1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or staple	in this space.
Filing Status		Single Married filing jointly X Married filing separately (MFS) Head of household (HOH)									Qualifying surviving spouse (QSS)		
one box.	-	u checked the MFS box, enter the n son is a child but not your dependent			use. If you ch CKLENE VE			QSS	box, en	ter the	•	· · ·	
Your first name	and mi	iddle initial	Last na	me							Your social security number		
VIVEKKUM	AR	VERM	IA							295-	97-966	2	
If joint return, sp	ouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity numbe
											246-	65-600	0
Home address (numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Electi	on Campaigr
8047 NEW	KEI	NT ROAD										here if you,	
City, town, or po	ost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	te	ZIP c	ode				ntly, want \$3 Checking a
FRISCO				TX				75035			•	ow will not	0
Foreign country name			Foreign province/state/county			ty Fo		reign postal code		your tax or refund.			
												You	Spouse
Digital		ny time during 2022, did you: (a) rec										Yes	X No
Assets		ange, gift, or otherwise dispose of a	-					assel)	(See I	istruc	cuons.)		
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindness		Were born before January 2, 1		Are bl				n befo	ore Janu	ary 2	1958	🗌 ls bl	lind
Dependents	(see	instructions):		(2) 5	Social security		(3) Relationsh					fies for (see	instructions):
If more		irst name Last name	number			to you			Child tax of		edit	Credit for ot	her dependents
than four	.,									\square			
dependents,										$\overline{\square}$			
see instructions and check										$\overline{\square}$			
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)						1a	1	28,051.
moome	b	Household employee wages not re	eported	on Form	n(s) W-2						1b)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see ins	structions)							10	;	
attach Forms	d	Medicaid waiver payments not rep	n Form(s) W-2 (see instructions)							10	1		
W-2G and	е	Taxable dependent care benefits f	m 2441, line 26							1e	•		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g	1	
get a Form	h	Other earned income (see instruct	ions) .					· ·			1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)			1 i						
	z	Add lines 1a through 1h									1z	: 2	28,051.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	: .			2b)	
if required.	3a	Qualified dividends	3a			b C	ordinary divider	nds .			3b)	
	4a	IRA distributions	4a				axable amoun				4b)	
Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	t			5b)	
• Single or	6a	Social security benefits	6a			bТ	axable amoun	t		· _	6b	•	
Married filing	С	If you elect to use the lump-sum e	lection r	nethod,	check here ((see	instructions)			. L			
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here \ldots \Box								7			
 Married filing jointly or 	8	Other income from Schedule 1, lin								8		21,189.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		49,240.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10	-	1,497.	
Head of household	11	Subtract line 10 from line 9. This is your adjusted gross income							11		47,743.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12		12,950.	
 If you checked any box under 	13	Qualified business income deduct			995 or Form	899	5-A				13		
Standard	14	Add lines 12 and 13							14		12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	i	34,793.	

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	3,	968.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	3,	968.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,	968.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	2,	993.
	24	Add lines 22 and 23. This is your total tax								961.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	2,262.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	2,	262.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return .			26		
	27	Earned income credit (EIC)				27				
	28	Additional child tax credit fror	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. These are your total payments						33	2,	262.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34		
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here								
Direct deposit?	b	Routing number X								
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X								
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions					37	4,	861.	
	38	Estimated tax penalty (see in	nstructions) .			38	162.			
Third Party Designee	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_	
	ins	instructions						X No		
	De: nar	signee's ne		Phone no.			sonal ident nber (PIN)	ification		
0:			hat I have exemine				. ,	a tha hay		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								0
Here	Yo	ur signature	Date	Your occupation		If th	he IRS sent you an Identity			
		5					IN, enter it her	re		
Joint return?					SOFTWARE ENGINEER			e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	Date Spouse's occupation				the IRS sent your spouse an entity Protection PIN, enter it here			
your records.							inst.)			
	Ph	one no. (469)237-532	7	Email address		9@GMAIL.CO	M			
		eparer's name	/ Preparer's signat		V V LIVINIA J U J .	Date			Check if:	
Paid								2702	Self-em	nploved
Preparer									678)965-	
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-317	