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.

		Single 🔀 Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of I	housel	nold (HOF	H) [fying surv	ving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your shouse If you ch	neck	ed the HOH or	OSS	hox ente	er the o	•	se (QSS) name if the	e qualifying	
one box.		on is a child but not your dependent		our spouse. It you or	icoit		QOO	oox, onto	, tilo (Jillia 5 i	iamo ii iii	, qualitying	
Your first name			Last nar	me					Y	our soc	ial security	/ number	
BHARAT VEGE										***-**-0197			
If joint return, spouse's first name and middle initial Last nar										Spouse's social security number			
				PPANA						***-**-9398			
		er and street). If you have a P.O. box, see					Ι.Α	pt. no.				n Campaign	
3501 XENIUM LANE N				258							ere if you,		
City, town, or post office. If you have a foreign address, also complete sp.				spaces below. State 2				IP code			spouse if filing jointly, want \$3		
PLYMOUTH		,		'				TE 4.41			to go to this fund. Checking a box below will not change		
			Foreign province/state/county			~			your tax or refund.				
·g,				g p		,					You	Spouse	
Digital	At an	ny time during 2022, did you: (a) rece	eive (as	a reward award or r	navr	ment for prope	rty or	services)	or (b)	sell			
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard		eone can claim: You as a de						1					
Deduction	_	Spouse itemizes on a separate return		•									
		·							· ·				
Age/Blindness	You:	Were born before January 2, 1	958 _	Are blind Spo	use	: Was bor			•		☐ Is bli		
Dependents				(2) Social security		(3) Relationsh	ip (4			· 1	•	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cre		redit Credit for other de		er dependents	
than four dependents,	LIY	IYARA VEGE		***-**-653		Daughter		×			L		
see instructions	s ——										L		
and check							,				L		
here											L		
Income	1a	Total amount from Form(s) W-2, be	,	,	7					1a	8	5,454.	
Attach Forms(s)	b	Household employee wages not re	•							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 bene		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 instructi			•		· ·			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	٠	<u>li</u>						- 4 - 4	
	<u>z</u>	Add lines 1a through 1h								1z	8	5,454.	
Attach Sch. B if required.	2a		2a			axable interest				2b		33.	
ii required.	3a		3a			ordinary divider				3b		0.	
	4a		4a			axable amount				4b			
Standard Deduction for—	5a		5a			axable amount				5b			
Single or	6a		6a			axable amount			· .	6b			
Married filing separately,	c	If you elect to use the lump-sum e		•	•	•			· 📙	-		760	
\$12,950	7	Capital gain or (loss). Attach Sched				•			. ⊔	7		769.	
Married filing jointly or	8	Other income from Schedule 1, line 10								8		8,400.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	+ '/	7,856.	
\$25,900 Adjustments to income from Schedule 1, line 20										10	_		
Head of Lead o	11	Subtract line 10 from line 9. This is	-						11		7,856.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									$+$ $\frac{2}{}$	5,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	_		
Standard Deduction,	14	Add lines 12 and 13								15			
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income										1,956.	

Form 1040 (2022)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,826.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	5,826.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	2,000.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	3,826.		
	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	3,826.		
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	9,236.		
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	<u> </u>			
	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	1,296.		
	33	Add lines 25d, 26, and 32. These are your total payments	33	10,532.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,706.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	6,706.		
Direct deposit? See instructions.	b	Routing number * * * * * 0 3 3 9 c Type: X Checking Savings				
	d	Account number * * * * * * * * * 5 9 1 9				
	36	Amount of line 34 you want applied to your 2023 estimated tax 36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> 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	elow.	⊠ No		
_ 00.900	De	signee's Phone Personal identif				
	nar	ne no. number (PIN)				
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		
			Protection PIN, enter it here (see inst.)			
Joint return? See instructions.		SOF IWARE ENGINEER	If the IRS sent your spouse an			
Keep a copy for	Sp		Identity Protection PIN, enter it here			
your records.		HOME MAKER (see i	nst.)			
	Ph	one no. (908)583-3937 Email address VEGEBHARAT@GMAIL.COM				
Doid	Pre	eparer's name Preparer's signature Date PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2023 *****2	2703	Self-employed		
Preparer	Fin	m's name GLOBAL TAXES LLC Phon	e no. (678)965-9522		
Use Only	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	**-***5487		