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

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	d filing separately (M	1FS)	Head of	housel	nold (HOH	)		ifying surv	viving		
Check only one box.	-	u checked the MFS box, enter the n	-	our spouse. If you ch	necke	ed the HOH or	QSS	box, enter	the c	•	se (QSS) name if th	ne qualifying		
· · ·		on is a child but not your dependent							1.4					
				Last name						Your social security number				
				AGARWAL						027-55-3413				
If joint return, spouse's first name and middle initial Last na				name						Spouse's social security number				
Home address	ons.	Apt. no.					Presidential Election Campaign							
2209 W I	PFLU(	GERVILLE PKWY										k here if you, or your		
		ce. If you have a foreign address, also co	mplete sp	spaces below. State ZI			ZIP c			spouse if filing jointly, want \$3				
ROUND ROCK				TX			786			to go to this fund. Checking a box below will not change				
Foreign country name			Foreign province/state/county						our tax or refund.					
						~					You	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or p	paym	nent for prope	rty or	services);	or (b)	sell,				
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial i	ntere	est in a digital	asset)	? (See ins	tructio	ns.)	Yes	⊠ No		
Standard	Som	eone can claim:	pendent	☐ Your spouse	e as a	a dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien	-								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	□ Was bor	rn befo	re Januar	y 2, 1	958	☐ Is bl	ind		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	) Check the	box if	qualif	ies for (see	instructions):		
If more		rst name Last name		number		to you		Child tax	credit		Credit for otl	her dependents		
than four											[			
dependents, see instructions	e								]		[			
and check									]		[			
here	]								]					
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					•	1a	(	<u>5</u> 5,360.		
	b	Household employee wages not re	eported o	on Form(s) W-2					•	1b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	a (see ins	structions)	٠.				100	1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29		v			14.0	1f		_		
If you did not	g	Wages from Form 8919, line 6 .						* * *	•	1g		_		
get a Form	h	Other earned income (see instruct	ions) .				, .		15.1	1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>1</u> i								
	Z	Add lines 1a through 1h							W	1z	(	<u>55,360.</u>		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.	* * *		2b		_		
if required.	3a	Qualified dividends	3a	9.	b O	rdinary divider	nds .		•	3b		16.		
	4a	IRA distributions	4a	- 1	<b>b</b> Ta	axable amoun	t			4b		_		
Standard	5a	Pensions and annuities	5a	1	<b>b</b> Ta	axable amoun	t		1.0	5b		_		
Deduction for— Single or	6a	Social security benefits	6a	l l	<b>b</b> Ta	axable amoun	t		•	6b		_		
Married filing	C	If you elect to use the lump-sum e		· · · · · · · · · · · · · · · · · · ·		,								
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired,	check here				7				
Married filing	8	Other income from Schedule 1, line 10						8	1	0.				
jointly or Qualifying	9	and the state of t							9	(	55 <b>,</b> 376.			
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10				
Head of	11 Subtract line 10 from line 9. This is your adjusted gross income							11	(	55 <b>,</b> 376.				
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)	T . T			14.1	12	1	12 <b>,</b> 950.		
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13				
any box under Standard	14									14	1	L2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>										52,426.		

Form 1040 (2022	2)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,151.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	7,151.	
	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	7,151.	
	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	7,151.	
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	9,733.	
	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child, attach Sch. EIC.	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 <b>total payments</b>	33	9,733.	
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,582.	
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,582.	
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings		<u> </u>	
See instructions.	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	37	Subtract line 33 from line 24. This is the amount you owe.			
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		structions	elow.	X No	
•			Personal identification		
	nai				
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			nt you an Identity IN, enter it here	
Joint return?			inst.)		
See instructions.	Sp		ne IRS sent your spouse an		
Keep a copy for			Identity Protection PIN, enter it here		
your records.	_	(see	inst.)		
		one no. (603) 417-9322 Email address KRUTHIKAAGARWAL401@GMAIL.COM			
Paid		parer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/10/2023 P02082		Self-employed	
Use Only	Fire		ne no. (678) 965-9522		
	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	n's EIN 84-3171965		