1040		artment of the Treasury–Internal Revenue Serv 5. Individual Income Ta		urn 20	22	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple in this space.		
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependent	ame of y	ed filing separately our spouse. If you		,		, ,	spou	lifying surviving use (QSS) name if the qualifying		
Your first name	and mi	ddle initial	Last nar	ne					Your so	cial security number		
DHANUNJAI VAS				ASADI						***-**-8492		
		first name and middle initial	Last nar						Spouse's social security number			
				APH ARI					***-**-4926			
	(numbe	r and street). If you have a P.O. box, see					A	vpt. no.		ntial Election Campaigr		
691 BALD	ΕΔ(T.E. DR								nere if you, or your		
		ce. If you have a foreign address, also co	mplete sr	aces below.	St	ate	ZIP c	ode		if filing jointly, want \$3		
DELAWARE		,,,		ОН						this fund. Checking a ow will not change		
Foreign country name			F	Foreign province/state/county						or refund.		
										You Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you									
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	pouse	e: 🗌 Was bo	n befo	ore January 2	, 1958	Is blind		
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	iip (4) Check the bo	ox if qualif	fies for (see instructions):		
lf more	(1) F	rst name Last name		number to		to you		Child tax cr	edit	Credit for other dependents		
than four	HEAV	ENTHIK KRISH VASADI		***-**-41	48	Son				×		
dependents, see instructions K		ANMAI VASADI	***-**-1803 Daughter			X						
and check	>						•					
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1a	121,219.		
meonie	b	Household employee wages not re	1b									
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and	е	Taxable dependent care benefits	rom For	m 2441, line 26					. 1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 2	29 .				. 1f			
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form	h	Other earned income (see instruct	ions) .	· · · · ·					. 1h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		1 i						
	z	Add lines 1a through 1h							. 1z	121,219.		
Attach Sch. B	2a	Tax-exempt interest	2a		b 1	Taxable interes	t.		2b	147.		
if required.	3a	Qualified dividends .	3a		b	Ordinary divide	nds .		. 3b			
	4a	IRA distributions ,	4a		b 7	Faxable amoun	t		4b			
Standard	5a	Pensions and annuities	5a		b 1	Faxable amoun	t		. 5b			
Deduction for-	6a	Social security benefits	6a		b 1	raxable amoun	t		6b			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection n	nethod, check he	re (see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Sche			•			[7			
Married filing	8	Other income from Schedule 1, lin			•	-			8	-12,502.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	108,864.		
surviving spouse,	10	Adjustments to income from Sche	10									
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	11									
household,	12	Standard deduction or itemized	•						12			
\$19,400 • If you checked	13	Qualified business income deduct				95-A .			13			
any box under	14								14			
Standard Deduction,	15	Subtract line 14 from line 11. If zer			••••	taxable incom	ne .		15			
see instructions.			0 01 1000	., enter o i molt	, , 50					02,704.		

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 8814 2 4972 3 . .	16	9,546.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,546.
	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	7,046.
	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	7,046.
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	8,794.
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		
	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	8,794.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,748.
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,748.
Direct deposit? See instructions.	b	Routing number * * * X X X X C Type: Checking Savings		
	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 www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See		_
		structions		X No
	De nai	signee's Phone Personal identi ne no. number (PIN)	fication	
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	e IRS sen	t you an Identity
				N, enter it here
Joint return?		INFORMATION TECHNOLOGY	inst.)	
See instructions. Keep a copy for	Sp			t your spouse an ction PIN, enter it here
your records.			inst.)	
	Ph	one no. (614)440-0179 Email address VASADIDHANUNJAI@HOTMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/07/2023 *****	2703	Self-employed
Preparer				678)965-9522
Use Only			i's EIN	**-***1965
Go to www irs a		n1040 for instructions and the latest information. BAA REV 02/24/23 PRO		Form 1040 (2022)
		DAA REV 02/24/23 PRO		

Go to *www.irs.gov/Form1040* for ins st information.