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

2022

OMB No. 1545-0074

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

	<b>S</b> 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	househo	old (HOF	H)			ving
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your shouse If you ch	nack	ed the HOH or	. OSS h	ov ente	r the c		` ,	a gualifying
ONE BOX.		on is a child but not your dependent		our spouse. It you cr	ICCK	ed the Horror	QOO D	ox, critc	i tilo t	illia 3 i	iame ii iii	5 qualityirig
Your first name			Last nar	me					Y	our soc	ial security	/ number
SUHASA										-		
				IADHYASTHA ast name						Spouse's social security numbe		
				RADAMANE BALACHAND					-   '			
ASHRITHA PURADAMANE Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.							
14309 HE		7,56.110.					Check here if you, or your					
		ce. If you have a foreign address, also co	mplete sr	paces below.	es below. State ZIP code			s	oouse if	filing joint	ly, want \$3	
MANOR		, ,, ,,,,,		'				to				•
Foreign country name												nange
r ordigir oddritty harrie			To origin provinces outless obtainly								You	Spouse
Digital	Δt an	ny time during 2022, did you: (a) rece	aiva (as a	a reward award or r	navr	ment for prope	rty or se	arvices	or (h)	sell		
Assets		ange, gift, or otherwise dispose of a					-				Yes	⊠ No
Standard Standard		eone can claim: You as a de						V		, ,		
Deduction .		Spouse itemizes on a separate return		•								
		·										
Age/Blindness	You:	Were born before January 2, 1	958 _	Are blind Spo	use	: Was bor	$\overline{}$					
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4)			· .	es for (see in	nstructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax cre		redit Credit for other dep		er dependents
than four dependents,	AAR	RIVE MADHYASTHA		882-71-2139	9	Son		×				
see instructions	s ——											
and check	. —											
here								L			L	
Income	1a	Total amount from Form(s) W-2, bo	•							1a	23	0,125.
Attack Forms(s)	b	Household employee wages not re	•									
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene		Form 8839, line 29								
If you did not	g	Wages from Form 8919, line 6 .			٠							
get a Form W-2, see	h	Other earned income (see instructi			٠		 I			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)	٠	<u>li</u>					0.0	0 105
	z	Add lines 1a through 1h								spouse (QSS) e child's name if the child's name if the control of the child's name if	23	0,125.
Attach Sch. B if required.	2a		2a			axable interest				Spouse (QSS)   The child's name if the		
ii required.	3a		3a			ordinary divider					63.	
	4a		4a			axable amount						
Standard Deduction for—	5a		5a			axable amount						
Single or	6a		6a			axable amount	ι			do		
Married filing separately,	c	If you elect to use the lump-sum el		,		,			. 📙	7	1	C 1 C
\$12,950	7	Capital gain or (loss). Attach Sched							. Ш			-646.
Married filing jointly or	8	Other income from Schedule 1, line								_		3,027.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									20	6,515.
\$25,900	10	Adjustments to income from Sche								_	+	C F1F
Head of household,	pourchold										6,515.	
\$19,400	12	Standard deduction or itemized		•	,						$+\frac{2}{}$	5,900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								_	+	- O O O
Standard Deduction,	14											5,900.
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									Т 8	0,615.

Form 1040 (2022	2)								Page <b>2</b>		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 7 4972	3 🗍		16	31,019.		
Credits	17	Amount from Schedule 2, lir						17			
	18	Add lines 16 and 17						18	31,019.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.		
	20	Amount from Schedule 3, lir	ne 8					20			
	21	Add lines 19 and 20						21	2,000.		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	29,019.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	29,019.		
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				<b>25a</b> 20	,179.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	20,179.		
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15		,	31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	20,179.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34			
riciana	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here		35a			
Direct deposit?	b	Routing number X X X	XXXXX	XX	c Type:	Checking	Savings				
See instructions.	d	Account number X X X	XXXXX	X X X X	X X X X	XX					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	8,840.		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retur	rn with the IRS?	See					
Designee	instructions								<b>X</b> No		
		signee's		Phone			onal identi oer (PIN)	fication			
	nai			no.			. ,				
Sign		der penalties of perjury, I declare tief, they are true, correct, and com									
Here		ur signature		Date	Your occupation				nt you an Identity		
	10	ar digitataro		Buto	Tour occupation				IN, enter it here		
Joint return?					SOFTWARE E	NGINEER	(see	inst.)			
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupation	Spouse's occupation			the IRS sent your spouse an		
your records.									ection PIN, enter it here		
	SOFTWARE ENGINEER						,				
		one no. (512)431-636 eparer's name	Preparer's signat	l .	SUHASMADHYAS.	THAU@GMAIL.CC Date	PTIN		Check if:		
Paid			1 .		מווחתה תחודה.			2702	Self-employed		
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NAUNG MAN	GUPIA TALLAM	04/06/2023	P0208				
Use Only									678)965-9522		
	Firi	m's address 245 ROONE	T CT F RKO	MONTCK NO	0 00010		Firm	's EIN	<u>84-3171965</u>		