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		Single Married filing jointly	Marrie	ed filing separately (M	(IFS)	Head of	house	hold (HOF	l)		fying surviv se (QSS)	/ing	
Check only one box.	If yo	u checked the MFS box, enter the r	name of v	our spouse. If you ch	necke	d the HOH or	QSS	box, ente	r the cl			qualifying	
		on is a child but not your dependen		, ,				,				, , ,	
Your first name and middle initial La				_ast name							Your social security number		
ASHA GUN				JNISHETTYBABURAO						***-**-5726			
If joint return, spouse's first name and middle initial Last name				me					Sp	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions.								Apt. no.	Dr	Presidential Election Campaign			
			o motraotic	5113.			ľ				k here if you, or your		
7645 BELLISSIMA WAY City, town, or post office. If you have a foreign address, also complete				plete spaces below. State			ZIP C			ouse i	f filing jointl	y, want \$3	
ROUND ROCK				TX				to		to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			Foreign postal code				or refund.	nange	
										☐ You ☐ Spouse			
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award, or p	paym	ent for prope	rty or	services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of					-				Yes	X No	
Standard	Som	eone can claim: You as a de	ependent	Your spouse	e as a	dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind Spo	use:	☐ Was bor	rn befo	ore Janua	ry 2, 1	958	Is blin	d	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check th	e box if	qualifi	es for (see ir	structions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cre		t (Credit for other dependents		
than four													
dependents, see instructions	s ——]	
and check	n »												
here \square						7-		L					
Income	1a	Total amount from Form(s) W-2, k				• • •			•	1a	11:	3,373.	
Attach Form(s)	b	Household employee wages not r			•				•	1b	-		
W-2 here. Also	С	Tip income not reported on line 1							•	1c	-		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	+			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e	+			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f	-		
If you did not get a Form	g	Wages from Form 8919, line 6.	tional .							1g 1h	+	0.	
W-2, see	h i	the state of the s	earned income (see instructions)						In		<u> </u>		
instructions.	z	Nontaxable combat pay election (see instructions)								1z	11	3,373.	
Attach Sch. B	2a	Add lines 1a through 1h Tax-exempt interest	2a		h Ta	 xable interest			•	2b	11,	3,373.	
if required.	3a	Qualified dividends	3a			dinary divider			•	3b			
	4a	IRA distributions	4a			xable amount				4b			
Standard	5a	Pensions and annuities	5a	0		xable amount				5b			
Deduction for—	6a	Social security benefits	6a			xable amount				6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	1		
• Married filing	8	Other income from Schedule 1, line 10							8	-	9,530.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		3,843.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	11	Subtract line 10 from line 9. This i	s your ac							11	10:	3,843.	
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	A)					12	1:	2,950.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
any box under Standard	14	Add lines 12 and 13								14	1:	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	5 90,893.		

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,646.		
Credits	17	Amount from Schedule 2, line 3	17			
Oround	18	Add lines 16 and 17	18	15,646.		
	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	15,646.		
	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	15,646.		
Payments	25	Federal income tax withheld from:				
,	a	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)	7			
	d	Add lines 25a through 25c	25d	19,653.		
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				
	30	Reserved for future use	4			
	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	19,653.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,007.		
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,007.		
Direct deposit? See instructions.	b	Routing number * * * * * * 1 8 2 5 c Type: X Checking Savings	;			
	d	Account number * * * 0 8 5 5 1				
	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 amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See				
	ins	structions	below.	X No		
		signee's Phone Personal iden				
	naı					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi		,		
Here				nt you an Identity		
	10	Pro	otection P	IN, enter it here		
Joint return?		SOFTWARE ENGINEER (Se	e inst.)			
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an			
your records.			e inst.)	ection PIN, enter it here		
	Ph		S 121 K			
		one no. (972)214-9875 Email address ASHAGUNISHETTY5@GMAIL.COM paperer's name Preparer's signature Date PTIN		Check if:		
Paid		The state of the s	*2703	Self-employed		
Preparer	10			(678) 965-9522		
Use Only			one no. (m's EIN	**-***1965		
	1.00	TIT GEOGLOG 2 TO THOUGHT OF EDITORISM TOT THO OUT OF	II O LIIN	<u> </u>		