E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022	2
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	IFS)	Head of	househol	d (HOH	H)		fying survi se (QSS)	iving
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	eck	ed the HOH or	QSS bo	x, ente	r the c		` ,	e qualifying
	-	on is a child but not your dependent	-									. , ,
Your first name and middle initial Last name Y						Your social security number						
NARESH				GAN					*	***-**-0051		
If joint return, s						Sp	Spouse's social security number					
ABIRAMI KANNAN						*	***-**-4689					
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt.	no.	Pr	esiden	tial Electio	n Campaign
2408 S V	JOSS	RD					E3	10 4			ere if you, o	
		ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	te	ZIP code)		The state of the s	0,	ly, want \$3
HOUSTON				TX							w will not d	Checking a change
Foreign country name			F	Foreign province/state/county			Foreign postal code yo				or refund.	3.
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or r	oavn	nent for prope	rtv or sei	vices)	or (b)	sell.		
Assets		ange, gift, or otherwise dispose of a		THE RESIDENCE OF THE PERSON OF	-						Yes	X No
Standard		eone can claim:										
Deduction		Spouse itemizes on a separate return										
		·		1						0.50		1
	_	Were born before January 2, 1	958 _	Are blind Spo	use:		(1) 0	_	•		☐ Is blir	
Dependents				(2) Social security		(3) Relationsh				T.		nstructions):
If more	(1) Fi	rst name Last name	number			to you	O V	Child tax cre				
than four dependents,		IAAN NARESH		***-**-6135		Son				×		<u> </u>
dependents, see instruction	s VAR	RSHINI NARESH		***-**-4369		Daughter		×			L	
and check												
here]							L			L	
Income	1a	Total amount from Form(s) W-2, be			7					1a	26	2,087.
= (3	b	Household employee wages not re	•							1b	7	
Attach Form(s) W-2 here. Also	С	The state of the s	p 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	h	Other earned income (see instruction	ions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)	•	<u>1i</u>						
	z	Add lines 1a through 1h			•					1z	26	2,087.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b		9.
if required.	3a	Qualified dividends	3a	170.	b 0	rdinary divider	nds			3b		179.
	4a	IRA distributions	1a		b Ta	axable amount	t			4b		
Standard	5a		5a		b Ta	axable amount	t			5b		
Deduction for— Single or	6a		3a			axable amount	t		121	6b		
Married filing	C	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 requi	ired,	check here				7		1,920.
Married filing	8	Other income from Schedule 1, line 10						8	-1	0,049.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	25	4,146.	
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	25	4,146.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12	2	5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13			
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		8,246.	
occ monucions.												

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	42,345.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	42,345.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2 , 500.		
	20	Amount from Schedule 3, line 8	20	4.		
	21	Add lines 19 and 20	21	2,504.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	39,841.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	116.		
	24	Add lines 22 and 23. This is your total tax	24	39,957.		
Payments	25	Federal income tax withheld from:				
-	a	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	42,006.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
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	442.		
	33	Add lines 25d, 26, and 32. These are your total payments	33	42,448.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,491.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,491.		
Direct deposit? See instructions.	b	Routing number * * * * * 0 0 7 3 c Type: X Checking Savings				
See instructions.	a	Account number * * * * * * * * * * 5 2 6 0				
	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 <i>www.irs.gov/Payments</i> 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	ins	structions	elow.	X No		
	De nar	signee's Phone Personal identif me no. number (PIN)	cation			
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bee	t of my knowledge and		
Sign		der penalties of perjury, i declare that i have examined this return and accompanying scriedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity		
		Prote	ction P	IN, enter it here		
Joint return?		IT CONSULTANT (see i				
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.		SUBSTITUTE TEACHER (see i	,	ection First, enter it here		
	Ph	one no. (650)243-1447 Email address NARESHINBOX@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2023 *****2	703	Self-employed		
Preparer	(P	m's name GLOBAL TAXES LLC Phon		678) 965-9522		
Use Only			Firm's EIN **-**5487			
		100 (200)				