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.

	<b>X</b> :	Single Married filing jointly	Marrie	ed filing separately (N	ЛFS)	Head of	househo	old (HOH	)		fying survi	ving	
Check only one box.	If vo	ou checked the MFS box, enter the n	ame of v	our spouse. If you cl	hecked	d the HOH or	OSS b	ox. enter	the c		se (QSS) name if the	e qualifying	
0.10 20711		son is a child but not your dependent		ou. opouco you o.			400 2	o,, oo.				, daa)9	
Your first name and middle initial			Last name							Your social security number			
ADITHYA PRAKASH ARI				RIGA							***-**-6342		
If joint return, s	pouse's	s first name and middle initial	Last nar	me					S	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	Pi	residen	tial Electio	n Campaign	
4770 S OXBOW CIR											Check here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	ete spaces below. State Z			ZIP cod					ly, want \$3 Checking a		
TAYLORSVILLE				UT			8412				w will not		
Foreign country name			Foreign province/state/county			Foreign postal code yo		your tax or refund.					
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	a reward, award, or	payme	ent for prope	rty or s	ervices);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial i	interes	t in a digital	asset)?	(See ins	tructi	ons.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	dependent							
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You	Were born before January 2, 1	958	Are blind Spo	ouse:	Was bor	rn hefor	e Januar	v 2 1	958	☐ Is blii	nd	
Dependents				(2) Social security		(3) Relationsh	100	_	•			nstructions):	
-		irst name Last name		number		to you		Child tax		· 1		er dependents	
If more than four	(.,						A)						
dependents,	3 <del></del>								<u></u>			┪	
see instructions and check	s —						,		1			<del>1</del> ——	
here						12.			<u> </u>			<del></del>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	T 6	8,019.	
Income	b	Household employee wages not re								1b			
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)								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 bene								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				1i							
instructions.	Z	Add lines 1a through 1h								1z	6	8,019.	
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Tax	kable interest	t.			2b			
if required.	3a	Qualified dividends	3a		<b>b</b> Ord	dinary divider	nds .			3b			
	4a	IRA distributions	4a		<b>b</b> Tax	kable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		<b>b</b> Tax	kable amoun	t			5b			
• Single or	6a	Social security benefits	6a		<b>b</b> Tax	kable amoun	t			6b			
Married filing	C	If you elect to use the lump-sum e	lection n	nethod, check here	(see in	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	uired, d	check here				7			
Married filing     inith or	8	Other income from Schedule 1, line 10								8	_	4,881.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is your <b>total inc</b>	come					9	6	3,138.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11		3,138.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					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								•	14		2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is y	our <b>ta</b>	xable incom	ie .		•	15	5	0,188.	
,	7												

Form 1040 (202	2)			Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	6,656.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	6,656.		
	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	6,656.		
	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	6,656.		
Payments	25	Federal income tax withheld from:				
,	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	7,732.		
	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)	Y			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	5			
	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	7,732.		
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	1,076.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,076.		
Direct deposit?	b	Routing number ★ ★ ★ ★ ★ ★ ★ 2 9 7 1 c Type: ★ Checking Savings				
See instructions.	d	Account number * * * * * * 0 0 5 4				
	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 <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.	X No		
Ü	De	signee's Phone Personal ident	ification			
	nai	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 whic				
Here						
	Yo			nt you an Identity IN, enter it here		
Joint return?			inst.)			
See instructions.	Sp		e IRS ser	IRS sent your spouse an		
Keep a copy for your records.			•	ection PIN, enter it here		
your rooordo.	-		inst.)			
		one no. (857)205-0634 Email address adithyaariga1969@gmail.com				
Paid		eparer's name Preparer's signature Date PTIN		Check if:		
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/11/2023 *****		Self-employed		
Use Only	0		none no. (678) 965-9 <u>522</u>			
	Fir	's FIN	**-***5487			