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

2022
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OMB No. 1545-0074

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

	$\mathbf{X}$	Single Married filing jointly	Marrie	d filing separately (M	/IFS)	Head of	househ	old (HOI	H) [		fying survi	iving	
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you ch	hecke	d the HOH or	r QSS l	oox, ente	er the		se (QSS) name if the	e qualifying	
	pers	on is a child but not your dependent	:										
Your first name and middle initial				Last name							Your social security number		
RISHABH POI				OKARNA							***-**-4261		
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.		Presidential Election Campaign			
2201 4TH AVE								Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete				ete spaces below. State			ZIP code				Checking a		
SEATTLE				WA							w will not	change	
Foreign country name			F	Foreign province/state/county			Foreign postal code yo			your tax or refund.			
											You	Spouse	
Digital		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									X Yes	No	
Assets Standard		eone can claim: You as a de					asseij	(See III)	Struct	10115.)	<u> </u>		
Deduction	_	Spouse itemizes on a separate retur				dependent							
		_		1					0	1050		1	
		Were born before January 2, 1	958 _		ouse:		100	_	•		Is bli	na instructions):	
Dependents		instructions): irst name Last name		(2) Social security number		(3) Relationsh to you	nip (4	Child to		T		er dependents	
If more than four	(1)	Last name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4	Crinia ta		uit (			
dependents,	:-							L	┽			┽──	
see instructions									$\dashv$			┪	
and check here	3					10.			$\exists$			<del></del>	
In a a ma a	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	17	3,319.	
Income	b	Household employee wages not re	•			7				1b	1		
Attach Form(s)	C	Tip income not reported on line 1a	•							1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d					
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e					
1099-R if tax 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 instruct								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i	i						
ilistructions.	Z	Add lines 1a through 1h								1z	17	3,319.	
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	xable interest	t.			2b			
if required.	3a	Qualified dividends	3a	132.	<b>b</b> Or	dinary divide	nds .			3b		132.	
	4a	IRA distributions	4a		<b>b</b> Ta	xable amoun	ıt			4b			
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	xable amoun	it			5b			
• Single or	6a	Social security benefits	6a		<b>b</b> Ta	xable amoun	it			6b			
Married filing	C	If you elect to use the lump-sum e	lection n	nethod, check here (	(see ir	nstructions)			. 🗆				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	iired,	check here				7			
Married filing     iointly or	8	Other income from Schedule 1, line 10						8	-1	1,460.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	16	1,991.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of     household	11	Subtract line 10 from line 9. This is your adjusted gross income								11	16	1,991.	
household, \$19,400	12	Standard deduction or itemized								12	1	2,950.	
If you checked any box under	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	-A				13			
Standard	14	Add lines 12 and 13							14		2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b> a	xable incom	ne .			15	14	9,041.	
	7												

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	29,594.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	29,594.		
	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	29,594.		
	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	29,594.		
Payments	25	Federal income tax withheld from:				
. ayınıcınıc	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	33,969.		
If	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)	T			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	<b>5</b>			
	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	1,649.		
	33	Add lines 25d, 26, and 32. These are your total payments	33	35,618.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6,024.		
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	6,024.		
Direct deposit?	b	Routing number * * * * * * 0 6 1 4 c Type: X Checking Savings				
See instructions.	d	Account number   *   *   *   *   5   0   7   7				
	36	Amount of line 34 you want applied to your 2023 estimated tax 36				
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  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	below.	<b>X</b> No		
		signee's Phone Personal ident	ification			
	nai		Section 1991			
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 whic				
Here				nt you an Identity		
	YO			PIN, enter it here		
Joint return?		SECURITY ENGINEER (see	inst.)			
See instructions.	Sp			RS sent your spouse an		
Keep a copy for your records.			tity Protection PIN, enter it here inst.)			
,			11131.)			
		one no. (713) 545-1114 Email address S.RISHABHPOKARNA@GMAIL.COM		Check if:		
Paid		Preparer's name  Preparer's signature  Date  PTIN  OPTIN  OPTIN	2702	Section and Control and Contro		
Preparer	17	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/21/2023 *****		Self-employed		
<b>Use Only</b>			Phone no. (678) 965-9522			
•	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816   Firm	irm's FIN **-***1965			