<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 15	45-0074	IRS Use	Only	–Do not w	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single Arried filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separate your spouse. If ye					,	spo	lifying surv use (QSS) s name if th	U	
Your first name		, ,	Last na	me						Your so	cial securit	v number	
Your first name and middle initial										Your social security number 640-17-4797			
NIMISHA If joint return, spouse's first name and middle initial			KANDADI Last name							Spouse's social security number			
												,	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				Apt. no.		Preside	ntial Election	on Campaign	
42 DAVIS ST			2							Check here if you, or your			
-		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP	code				itly, want \$3	
EAST NEWARK				NJ 0				029			ow will not	Checking a change	
Foreign country name			Foreign province/state/county			ty	Fore	Foreign postal code			k or refund.		
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award	l, or payr	ment for pro	perty o	r services	); or	(b) sell,	<u>.</u>		
Assets		ange, gift, or otherwise dispose of a									Ves	X No	
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 Your sp	ouse as	a dependen	nt						
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-sta	atus alier	1							
Age/Blindness	Vou	Were born before January 2, 1	958 F	Are blind	Spouse	• 🗆 Was k	orn be	fore Janu	any 2	1058	☐ Is bl	ind	
	_	a a second periods for a choice of proceeding of the second se	900 L			(3) Relation						instructions):	
Dependents (se		irst name Last name		(2) Social seconumber		to you	Sille	Child t				her dependents	
lf more than four	(1)1	Lasthane						Offilia (		cuit			
dependents,												=	
see instructions	S ——								=			=	
and check here							-				[	=	
	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)						1a	(	93,003.	
Income	b	Household employee wages not re								16		/0/0001	
Attach Form(s)	C	Tip income not reported on line 1a								10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep								10			
W-2G and	е	Taxable dependent care benefits f								1e	,		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line	e 29 .					1f	d .	—	
If you did not	g	Wages from Form 8919, line 6 .								1g	,		
get a Form	h	Other earned income (see instruction	ions)							1h	1	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<b>1</b> i						
Instructions.	Z	Add lines 1a through 1h								1z	: .	93,003.	
Attach Sch. B	2a	Tax-exempt interest	2a		bT	axable inter	est			2b	1.		
if required.	3a	Qualified dividends	3a		bC	Ordinary divid	dends			3b	r		
	4a	IRA distributions	4a		bT	axable amo	unt .			4b	i.		
Standard	5a	Pensions and annuities	5a		bT	axable amo	unt .		1	5b	i:		
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a	Social security benefits	6a		b T	axable amo	unt .		• _	6b	r		
Married filing	С	If you elect to use the lump-sum e	lection	method, check h	ere (see	instructions	) .	<u>.</u>	. [				
separately, \$12,950	7	Capital gain or (loss). Attach Schee		f required. If not	required	, check here	).		. L	7			
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10						8		0.			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			l incom	come				9		93,003.	
surviving spouse, \$25,900	10											_	
Head of Subtract line 10 from line 9. This is you										11		93,003.	
household, \$19,400	12	Standard deduction or itemized								12		12,950.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction					• •		• •	13			
Standard Deduction,	14						• •	· · ·		14		12,950.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -u This	s is your	laxable inco	ome	· · ·	1	15	<u> </u>	80,053.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	13,234.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,234.
	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	13,234.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	13,234.
Payments	25	Federal income tax withheld from:		
2	a	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	12,693.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	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		
	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	12,693.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Refutio	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	b	Routing number       X		
	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 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe	- 0	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	541.
	38	Estimated tax penalty (see instructions)		
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See		
		tructions	elow.	X No
		signee's Phone Personal identif	ication r	<u> </u>
	nai			
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				t you an Identity
	YO	5		N, enter it here
Joint return?		SOFTWARE ENGINEER (see		
See instructions.	Sp	puse's signature. If a joint return, both must sign. Date Spouse's occupation If the	IRS sen	t your spouse an
Keep a copy for your records.				ction PIN, enter it here
your records.	_	(see i	nst.)	
		one no. (937) 554-7899 Email address NIMISHA96@GMAIL.COM	T	
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P02082		Self-employed
Use Only	Fir		ne no. (	678)965-9522
			s EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest information. BAA REV 02/17/23 PRO		Form 1040 (2022)

BAA