1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use O	nly—Do not	write or staple	e in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifyir person is a child but not your dependent:								Ĵ			
Your first name	and mi	ddle initial Last name Y						Yours	Your social security number				
KOSHY			CHER	CHERIAN						888-06-6974			
If joint return, spouse's first name and middle initial			Last nar	Last name						Spous	Spouse's social security numbe		
DELCY			MATH	ΕW						APP	LIED FC	R	
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Presic	dential Elect	ion Campaigr	
<u>1200 e p</u>	ARMI	ER LANE							312		k here if you		
City, town, or post office. If you have a foreign address, also complete sp				paces below. State			ite	ZIP c	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
AUSTIN				TX			< A statement of the st	787	53	· · ·	box below will not change		
Foreign country name			F	Foreign province/state/county F			Foreig	oreign postal code		your tax or refund.			
											You	Spouse	
Digital Assets	exch	ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	a digital a	asset (or	a financial i	inter	est in a digital		,	. ,		🗙 No	
Standard	_	eone can claim: 🗌 You as a de	•				a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	ouse	: 🗌 Was bor	n befo	ore Januar	2, 1958	ls b	olind	
Dependents				(2) S	ocial security		(3) Relationsh	in (4) Check the	box if qua	alifies for (see	e instructions):	
If more		irst name Last name		number			to you		Child tax of		Credit for o	ther dependents	
than four													
dependents,												$\overline{\Box}$	
see instructions and check												$\overline{\Box}$	
here												$\overline{\Box}$	
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions) .					. 1	la	22,571.	
Income	b	Household employee wages not re	•		,						lb		
Attach Form(s)	с	Tip income not reported on line 1a	•		. ,						lc		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1	ld				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26					. 1	le					
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 88	339, line 29					. 🗖	1f		
lf you did not	g	Wages from Form 8919, line 6								. 1	lg		
get a Form	h	Other earned income (see instruct	ions) .							. 1	lh	0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	z	Add lines 1a through 1h								. 1	Iz	22,571.	
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	t.		. 2	2b		
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3	Bb		
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4	łb		
Standard	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5	ōb		
Deduction for-	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6	6b		
 Single or Married filing 	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,9507Capital gain or (loss). Attach Schedule D if required. If not re 0 other income from Schedule 1, line 10• Married filing8Other income from Schedule 1, line 10					D if required. If not required, check here $\ .$						7		
											8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9	22,571.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								. 1	10		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								. 1	11	22,571.	
household, \$19,400	12	12 Standard deduction or itemized deductions (from Schedule A)										25,900.	
 If you checked 	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 1	13			
any box under Standard	14	Add lines 12 and 13							. 1	14	25,900.		
Deduction, see instructions.	15	I5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								. [1	15	0.	

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 🗌 881	4 2 4972	3		. 16	0.
Credits	17	Amount from Schedule 2, lir	ne3					. 17	
	18	Add lines 16 and 17						. 18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	0.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	2,3	20.	
	b	Form(s) 1099				25b	· · · ·		
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					. 25d	2,320.
	26	2022 estimated tax payment						. 26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31		_	
	32	Add lines 27, 28, 29, and 31					dits .	. 32	
	33	Add lines 25d, 26, and 32. T			-				2,320.
Defined	34	If line 33 is more than line 24						. 34	2,320.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							
Direct deposit?	b	Routing number $1 1 1 0 0 0 0 2 5$ c Type: X Checking Savings							
See instructions.	d	Account number 4 8 8						J	
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .							
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions						. 37	
	38	Estimated tax penalty (see in				38			
Third Party Designee	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
		structions					s. Comp	lete below.	X No
-		signee's		Phone				identification	
	nai			no.			number (F	,	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		, , , ,		、	1, 2, 7				, 0
	YO	our signature		Date	Your occupation				ent you an Identity PIN, enter it here
Joint return?					LEAD CONSU	JLTANT		(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Spouse's occupati				ent your spouse an	
Keep a copy for your records.					(Identity Prot (see inst.)	tection PIN, enter it here	
your rocordo.					HOME MAKEF			(See Inst.)	
		one no. (512) 917-660		Email address	KOSHYCHERIA				
Paid		eparer's name	Preparer's signat			Date	PT		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/20/20)23 PO	2082703	Self-employed
Use Only		m's name GLOBAL TA							(678)965-9522
			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	88-2145487
Go to www.irc.a	ov/Eorn	n1040 for instructions and the late	et information		D A A				Form 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

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