E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (Nour spouse. If you cl	,	_	household (HOH) QSS box, enter the	spo	alifying sur ouse (QSS) 's name if t		
Your first name							Your social security number				
FNU				ENA AMREEN					094-37-6224		
If joint return, spouse's first name and middle initial			Last na						Spouse's social security number		
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.			ion Campaign	
3871 NOF	RTHS	IDE DRIVE					U K4		here if you		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code			ntly, want \$3 Checking a	
CARRIAGE	HI	LLS APARTMENTS			GF	A	31210	box be	elow will no	t change	
Foreign country	/ name		F	Foreign province/state/o	count	ty	Foreign postal code	your ta	ax or refund	_	
	A 1		-: (. (1-) - 11	∐ You	Spouse	
Digital		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•							⊠ No	
Assets	_						asset)? (See Instit	uctions.) Lites		
Standard Deduction		eone can claim:				a dependent					
			_	_		_				_	
Age/Blindness			958 _	- Table (1886) - Majoran (1886) - 1886 - 1886 - 1886	use		n before January		∐ Is b	-	
Dependents				(2) Social security number	1	(3) Relationsh to you					
If more	-	rst name Last name					Child tax o	realt	Credit for o	ther dependents	
than four dependents,	ANA			814-55-230		Daughter				片	
see instructions	S —	YAN MOHAMMED		790-13-034		Son				片	
and check here	MAI:	IIRA FATIMA		787-24-629		Daughter				片	
	1a	Total amount from Form(s) W-2, b	ov 1 (co	e instructions)				1	a	<u>4</u> 1,706.	
Income	b	Household employee wages not re							b	41,700.	
Attach Form(s)	C	Tip income not reported on line 1a							C		
W-2 here. Also	d	Medicaid waiver payments not rep			netri	ictions)			d		
attach Forms W-2G and	e	Taxable dependent care benefits f			iotic	iotiono,			e		
1099-R if tax	f	Employer-provided adoption bene							f		
was withheld.	g	Wages from Form 8919, line 6.		7 6 5555, 11.16 25					g		
If you did not get a Form	h	Other earned income (see instruct							h l	0.	
W-2, see	i	Nontaxable combat pay election (s				I ii	Ì				
instructions.	z	Add lines 1a through 1h						. 1	z	41,706.	
Attach Sch. B	2a		2a		b T	axable interest			b		
if required.	3a		3a			rdinary divider			b	_	
	4a		4a				t		b	_	
Standard	5a		5a				t		b		
Deduction for—	6a		6a				t	-	b	_	
Single or Married filing	C	If you elect to use the lump-sum e	20070070								
separately,	7	Capital gain or (loss). Attach Sche				5		5 6	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin						. 8	3		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								41,706.	
surviving spouse,	10	Adjustments to income from Sche							0		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								41,706.	
household,	12	Standard deduction or itemized								12,950.	
\$19,400 If you checked	13	_							3		
any box under Standard	14	Add lines 12 and 13						-		12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								28,756.	
000 11011 40110115.		_									

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	3,248.	
Credits	17	Amount from Schedule 2, line 3	17		
Oround	18	Add lines 16 and 17	18	3,248.	
	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	3,248.	
	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	3,248.	
Payments	25	Federal income tax withheld from:		,	
. ayınısınıs	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	2,979.	
	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	7		
	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	2,979.	
Defend	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	·	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		
Direct deposit?	b	Routing number X X X X X X X X X			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X			
	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	269.	
	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	pelow.	X No		
		signee's Phone Personal identif			
		me no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules 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				nt you an Identity	
	10			IN, enter it here	
Joint return?		TEACHER (see	inst.)		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here	
,		No.	11131.)		
		one no. (478) 870-7901 Email address RUBEENA AMREEN19@GMAII. COM eparer's name Preparer's signature Date PTIN		Chook if:	
Paid			0700	Check if:	
Preparer		4 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2023 P02082		Self-employed	
Use Only		0.5		(678) 965-9522	
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	84-3171965	

Name(s) Shown on Return FNU RUBEENA AMREEN	Social Security Nui	Social Security Number		
Income	2021	2022	Difference	%
Wages, salaries, tips, etc	15,423.	41,706.	26,283.	170.4
Interest and dividend income				
State tax refund				
Business income (loss)		_		-
Capital and other gains (losses)				
IRA distributions		S		
Pensions and annuities	-	5		
Rents and royalties				$\overline{}$
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
•		·		-
Income other than the above	15 100	11 706	26.000	100 4
Total Income	15,423.	41,706.	26,283.	170.4
Adjustments to Income				
Adjusted Gross Income	15,423.	41,706.	26,283.	170.4
Itemized Deductions				
Medical and dental	2			UC
Income or sales tax	785.	1,850.	1,065.	135.6
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity	300.		-300.	-100.0
Casualty and theft losses	300.			100.0
Miscellaneous				-
Total Itemized Deductions	1,085.	1,850.	765.	70.5
Standard or Itemized Deduction	19,100.	12,950.	-6,150.	-32.2
Qualified Business Income Deduction	19,100.	12,930.		-32.2
Taxable Income	0.	28,756.	28,756.	
1	0	2 240	2 0 4 0	
Income tax	0.	3,248.	3,248.	-
Additional income taxes				<u> </u>
Alternative minimum tax				-
Total Income Taxes	0.	3,248.	3,248.	
Nonbusiness credits				
Business credits				
Total Credits		S		-
Self-employment tax				
Other taxes				
Total Tax After Credits	0.	3,248.	3,248.	
Withholding	1,282.	2,979.	1,697.	132.3
Estimated and extension payments		· · · · · · · · · · · · · · · · · · ·		
Earned income credit		-		
Additional child tax credit	3,600.		-3,600.	-100.0
Other payments	2,800.		-2,800.	$\frac{100.0}{-100.0}$
Total Payments.	7,682.	2,979.	-4,703.	-61.2
Form 2210 penalty	7,002.			
Applied to next year's estimated tax	7 (00	<u> </u>		100 0
Refund	7,682.		<u>-7,682.</u>	<u>-100.0</u>
Balance Due		269.	269.	