Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	/IFS)	Head of I	nousehold (HOH			fying surviving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	your spouse If you ch	hecke	ed the HOH or	OSS hox enter			se (QSS) name if the qualifying	
one box.		on is a child but not your dependent		our spouse. It you or	ICCIN		QOO DOX, CITICI	ti ic ci	iliu 3 i	name ii tile qualifyilig	
Your first name			Last nar	me				You	ur soc	ial security number	
				RIAPPAN					***-**-1946		
If joint return, spouse's first name and middle initial Last name									Spouse's social security number		
									***-**-4594		
MURUGALAKSHMI PAULPANDIAN  Home address (number and street). If you have a P.O. box, see instructions.							Apt. no.	_	Presidential Election Campaign		
, , , , , , , , , , , , , , , , , , , ,					A30					ere if you, or your	
750 OLD LANCASTER RD  City, town, or post office. If you have a foreign address, also complete spa				spaces below. State 2			ZIP code	de spouse if t		filing jointly, want \$3	
BERWYN				'			19312	to go to thi		this fund. Checking a w will not change	
				Foreign province/state/county				oreign postal code your tax or		~ 0	
. o.o.g., ood.,	,			or origin provinces, etaile, e		,	r dreight poolar de			You Spouse	
Digital	Δt an	ny time during 2022, did you: (a) rec	aiva (as :	a reward award or	navn	nent for prope	ty or services):	or (b)	الود		
Assets		ange, gift, or otherwise dispose of a								Yes X No	
Standard		eone can claim: You as a de							,		
Deduction		Spouse itemizes on a separate retur	•			а аоронаон					
	_	Were born before January 2, 1	958 _	-	use:		n before Januar	•		☐ Is blind	
Dependent				(2) Social security		(3) Relationsh	P		· 1	es for (see instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax	credit	C	Credit for other dependents	
than four dependents,		ARTHEESHA PAULPANDIAN		***-**-426		Daughter				×	
see instruction	s <u>KRI</u>	KRISHA PAULPANDIAN		***-**-008!		Daughter	×	<u>{ </u>		<u> </u>	
and check	, —						L			<u> </u>	
here	1										
Income	1a	Total amount from Form(s) W-2, b	,	,	-				1a	117,356.	
Attach Form(s)	b	Household employee wages not re							1b 1c		
W-2 here. Also	С.										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d 1e		
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption bene		Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g	0	
get a Form W-2, see	h	Other earned income (see instruct			•				1h	0.	
instructions.	i	Nontaxable combat pay election (s		4	117 256						
		Add lines 1a through 1h			 L T.			•	1z	117,356.	
Attach Sch. B if required.	2a		2a			axable interest rdinary divider		•	2b		
	3a		3a			axable amount			3b 4b		
Mandand	4a 5a		4a 5a			axable amount			5b		
Standard Deduction for—	6a		6a			axable amount		•	6b		
Single or	C	If you elect to use the lump-sum e						Ė	OD		
Married filing separately,	7	Capital gain or (loss). Attach Sche	H	7							
\$12,950 Married filing	8	Other income from Schedule 1, lin	ш	8	11 725						
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total inc				•	9	-11,725. 105,631.	
Qualifying surviving spouse,	10	Adjustments to income from Sche	•	10	105,031.						
\$25,900	11	Subtract line 10 from line 9. This is		11	10F 621						
Head of household,	12	Standard deduction or itemized	•	-					12	105,631.	
\$19,400	13	Qualified business income deduct		13	25,900.						
If you checked any box under	14			14	2F 000						
Standard Deduction,	15	Add lines 12 and 13								25,900. 79,731.	
see instructions.		Castact into 14 nonninto 11. Il 261	0 01 1000	5, 5/1101 0 . 11110 15 y	Jui L	andolo illoolii	•	•	15	19,131.	

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	9,156.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,156.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	6,656.
	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	6,656.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	18,686.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	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	4	
	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	18,686.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	12,030.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	12,030.
Direct deposit? See instructions.	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		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party		by you want to allow another person to discuss this return with the IRS? See		₩.
Designee		structions		X No
	De nai	signee's Phone Personal identii me no. number (PIN)	ication	
Sign Here		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 which		
		ur signature Date Your occupation If the	IRS se	nt you an Identity
		lane	ection P inst.)	IN, enter it here
Joint return? See instructions.	Sn	SOFTWARE ENGINEER ,		t your spouse an
Keep a copy for	Ор			ection PIN, enter it here
your records.		HOME MAKER (see	inst.)	
	Ph	one no. (610)937-3356 Email address PAUL020584@GMAIL.COM		
Poid	Pre	eparer's name Preparer's signature Date PTIN	-	Check if:
Proporor	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/14/2023 *****	2703	Self-employed
Preparer	Fire	m's name GLOBAL TAXES LLC Phor	ne no. (	678)965-9522

Firm's address

**Use Only** 

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's EIN