	
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, ched	ck here		. [35a	2,474	1 .
Direct deposit?	b	Routing number 0 1 1 9 0 0 2 5 4 c Type: X Checking Savings							s		
See instructions.	d	Account number 3 8 5 0 2 4 9 2 9 2 7 7									
	36	Amount of line 34 you want applied to your 2023 estimated tax 36									
Amount	37										
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?	See	_			_	
Designee	ins	structions							e below.		
		signee's ne		Phone no.				onal ide	ntification		
<u> </u>	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to								<u>'</u>	et of my knowledge	
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			lf t	the IRS se	ent you an Identity	
		· ·			·					IN, enter it here	_
Joint return?				ANALYTICAL							\perp
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupati	ion				nt your spouse an ection PIN, enter it	hore
your records.								e inst.)		T	
	Ph	Phone no. (203) 804-7127 Email address APOORVA1442@GMAIL.COM						•			
		Preparer's name Preparer's signature Date PTIN					Check if:				
Paid		PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM		18/2023		82703	Self-employe	ed
Preparer		<u>'</u>						(678) 965-952			
Use Only	0.45 - 0.0000 - 0.0000					m's EIN	84-317196				
	Firm's address 245 KUUNEI CT E BKUNSWICK NJ U8816 Firm's								III O LIIN	0-1 01/13/	J

Form 1040 (2022)