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.

Filing Status	S ∐ S	Single 🔀 Married filing jointly	_ Marri	ed filing separately (M	/IFS)	Head of	household (F	HOH)		ifying survi	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	vour spouse. If you ch	necke	ed the HOH or	OSS box	enter the		ise (QSS) name if the	e qualifying	
one box.		on is a child but not your dependen		your opouse. If you of	TOORC		QUO DOM, C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o orma o	namo n en	o qualifying	
Your first name and middle initial										Your social security number		
FNU									***-**-5228			
									Spouse's social security number			
MANISHA SING									***-**-2711			
	(numbe	er and street). If you have a P.O. box, see					Apt. no		Presidential Election Campaign			
95 HOCKANUM BLVD							6926 Check			ere if you,		
						State ZIP code					ly, want \$3	
VERNON ROCKVILLE				CT			06066			this fund. C		
Foreign country name			Foreign province/state		county F					or refund.	onango	
										You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	pavm	ent for prope	rtv or servic	es): or	(b) sell.			
Assets		ange, gift, or otherwise dispose of	•							Yes	⊠ No	
Standard	Som	eone can claim:	penden	t Your spouse	e as a	dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958 [Are blind Spo	use:	☐ Was bor	n before Ja	nuary 2	1958	☐ Is blir	nd	
Dependents			000 [(2) Social security		(3) Relationsh	10.51				nstructions):	
If more		irst name Last name	number			to you		Child tax cre		Credit for oth	er dependents	
than four	<u> </u>										_ 	
dependents,								ī				
see instructions and check	s ——						,	$\overline{\Box}$				
here						10						
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					1a	13	6,890.	
meome	b	Household employee wages not re	eported	on Form(s) W-2		7			1b			
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits 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 (see instructions)										
	Z	Add lines 1a through 1h						1z	13	6,890.		
Attach Sch. B	2a	Tax-exempt interest	b Taxable interest				2b					
if required.	3a	Qualified dividends	3a	231.	b Or	dinary divider	nds				233.	
	4a	IRA distributions	4a		b Ta	xable amoun	t		4b			
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t		5b			
Deduction for— Single or	6a		6a			xable amoun	t		6b	_		
Married filing	С	If you elect to use the lump-sum e	election i	method, check here ((see i	nstructions)			_			
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7		-638.		
Married filing jointly or	8	Other income from Schedule 1, line 10						8		3,850.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total inc	ome				9	12	2,635.	
surviving spouse, \$25,900	10	Adjustments to income from Sche							10	1		
Head of Subtract line 10 from line 9. This is your adjusted gross incom									11 12		2,635.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								2	5,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		0.	
Standard	14	Add lines 12 and 13						14 15		<u>5,900.</u>		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								9	6,735.	

Form 1040 (2022	2)							Page 2		
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	12,505.		
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	12,505.		
	19	Child tax credit or credit for other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, line 8					20	2,000.		
	21	Add lines 19 and 20					21	2,000.		
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	10,505.		
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is your total tax					24	10,505.		
Payments	25	Federal income tax withheld from:								
_	а	Form(s) W-2			25a 22	,725.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	22,725.		
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount a	pplied from 20	021 return			26			
	27	Earned income credit (EIC)		No .	27					
	28	Additional child tax credit from Schedule 8812	2		28					
	29	American opportunity credit from Form 8863	3, line 8		29		<u> </u>			
	30	Reserved for future use			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	22,725.		
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amour	it you overpaid		34	12,220.		
11010110	35a	Amount of line 34 you want refunded to you		is attached, chec	k here		35a	12,220.		
Direct deposit?	b	Routing number * * * * * X X				Savings				
See instructions.	d	Account number * * * * * * * * *								
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is the am e For details on how to pay, go to <i>www.irs.go</i>	•				37			
	38	Estimated tax penalty (see instructions) .			38					
Third Party Designee		you want to allow another person to distructions	cuss this retu			mplete b	elow	X No		
Designee		Designee's		Phone Personal						
	nar		no.			er (PIN)				
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration								
Here	Yo	ır signature	Date	Your occupation				nt you an Identity		
						/:		IN, enter it here		
Joint return? See instructions.			200		'A ENGINEER	`				
Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation				nt your spouse an ection PIN, enter it here		
your records.			STUDENT				nst.)			
	Ph	Phone no.		Email address SAURAV.BIT2K8@GMAIL.COM						
D-1-I		parer's name Preparer's signa	ture		Date	PTIN		Check if:		
Paid	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA					2703	Self-employed		
Preparer		Firm's name GLOBAL TAXES LLC						Phone no. (678)965-9522		
Use Only								Firm's EIN **-**1965		