E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple in	this space.	
Check only		Single Arried filing jointly	_	0	separately (N	,			hold (HOH)	spor	lifying survi use (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent	,	our spo	use. If you cl	песк	ed the HOH or	Q55	box, enter the	e child s	s name ir the	; qualitying	
Your first name and middle initial Last				st name							Your social security number		
RITIKA SHET				ГТҮ						***-**-4971			
If joint return, spouse's first name and middle initial Last name				me	ne					Spouse's social security number			
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				ŀ	Apt. no.	Preside	ntial Election	n Campaigr	
1526 VIS	TA (CLUB CIR						2	207	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					baces below. State				ode		this fund. C		
Santa Clara				CA					54	box bel	ow will not o		
Foreign country name				Foreign province/state/county				Foreig	Foreign postal code your tax or refund.			Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									X Yes	No	
Standard		eone can claim: You as a de					a dependent			,			
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spc	ouse	: 🗌 Was bor	n befo	ore January 2	, <mark>19</mark> 58	Is blir	nd	
Dependents	(see	instructions):		(2) S	Social security	1	(3) Relationsh	ip (4) Check the bo	x if quali	fies for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number to you			to you	Child tax credi			Credit for othe	er dependents	
than four dependents,												<u>]</u>	
see instructions												<u></u>	
and check here								·			L	<u></u>	
	4.0				tione)								
Income	1a b	Total amount from Form(s) W-2, by						<u>.</u>		1a 1b		7 <u>,3</u> 15.	
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2								10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								10			
W-2G and	e	Taxable dependent care benefits f								1e			
1099-R if tax	f	Employer-provided adoption bene								1f			
was withheld. If you did not	g						1 1 1 1			1g	ji l		
get a Form	h	Other earned income (see instruct	ions)							1h	1	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						
	Z	Add lines 1a through 1h								1z	: 17	7,315.	
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interest	t.	· · · ·	2b			
if required.	3a	Qualified dividends	3a		110.	b C	ordinary divide	nds .		3b		112.	
	4a		4a				axable amoun			4b	1		
Standard	5a		5a				axable amoun			5b			
• Single or	6a		6a				axable amoun	t		6b	•		
Married filing separately,	c	If you elect to use the lump-sum e						• •	· · · L			_	
\$12,950	7	Capital gain or (loss). Attach Scher			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u>.</u>	· · · · L			5.	
Married filing jointly or	8	Other income from Schedule 1, lin						• •		8		9,223.	
Qualifying spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche			our total inc			• •		9		8,209.	
\$25,900	11	Subtract line 10 from line 9. This is						• •		11		8,209.	
household,	12	Standard deduction or itemized		•	-					12		<u>8,209.</u> 2,950.	
\$19,400 • If you checked	13	Qualified business income deduct					5-A			13		<u> 2, 990.</u>	
any box under	14	Add lines 12 and 13					· · · · ·			14		2,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer					axable incom	e .		15		5,259.	
see instructions.					,							-,	

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

Form 1040 (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	31,088.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	31,088.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	2.
	21	Add lines 19 and 20	21	2.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	31,086.
	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	31,086.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	32,745.
If you have a qualifying child, attach Sch. EIC. [26	2022 estimated tax payments and amount applied from 2021 return	26	
	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 .	4	
	31	Amount from Schedule 3, line 15		
	32 33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	32,745.
		Add lines 25d, 26, and 32. These are your total payments	33	1,659.
Refund	34 35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 35a	1,659.
Direct deposit?	b soa	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	358	1,000.
See instructions.	b	Account number * * * * * * * X		
	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	57	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		tructions	elow.	X No
•		signee's Phone Personal identif	ication	
	nar			
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 which		,
Here				nt you an Identity
	10		ection PIN, enter it here	
Joint return?		OPERATION ANALYST (see i		
See instructions. Keep a copy for	Sp			nt your spouse an
your records.		ldent (see i		ection PIN, enter it here
-	Dh		,	
Paid		pone no. (315)403-4216 Email address RITIKASHETTY2012@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/12/2023 ****2	202	Self-employed
Preparer	-			678) 965-9522
Use Only			s EIN	**-***1965
Go to www.irs.a		n1040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form 1040 (2022)

rs.gov/Form1040 for instructions and the