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

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OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		ed filing separately (N						spous	ying survi se (QSS) name if the	Ü		
		on is a child but not your dependent		, , ,				,				, , ,		
Your first name and middle initial			Last na	Last name							Your social security number			
VAKHARIA ARJA				JAV						***-**-3784				
If joint return, spouse's first name and middle initial Last name				name					Sp	Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Ар	t. no.	Pr	esident	tial Election	n Campaign		
227 SOUTH ST				1							ere if you, o			
City, town, or post office. If you have a foreign address, also com				mplete spaces below. State				TIP CODE		spouse if filing jointly, want \$3 to go to this fund. Checking a				
JERSEY CITY				NJ							w will not o			
Foreign country name			F	Foreign province/state/county F			Foreign	Foreign postal code yo		ur tax o	or refund.			
								A			You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	⊠ No		
Standard		eone can claim: You as a de								,				
Deduction		Spouse itemizes on a separate retur												
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before	e Janua	ry 2, 1	958	☐ Is blir	nd		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check th	e box it	qualifie	es for (see i	nstructions):		
If more	(1) Fi	rst name Last name		number		to you		Child tax cred		redit Credit for other depende		er dependents		
than four]		
dependents, see instruction	s —]		
and check							·					<u>]</u>		
here											L	<u></u>		
Income	1a	Total amount from Form(s) W-2, b	•			• • •				1a	6	5,122.		
Attack Farm(s)	b	Household employee wages not re								1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							•	1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							•	1d				
W-2G and 1099-R if tax	e	Taxable dependent care benefits f								1e				
was withheld.	f	Employer-provided adoption bene	fits from	1 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 instruct					i :			1h		0.		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	•	<u>1i</u>				4-	6	5,122.		
A#	Z	Add lines 1a through 1h Tax-exempt interest	2a		h To					1z 2b	0	J, 122.		
Attach Sch. B if required.	2a 3a		3a			xable interest dinary divider				3b				
	4a		4a	_		xable amount				4b				
Standard	5a		5a			xable amount				5b				
Standard Deduction for—	6a		6a			xable amount				6b				
Single or Married filing	С	If you elect to use the lump-sum e	_	method check here						OD				
separately,	7	Capital gain or (loss). Attach Sche								7				
\$12,950 Married filing	8	Other income from Schedule 1, line 10								8	_	6,846.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					*) *			9		8,276.		
surviving spouse,	10	Adjustments to income from Sche		The second secon						10				
\$25,900 Head of	11	Subtract line 10 from line 9. This is								11	5	8,276.		
household,	12	Standard deduction or itemized	,							12		2,950.		
\$19,400 If you checked	13	Qualified business income deduct			15	5-A				13		_,		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.		
Deduction,	15	Subtract line 14 from line 11. If zer					ne .			15		5,326.		
see instructions.														

	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,589.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	5 , 589.		
	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	5,589.		
	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	5,589.		
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	7,432.		
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	1			
	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	7,432.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,843.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,843.		
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings				
See instructions.	d	Account number * * * * * * * * * * * * * * * * X X X X				
	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 www.irs.gov/Payments 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		structions	elow.	X No		
		signee's Phone Personal identif	ication			
	nai					
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?		IT SECURITY THREAT INTELL (see	inst.)			
See instructions. Keep a copy for	Sp			IRS sent your spouse an		
your records.		ldeni (see	-	ection PIN, enter it here		
•	Dh					
		one no. (551) 248-3381 Email address ARJAV21093@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/07/2023 *****	2703	Self-employed		
Preparer	2			(678) 965-9522		
Use Only	-		Firm's EIN **-***1965			