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

2022

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	hous	ehold (HOF	1)		fying surviv se (QSS)	/ing	
Check only one box.	If yo	u checked the MFS box, enter the r	ame of y	our spouse. If you ch	necke	ed 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				Last name							Your social security number		
AKSHAYA MAN				ANIMARAN						***-**-3760			
If joint return, spouse's first name and middle initial Last name				name					Sp	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pr	esiden	tial Election	Campaign	
1809 GREYMOUTH RD 401									ere if you, o				
City, town, or post office. If you have a foreign address, also complete spaces below.					State ZIP			spous			use if filing jointly, want \$3		
CHARLOTTE				NC			28			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			0.0000			your tax or refund.			
										You Spouse			
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or i	pavm	ent for prope	rtv o	services):	or (b)	sell.			
Assets		ange, gift, or otherwise dispose of					-				Yes	X No	
Standard		neone can claim: You as a dependent Your spouse as a dependent											
Deduction		Spouse itemizes on a separate retu	n or you	ı were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n be	ore Janua	ry 2, 1	958	Is blin	d	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip	4) Check th	e box if	qualifi	es for (see ir	structions):	
If more	(1) F	rst name Last name		number		to you		Child tax cr		t (Credit for other dependents		
than four													
dependents, see instructions	3 ——]	
and check												<u> </u>	
here L	ė.										L		
Income	1a	Total amount from Form(s) W-2, b			-		1			1a	6	6,144.	
A44I- F(a)	b	Household employee wages not r			•					1b	-		
Attach Form(s) W-2 here. Also	C	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 from Form 2441, line 26							1e	+			
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 W-2, see	h	Other earned income (see instruction							1h		0.		
instructions.	i	Nontaxable combat pay election (see instructions)								4-	6	S 1/1/1	
A# 0 D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		h To				•	1z 2b	0	6,144.	
Attach Sch. B if required.	3a	Qualified dividends	3a			dinary divider				3b			
	4a	IRA distributions	4a			axable amoun				4b	+		
Standard	5a	Pensions and annuities	5a			xable amoun				5b	1		
Standard Deduction for—	6a	Social security benefits	6a			xable amoun				6b	1		
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)							0.5				
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	1			
\$12,950 Married filing	8	Other income from Schedule 1, line 10							8	-	5,665.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		0,479.		
surviving spouse,	10	Adjustments to income from Schedule 1, line 26										, -, -, -, -,	
\$25,900 • Head of	11 Subtract line 10 from line 9. This is your adjusted gross income							10	61	0,479.			
household, \$19,400	12	Standard deduction or itemized	,							12	_	2,950.	
If you checked	13	Qualified business income deduct			,	5-A				13	1	, - 5 0 0	
any box under Standard	14	Add lines 12 and 13							14	1:	2,950.		
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		7,529.		
see instructions.				-									

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	6,073.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	6,073.	
	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	6,073.	
	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	6,073.	
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	9,386.	
	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child, attach Sch. EIC.	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			
	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	9,386.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,313.	
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,313.	
Direct deposit?	b	Routing number * * * * * * 2 3 3 7 c Type: X Checking Savings			
See instructions.	d	Account number * * * * 9 1 0 3			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
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		you want to allow another person to discuss this return with the IRS? See			
Designee		structions		X No	
	De	signee's Phone Personal identi me no. number (PIN)	ication		
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the hes	t of my knowledge and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity	
				N, enter it here	
Joint return?		DODINESS ANALISI	inst.)		
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here	
your records.			inst.)		
	Ph	one no. (201) 616-1134 Email address MARANAKSHAYAMANI@GMAIL.COM			
D-:-I		eparer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2023 *****	2703	Self-employed	
Preparer	1		ne no. (678) 965-9522		
Use Only	Fir		Firm's EIN **-**5487		