E <b>1040</b>		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		rn 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use O	nly—Do r	not wri	te or staple i	n this space.		
Filing Status Check only one box.	lf yo	Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:												
Your first name	and mi	ddle initial	Last nam	ne					You	r soc	ial securit	y number		
FNU MA			MAHES	IAHESH KUMAR JAJU							***-**-6365			
				Last name						Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ructions.				.pt. no.		Presidential Election Campaign				
_28937 AS	HWEI	LL AVENUE						er			ere if you,	or your tly, want \$3		
City, town, or post office. If you have a foreign address, also com				nplete spaces below. State Z				zip code to				Checking a		
HAYWARD						945		box	belo	w will not	change			
Foreign country name			Foreign province/state/county			Foreig	Foreign postal code yo			or refund.	_			
											You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									🗌 Yes	X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spouse	e as	a dependent								
		Spouse itemizes on a separate retur				_	rn hofr	ore Januar	10	59	🗌 Is bli			
			936		ouse							instructions):		
Dependents		Instructions): irst name Last name		(2) Social security number		(3) Relationsh to you		Child tax				ner dependents		
lf more than four	(1) 1	Lasthane												
dependents,								L	]		L			
see instructions	s ——								]		L	<u> -</u>		
and check here									]		L	<u> -</u>		
	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a	12	26,211.		
Income	b									1b				
Attach Form(s)	c	Tip income not reported on line 1a (see instructions)								1c				
W-2 here. Also 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								1f				
lf you did not	g	Wages from Form 8919, line 6								1g				
get a Form	h	Other earned income (see instruct	ions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (		ictions)		<b>1</b> i								
	z	Add lines 1a through 1h									12	26,211.		
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		b Ta	axable interes	t.			2b		3.		
if required.	3a	Qualified dividends .	3a	9.	<b>b</b> 0	rdinary divide	nds .			3b		20.		
	4a	IRA distributions , . . .	4a		b Ta	axable amoun	t			4b				
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b				
Deduction for-	6a	Social security benefits 6a b Taxable amount								6b				
<ul> <li>Single or Married filing</li> </ul>	С	c If you elect to use the lump-sum election method, check here (see instructions)												
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										-522.		
Married filing	8	Other income from Schedule 1, line 10								8	-1	9,019.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>										06,693.		
surviving spouse, \$25,900	10	Adjustments to income from Sche		10										
Head of	11         Subtract line 10 from line 9. This is your adjusted gross income         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .<							11	10	6,693.				
household, \$19,400	12 Standard deduction or itemized deductions (from Schedule A)						.	12	1	12,950.				
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct	ion from	Form 8995 or Form	899	5-A			•	13				
Standard	14				• •				•	14		2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -0 This is y	our <b>t</b>	axable incon	ne .		•	15	9	93,743.		

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

Form **1040** (2022)

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	16,330.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	16,330.						
	19	Child tax credit or credit for other dependents from Schedule 8812	19							
	20	Amount from Schedule 3, line 8	20	9,000.						
	21	Add lines 19 and 20	21	9,000.						
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,330.						
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	11.						
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,341.						
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	19,946.						
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								
	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	19,946.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	12,605.						
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	12,605.						
Direct deposit? See instructions.	b	Routing number         *         *         *         1         6         2         7         c Type:         Checking         Savings								
dee manuellona.	d	Account number * * * * * 9 6 3 2								
	36	Amount of line 34 you want applied to your 2023 estimated tax								
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .								
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		Do you want to allow another person to discuss this return with the IRS? See instructions								
Designee				A NO						
	nai	signee's Phone Personal identif ne no. Personal identif	Ication							
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge ar									
Here			er has any knowledge.							
пеге	Yo			IRS sent you an Identity						
			Protection PIN, enter it here (see inst.)							
Joint return? See instructions.		SOFTWARE NEGTINEER								
Keep a copy for	Sp		ne IRS sent your spouse an ntity Protection PIN, enter it here							
your records.		(see								
	Ph	one no. (248)513-2141 Email address Maheshjaju25@gmail.com								
	Pre	eparer's name Preparer's signature Date PTIN	Check if:							
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/16/2023 *****2	2703 Self-employed							
Preparer	Firi		eno. (678)965-9522							
Use Only	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	's EIN **-***1965							
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/05/23 PRO		Form <b>1040</b> (2022)						

irs.gov/Form1040 for instructions and the