E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 20	22	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple	in this space.
Check only		Single Married filing jointly	_	d filing separate				( )	spou	lifying surv use (QSS)	Ũ
one box.	,	u checked the MFS box, enter the na on is a child but not your dependent	,	our spouse. If yo	ou check	ed the HOH o	r QSS	box, enter th	e child's	name if th	e qualifying
Your first name and middle initial Last name			ne						Your social security number		
SHRINIDH	II		ADKE						***-**-8652		
If joint return, spouse's first name and middle initial Last name				ne					Spouse's social security number		
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ns.			Å	Apt. no.			on Campaign
		REE RD NE					11307		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 sp							ZIP code to		to go to this fund. Checking a		
ATLANTA Foreign country name			E	GA Foreign province/state/county			DOX			ox below will not change our tax or refund.	
				oroign province, state, soundy			, cicigir potal oddo		You Spouse		
Digital		ny time during 2022, did you: (a) rece							-		
Assets		ange, gift, or otherwise dispose of a	-				asset)	? (See instru	ctions.)	Yes	X No
Standard Deduction	_	eone can claim:  Vou as a de Spouse itemizes on a separate retur				a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bo		ore January 2		🗌 ls bl	-
Dependents	`	,		(2) Social sec		(3) Relations	nip (4	) Check the bo	· · · ·		,
If more than four	<b>(1)</b> F	rst name Last name		number		to you		Child tax cr	edit	Credit for oth	her dependents
dependents,										[	
see instructions	s ——									[	$\exists$
and check here										[	
	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)					1a		95,410.
Income	b	Household employee wages not re	•	,		<b>N</b>			1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)						1c			
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 bene		Form 8839, line	∋29 .				1f	_	
lf 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 (s	see instru	ictions)		1	i		_		
		Add lines 1a through 1h	···		· · ·		· ·		1z		95,410.
Attach Sch. B if required.	2a		2a	10	-	axable interes			2b		
	<u>3a</u>		3a	18.	-	Ordinary divide			3b		22.
<b>.</b>	4a 5a		4a		-	axable amour axable amour			4b		
Standard Deduction for—	5a 6a		5a 6a		-	axable amour			5b 6b		
<ul> <li>Single or</li> </ul>	C			ethod check h	_		ı	· · · ·			
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)									
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, line 10									10,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							8		35,432.
surviving spouse,	10	Adjustments to income from Sche	10								
\$25,900 • Head of	11	Adjustments to income from Schedule 1, line 26									35,432.
household, \$19,400	12	Standard deduction or itemized							11		12,950.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A									
any box under Standard	14	Add lines 12 and 13								1	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	, enter -0 This	s is your	taxable incon	ne.		15		72,482.
)											

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	11,562.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	11,562.						
	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	11,562.						
	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	11,562.						
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions)								
	d	Add lines 25a through 25c	25d	13,758.						
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26							
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	$\mathbf{D}$							
	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	13,758.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,196.						
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,196.						
Direct deposit? See instructions.	b	Routing number * * * * 0 0 5 2 c Type: Checking Savings								
	d	Account number * * * * * * * * * * 2 0 4 3								
	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> .								
rou 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										
Designee		signee's Phone Personal identi								
	nai		noation							
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and									
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,						
nere	Yo		If the IRS sent you an Identity Protection PIN, enter it here							
			inst.)							
Joint return? See instructions.	Sp		e IRS ser	nt your spouse an						
Keep a copy for	- 1-	lden	lentity Protection PIN, enter it here							
your records.			inst.)							
		one no. (706)363-5582 Email address shrinidhi.adke@gmail.com								
Paid		eparer's name Preparer's signature Date PTIN	Check if:							
Preparer	SYAM		**2703 Self-employed							
Use Only			ne no. (678)965-9522							
			's EIN **-**1965							
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 02/10/23 PRO Form 1040 (2022)										

irs.gov/Form1040 for instructions and the