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

OMB No. 1545-0074

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

_	s 🗌 S	Single 🔀 Married filing jointly 🗌	Marrie	d filing separately	(MFS) Head of	house	ehold (HOH)			fying survi se (QSS)	ving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you	check	ked the HOH or	r OSS	box, enter				e qualifying	
		on is a child but not your dependent						,					
				Last name						Your social security number			
ABHINAY				PATTHI						***-**-1052			
				ast name						Spouse's social security number			
				EDDI						***-**-1109			
								_	Presidential Election Campaign				
721 HIGH STREET									Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete s				lete spaces below. State Z			ZIP c				f filing jointl		
BOWLING GREEN				ОН			434			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			Forei	gn postal cod			or refund.	9-	
											You	Spouse	
Digital	At an	ny time during 2022, did you: (a) rece	eive (as a	a reward, award, o	or pay	ment for prope	rty or	services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spou	ıse as	a dependent							
Deduction		Spouse itemizes on a separate returi	n or you										
A are /Dlindness		Ware have before length 2.11	050] Arablind C			un haf	ava lanuar		250	☐ la blir		
		Were born before January 2, 19	936 _		pouse			ore Januar 4) Check the			ls blir		
Dependents				(2) Social secur number	ity	(3) Relationsh to you	nip (·			•	er dependents	
If more than four	(1) FI	rst name Last name		Tidillibol		lo you	$\overline{}$	Child tax	r credit		realt for othe	ar dependents T	
dependents,					_				<u>] </u>			<u></u>	
see instruction	s —								<u>]</u>]			<u></u>	
and check here	1								<u>] </u>		<u>_</u>	<u></u>	
	1a	Total amount from Form(s) W-2, bo	ov 1 (see	instructions) .						1a	15	9,051.	
Income	b	Household employee wages not re	,	,	7				•	1b	13	9,031.	
Attach Form(s)	C		•						•	1c			
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)							1d				
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax	f	•			9				•	1f			
was withheld.	g g	Employer-provided adoption benefits from Form 8839, line 29								1g			
If you did not get a Form	h	Other earned income (see instructi	ions)						•	1h		0.	
W-2, see	i	Nontaxable combat pay election (s				l 1i	i Ì		-				
instructions.	z	Add lines 1a through 1h								1z	15	9,051.	
Attach Sch. B	2a		2a		b 7	Taxable interest	t .			2b		11.	
if required.	3a		3a	174.		Ordinary divide				3b		176.	
	4a	IRA distributions ,	4a		b 7	raxable amoun	t			4b			
Standard	5a		5a			Taxable amoun				5b			
Deduction for-	6a	Social security benefits	6a		b 7	Taxable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	required. If not re	quirec	d, check here				7			
Married filing	8	Other income from Schedule 1, line 10						8	-1	3,270.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		5,968.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	Subtract line 10 from line 9. This is your adjusted gross income							11	14	5,968.			
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)										5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		0.		
any box under Standard	14	Add lines 12 and 13							14	2	5,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	120,068.		

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	17,637.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	17,637.	
	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	17,637.	
	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	17,637.	
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	29,900.	
16	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 total payments	33	29,900.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	12,263.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	12,263.	
Direct deposit? See instructions.	b	Routing number * * * * * * 0 1 2 4 c Type: X Checking Savings			
	d	Account number * * * * * * 5 8 1 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 amount you owe .			
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		you want to allow another person to discuss this return with the IRS? See			
Designee		tructions		X No	
	De nai	signee's Phone Personal identi- me no. number (PIN)			
Ciana		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the her	et of my knowledge and	
Sign	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ı prepar	er has any knowledge.	
Here	Yo	ur signature Date Your occupation If the	RS se	nt you an Identity	
				IN, enter it here	
Joint return?		SOFTWARE ENGINEER	(see inst.)		
See instructions. Keep a copy for	Sp		the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.			see inst.)		
	———Ph	one no. (567)213-8125 Email address ABHI.PATTHI@GMAIL.COM			
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/03/2023 *****	2703	Self-employed	
Preparer				(678)965-9522	
Use Only			's EIN	**-***1965	