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.

Check only			-	d filing separately (				, ,	spo	ouse (QS				
one box.		ou checked the MFS box, enter the na son is a child but not your dependent:		our spouse. If you	checke	ed the HOH or	QSS bo	x, enter t	he child'	s name	if the qua	alifying		
Your first name and middle initial Last n				ne					Your social security number					
VISHAL JALI				т						***-**-9287				
If joint return, spouse's first name and middle initial  Last name									Spouse's social security number					
Home address	(numbe	er and street). If you have a P.O. box, see i	instructio	ons.			Apt.	no.	Presid	ential Ele	ection Car	mpaign		
274 VASS	ER I	DRIVE							Check	Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code									spouse if filing jointly, want \$3 to go to this fund. Checking a					
PISCATAWAY				NJ			08854			box below will not change				
			F	Foreign province/state/county						your tax or refund.				
										Y	ou 🗌 S	Spouse		
Digital	At a	ny time during 2022, did you: (a) rece	ive (as a	a reward, award, or	payn	nent for prope	rty or ser	vices); o	r (b) sell,					
Assets	exch	nange, gift, or otherwise dispose of a	digital a	asset (or a financial	intere	est in a digital	asset)? (	See instr	uctions.	) [ Ye	es 🔀 N	No		
Standard	Som	neone can claim: 🔲 You as a dep	endent	Your spou	se as a	a dependent								
Deduction		Spouse itemizes on a separate return	or you	were a dual-status	alien				,					
Age/Blindness	You	: Were born before January 2, 19	958	Are blind Sp	ouse:	☐ Was bor	n before	January	2, 1958		s blind			
Dependents	(see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4) C	heck the b	oox if qua	lifies for (	see instruc	ctions):		
If more	(1) F	irst name Last name		number		to you		Child tax of	credit	Credit fo	or other dep	endents		
than four														
dependents, see instructions														
and check	·						,							
here						10								
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see	e instructions) .					. 1	а	82,0	160.		
	b	Household employee wages not reported on Form(s) W-2							. 1	b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)					. 1	С				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1	е				
was withheld.	f	Employer-provided adoption benef	its from	Form 8839, line 29	• .				. 1	f				
If you did not	g	Wages from Form 8919, line 6 .							. 1	g				
get a Form W-2, see	h	Other earned income (see instruction	· '				· · ·		. 1	h		0.		
instructions.	i	Nontaxable combat pay election (se	ee instru	uctions)		<u>li</u>								
	<u>Z</u>	Add lines 1a through 1h								z	82,0	160.		
Attach Sch. B if required.	2a		2a			axable interest			. 2					
ii required.	3a_		la			rdinary divider			. 3	_				
	4a		a			axable amoun			. 4					
Standard Deduction for—	5a		ia			axable amount axable amount			. 5					
Single or	6a	Social security benefits 6  If you elect to use the lump-sum ele	ootion n	anthod shook hard					. 6	Б				
Married filing separately,	с 7				•					,				
\$12,950	8	Other income from Schedule 1, line	pain or (loss). Attach Schedule D if required. If not required, check here						. [		0 2	200		
Married filing jointly or	9								. 9	_	-8,2 73,8			
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								0	13,0			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									73,8			
household,	12	Standard deduction or itemized of	•	-					. 1	2	12,9			
\$19,400 • If you checked	13	Qualified business income deduction		,	,	 5-Α			1			<u> </u>		
any box under	14								. 1		12,9	 350		
Standard Deduction,	15	Add lines 12 and 13								5	60,9			
see instructions.	-			., 5 1 11115 15	,					-		±0.		

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	9,021.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	9,021.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20	1,440.	
	21	Add lines 19 and 20	21	1,440.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,581.	
	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	7,581.	
Payments	25	Federal income tax withheld from:			
,	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)	7		
	d	Add lines 25a through 25c	25d	10,821.	
	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	27	Earned income credit (EIC)			
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	7		
	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	10,821.	
Defend	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,240.	
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,240.	
Direct deposit?	b	Routing number * * * * * * 0 0 3 0 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * * 1 4 6 1			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .			
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	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	<b>X</b> No	
		signee's Phone Personal ident	ification		
	na				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic			
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		IT EMPLOYEE (see	inst.)		
See instructions. Keep a copy for	Sp		the IRS sent your spouse an		
your records.			itity Prote inst.)	ection PIN, enter it here	
-	Dh	one no. (301)338-4237 Email address VISHALJALI@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2023 *****	2702	Self-employed	
Preparer				678)965-9522	
Use Only			n's EIN	**-***1965	
				エノしコ	