E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

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OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		d filing separately (Nour spouse. If you c						spou	se (QSS)	_		
	pers	on is a child but not your dependen	t:											
Your first name and middle initial				Last name							Your social security number			
MRIGANAYANA				PARISHEY						222-99-7606				
If joint return, spouse's first name and middle initial				ne					Sp	Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.						Apt. no.				Presidential Election Campaign				
6844 WESTBURY DR									Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also co				mplete spaces below. State			zip code to					Checking a		
NORTH RICHLAND HILLS			TX							box below will not change				
Foreign country name			Foreign province/state/county			у	Foreign postal code yo			your tax or refund.				
	-		100			10 VIII					You	Spouse		
Digital		ny time during 2022, did you: (a) rec					-				□vaa	▽ N -		
Assets		ange, gift, or otherwise dispose of					asset)?	(See inst	ructio	ns.)	∐ Yes	⊠ No		
Standard Deduction	-	eone can claim:		-		a dependent								
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	: Was bo	rn befor	e January	/ 2, 19	958	☐ Is bli	nd		
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check the	box if	qualifi	es for (see	instructions):		
If more	(1) F	irst name Last name		number	to you		Child tax cr		credit	(Credit for oth	ner dependents		
than four														
dependents, see instruction	s													
and check	,													
here										\perp	[
Income	1a	Total amount from Form(s) W-2, b							•	1a	10	1,412.		
	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 instru	uctions)		<u>l</u> 1i					1.0	11.0		
	Z	Add lines 1a through 1h	0-		 				•	1z	10	1,412.		
Attach Sch. B if required.	2a		2a			axable interes			•	2b				
ii required.	3a	_	3a 4a			rdinary divide axable amoun				3b 4b				
	4a 5a	THE STATE OF THE S	5a			axable amoun			•	5b				
Standard Deduction for— Single or	6a		6a			axable amoun			100	6b				
	C		TOWN OF A	nethod check here					\Box	OD				
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7	1				
\$12,950 Married filing	8	Other income from Schedule 1, lir							ш	8		0.		
jointly or	9									9	10	0.		
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									1	-1 -1		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									10	1,412.		
household,	12	Standard deduction or itemized deductions (from Schedule A)										2,950.		
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								12	1 -	,,		
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		88,462.		
		▼												

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,082.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	15,082.	
	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	15,082.	
	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	15,082.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	16,008.	
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	7		
	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	16,008.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	926.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	926.	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X X X C Type: Checking Savings			
	d	Account number X X X X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
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		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	olow	X No	
		signee's Phone Personal identifit		IN NO	
	nai		Jation		
Sign		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			
Here	Yo		he IRS sent you an Identity otection PIN, enter it here		
Joint return?		SOFTWARE ENGINEER (see in			
See instructions. Keep a copy for your records.	Sp	Identi	e IRS sent your spouse an ntity Protection PIN, enter it here inst.)		
	Ph	one no. (510)358-5323 Email address MRIGAPARI@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/29/2023 P02082	703	Self-employed	
Preparer			ne no. (678) 965-9522		
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's			