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.

Check only								spous	Qualifying surviving spouse (QSS)				
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. It you ch	necke	d the HOH or	r QSS I	oox, ente	er the d	child's i	name if th	e qualitying.	
Your first name	and mi	iddle initial	Last nar	me					Y	our soc	ial securit	y number	
ABHITEJA ACHA				HANTA							***-**-5268		
If joint return, spouse's first name and middle initial  Last nar										Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Р	residen	tial Electic	on Campaign	
40 NEWPORT PARKWAY												here if you, or your	
City, town, or post office. If you have a foreign address, also complete s				ete spaces below. State Z				ode				tly, want \$3	
TOTOWA				NJ			075				to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county			Foreign postal code yo			or refund.			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or p	paym	ent for prope	rty or	services)	); or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	nteres	st in a digital	asset)	? (See in	structi	ons.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befo	re Janua	ary 2, 1	958	_ Is bli	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	) Check th	he box	if qualific	es for (see	instructions):	
If more		irst name Last name		number		to you		Child to	ax cred	it C	Credit for other dependents		
than four	3												
dependents, see instructions								[					
and check						102	>	]					
here	]							[					
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	14	15,820.	
	b	Household employee wages not re	eported o	on Form(s) W-2		V				1b	,		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	me not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not rep	ments 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	fits 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 instruct					, .			1h		0.	
instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)	•	<u>1i</u>	i						
	z	Add lines 1a through 1h								1z	14	15,820.	
Attach Sch. B	2a		2a			xable interest			•	2b			
if required.	3a	y sales and a second se	3a			dinary divider				3b			
	4a		4a			xable amoun				4b	-		
Standard Deduction for—	5a		5a			xable amoun				5b	,		
Single or	6a		6a			xable amoun	t			6b			
Married filing separately,	c	If you elect to use the lump-sum e						* *	. 📙	_			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. $\square$	7			
Married filing jointly or	8	Other income from Schedule 1, lin								8	1.0	0.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		(A)						10	14	15,820.	
\$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of household,	11	Subtract line 10 from line 9. This is								11		15,820.	
\$19,400	12	Standard deduction or itemized								12	1	L2,950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A									-	0.050	
Standard Deduction,	14 15	Add lines 12 and 13								14	T	L2,950.	
see instructions.	10	Subtract line 14 from line 11. If Zer	o or less	s, enter -u This is yo	our <b>ta</b>	MODINE INCOM	ie .			15	1 13	32,870.	

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	25,724.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	25,724.		
	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	25,724.		
	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	25,724.		
Payments	25	Federal income tax withheld from:				
. aye	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	24,891.		
	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				
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32			
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	24,891.		
Refund Direct deposit? See instructions.	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	,		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a			
	b	Routing number   *   *   *   *   *   X   X   X   X   C Type: Checking Savings				
	d	Account number   *   *   *   *   *   *   *   *   *				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
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	833.		
	38	Estimated tax penalty (see instructions)				
Third Party	Do	you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions	below.	<b>X</b> No		
		signee's Phone Personal identi	ification			
	naı					
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 whic				
Here				nt you an Identity		
	10			IN, enter it here		
Joint return?		PROJECT MANAGER (see	(see inst.)			
See instructions.	Sp		f the IRS sent your spouse an			
Keep a copy for your records.			lentity Protection PIN, enter it here ee inst.)			
your rooordo.			11131.)			
		one no. (513) 417-1143 Email address ABHI12CV06@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:		
Paid		The state of the s	2702	Self-employed		
Preparer	17					
Use Only	-		Phone no. (678) 965-9522			
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	Firm's EIN **-**5487			