E1040 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	<b>X</b> :	Single Married filing jointly	Married	filing separately	(MFS)	Head of	household (HOH			fying survi se (QSS)	iving	
Check only one box.		u checked the MFS box, enter the on is a child but not your depender		ur spouse. If you	checke	ed the HOH or	QSS box, enter				e qualifying	
Your first name and middle initial				Э				Yo	Your social security number			
SONALI				UMESH						***-**-7859		
If joint return, s	pouse's	first name and middle initial	Last name	Last name					Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, se	e instruction	S.			Apt. no.	Pre	esiden	tial Electio	n Campaign	
12533 NE 7TH PL								Check			here if you, or your	
		ce. If you have a foreign address, also c	omplete spaces below. State			e	ZIP code		pouse if filing jointly, want \$3 o go to this fund. Checking a			
BELLEVUE	C		WA						o go to this fund. Checking a			
Foreign country	/ name		Fo	reign province/state	e/count	y				or refund.		
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of								Yes	⊠ No	
Standard		eone can claim: You as a d		☐ Your spou					,			
Deduction		Spouse itemizes on a separate retu				а абранавни						
Age/Blindness	You	☐ Were born before January 2,	1958	Are blind S	oouse:		n before Janua	y 2, 19	958	Is bli	nd	
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	ip (4) Check the	e box if	qualifi	es for (see i	nstructions):	
If more	(1) F	rst name Last name		number		to you	Child tax cred		(	Credit for oth	er dependents	
than four												
dependents, see instructions	s ——							]			<u></u>	
and check											<u></u>	
here L						10				L		
Income	1a	Total amount from Form(s) W-2, I							1a	13	88,641.	
A44(-)	b	Household employee wages not reported on Form(s) W-2							1b 1c			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form W-2, see	h	Other earned income (see instruc					1	•	1h		0.	
instructions.	i	Nontaxable combat pay election	(see instruc	ctions)		<u>1i</u>				10	0 641	
		Add lines 1a through 1h						•	1z	13	88,641.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a	452.		axable interest		•	2b		42.	
ii required.	3a	Qualified dividends	3a	432.		rdinary divider		•	3b		462.	
	4a	IRA distributions	4a			axable amount			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amount			5b			
Single or	6a	Social security benefits If you elect to use the lump-sum	6a	athad ahaali bar		axable amount			6b			
Married filing separately,	С 7								7		152.	
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here						8		9,374.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						•	9		29,923.	
Qualifying surviving spouse,	10							•	10	1 12	0,040.	
\$25,900	11	Adjustments to income from Schedule 1, line 26									9,923.	
Head of household,	12	Standard deduction or itemized							11		2,950.	
\$19,400 If you checked	13	And the second s		The second secon	,	 5-А			13	+ +	<u> </u>	
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A							14	1	2,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15		6,973.	
see instructions.			,		,						-, - ,	

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	21,855.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	21,855.	
	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	21,855.	
	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	21,855.	
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	26,452.	
If	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			
	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 <b>total payments</b>	33	26,452.	
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	4,597.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,597.	
Direct deposit?	b	Routing number * * * * * * * 0 0 2 4 c Type: X Checking Savings			
See instructions.	d	Account number   *   *   *   *   8   7   6   6			
	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	oelow.	<b>X</b> No	
		signee's Phone Personal identi	fication		
	nai		Section Visi		
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 whicl			
Here				nt you an Identity	
	YO			IN, enter it here	
Joint return?		SOFTWARE ENGINEER (see	inst.)		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here	
,			11131.)		
		one no. (480) 526-6285 Email address ILANOS.JAISWAL@GMAIL.COM  page 1 Preparer's signature Date PTIN		Chook if	
Paid			0700	Check if:	
Preparer	17	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023 *****		Self-employed	
<b>Use Only</b>			one no. (678) 965-9522		
	Fire	's FIN	**-***1965		