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.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	(IFS)	Head of	house	hold (HO	H)		fying surv se (QSS)	iving	
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	ed the HOH or	r QSS	box, ent	er the c		` ,	e qualifying	
	pers	on is a child but not your dependent	:										
Your first name	and mi	ddle initial	Last name							Your social security number			
AJAS KHAN			ETHO	ETHODE							***-**-0406		
If joint return, spouse's first name and middle initial Last				ast name						Spouse's social security number			
JAREENA MITAIGHAR											***-**-6441		
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.		4		on Campaign	
7205 SILVER CREEK DR								CDOM			neck here if you, or your ouse if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also complete				plete spaces below. State				ode				Checking a	
PERRYSBURG				OH			435	51	b	ox belo	w will not		
Foreign country name			F	Foreign province/state/county			Foreig	Foreign postal code you		our tax	or refund.	_	
											You	Spouse	
Digital		y time during 2022, did you: (a) rece											
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	est 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	ore Janu	ary 2, 1	958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check t	he box	if qualifi	es for (see	instructions):	
If more		rst name Last name		number		to you		Child tax cred		redit Credit for other dependents			
than four	MOHAN	MED AHIL KHAN ETHODE		***-**-0062		Son				×		<u> </u>	
dependents, see instruction]					
and check	5 —					702	>	j					
here \Box]												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	8	31,032.	
	b	Household employee wages not re	ported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c				
attach Forms	d	Medicaid waiver payments 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	h	Other earned income (see instructions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		<u>1i</u>	i						
	Z	Add lines 1a through 1h								1z	8	31,032.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds .		* *	3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a		5a			axable amoun				5b			
Single or	6a		6a			axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e						* *	. 📙				
\$12,950	7	Capital gain or (loss). Attach Sched						• •	. 🗀	7			
Married filing jointly or	8	Other income from Schedule 1, lin						* *		8		8,649.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		(E)						10	1	72,383.	
\$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								11		72,383.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									2	25,900.	
If you checked any box under	13												
Standard Deduction,	14									14		25,900.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is yo	our t	axable incom	ie .			15	4	16,483.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,166.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	5,166.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	4,666.		
	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	4,666.		
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	3,763.		
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	1			
	30	Reserved for future use				
	31	Amount from Schedule 3, line 15				
	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 total payments	33	3,763.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a			
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings				
See instructions.	d	Account number * * * * * * * * * * * * * * * * * X X X X				
	36	Amount of line 34 you want applied to your 2023 estimated tax 36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	903.		
	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	elow.	× No		
	De nar	signee's Phone Personal identif me no. number (PIN)	ication			
		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bee	t of my knowledge and		
Sign		der perlaities of perjury, i declare that i have examined this return and accompanying scriedules 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		
		Prote	ection P	IN, enter it here		
Joint return?		CONSULTANT (see	nst.)			
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.		HOME MAKER (see i		ection Pily, enter it here		
•	Ph	HOPE PAREN				
		one no. (419) 796–2844 Email address E.AJASKHAN@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2023 *****	2702	Self-employed		
Preparer	T.					
Use Only	-		Phone no. (678) 965-9522 Firm's EIN **-**5487			
	I III	Filli	O LIIN	J401		