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

| 2022 |
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| |

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 | housel | nold (HOI | H) [| | fying sur se (QSS) | | |
|----------------------------------|----------------------|---|------------|-------------------------------|--------------|-----------------|------------------------|------------|---------|---------------------|-----------------------|------------------------------|--|
| one box. | If yo | u checked the MFS box, enter the na | ame of y | our spouse. If you ch | neck | ed the HOH or | QSS I | oox, ente | er the | • | ` , | | |
| | pers | on is a child but not your dependent | : | | | | | | | | | | |
| Your first name | and mi | ddle initial | Last nar | me | | | | | - 1 | | | ty number | |
| SONAL | | | KUMA | KUMARI | | | | | | | ***-**-0334 | | |
| If joint return, s | pouse's | first name and middle initial | Last nar | me | | | | | s | pouse's | social se | curity number | |
| HARSH | | | VARD | HAN | | | | | * | **-* | *-944 | 4 | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | Α | pt. no. | P | residen | tial Electi | on Campaign | |
| 10537 н | OLLIV | WELL CT | | | | | | | | | ere if you, | | |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete sp | oaces below. | Sta | te | ZIP co | ode | | | | ntly, want \$3 Checking a | |
| DULUTH | DULUTH | | | | GA 30097 | | | | _ | w will not | • | | |
| Foreign countr | Foreign country name | | | Foreign province/state/county | | | Foreign postal code yo | | | your tax or refund. | | | |
| | | | | | | | | | | | You | Spouse | |
| Digital | | ny time during 2022, did you: (a) rece | | | | | - | | | | | | |
| Assets | exch | ange, gift, or otherwise dispose of a | | | | | asset) | ? (See in | struct | ions.) | ∐ 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/Blindnes: | s You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | use: | Was bor | n befo | re Janua | ry 2, | 1958 | ☐ Is b | lind | |
| Dependent | s (see | instructions): | | (2) Social security | | (3) Relationsh | nip (4 |) Check th | ne box | if qualifi | es for (see | instructions): | |
| If more | | rst name Last name | | number | | to you | | Child to | ax crec | dit C | Credit for ot | ther dependents | |
| than four | OJA | AS VARDHAN | | ***-**-267 | 1 | Son | | [| X | | | | |
| dependents, see instruction | <u> </u> | | | | | | | | | | | | |
| and check | S | | | | | | > | | | | | | |
| here |] | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (see | e instructions) | | | | | | 1a | 1 | 38,586. | |
| | b | Household employee wages not re | eported (| on Form(s) W-2 | | | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | С | 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 instruction | ons) . | | | | · · | | | 1h | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | ee instr | uctions) | | <u>1i</u> | | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | 1z | 1 | 38,586. | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Ta | axable interest | t. | | | 2b | | 3,049. | |
| if required. | 3a | Qualified dividends | 3a | 89. | b 0 | rdinary divider | nds . | | | 3b | | 106. | |
| | 4a | IRA distributions | 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 | | | | | | | . Ш | 7 | | 703. | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | | | 8 | | 10,000. | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | | 9 | 1 | 32,444. | |
| \$25,900 spouse, | 10 | Adjustments to income from Sche | • | | | | | | | 10 | 1 | 7,300. | |
| Head of household, | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | 11 | | 25,144. | |
| \$19,400 | 12 | - ' | | | | | | | | | 1 : | 25,900. | |
| If you checked any box under | 13 | | | | | | | | | 13 | 1 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | 14 | | | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -U This is y | our t | axable incom | ie . | | | 15 | | 99,244. | |
| | | | | | | | | | | | | | |

| Form 1040 (2022 | 2) | | | Page 2 | |
|---------------------------------|------|---|--|---------------------------|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 13,064. | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | |
| 0.00.10 | 18 | Add lines 16 and 17 | 18 | 13,064. | |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 2,000. | |
| | 20 | Amount from Schedule 3, line 8 | 20 | | |
| | 21 | Add lines 19 and 20 | 21 | 2,000. | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 11,064. | |
| | 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 | 11,064. | |
| 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 | 18,350. | |
| lf | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | T | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | | |
| | 29 | American opportunity credit from Form 8863, line 8 | 7 | | |
| | 30 | Reserved for future use | 1 | | |
| | 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 | 18,350. | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 7,286. | |
| neiuliu | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 7,286. | |
| Direct deposit? | b | Routing number * * * * * * X X X X C Type: Checking Savings | | | |
| See instructions. | d | Account number * * * * * * * * * | | | |
| | 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 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 | | you want to allow another person to discuss this return with the IRS? See | | | |
| Designee | | structions | | X No | |
| | | signee's Phone Personal identi me no. number (PIN) | rication | | |
| Sign | Un | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to | the bes | st of my knowledge and | |
| Here | | lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | |
| | Yo | | e IRS sent you an Identity ection PIN, enter it here | | |
| Joint return? | | | inst.) | IN, enter it here | |
| See instructions. | Sp | | IRS se | nt your spouse an | |
| Keep a copy for | · | lden | tity Prote | ection PIN, enter it here | |
| your records. | | SOFTWARE ENGINEER | inst.) | | |
| | | one no. (210)931-5100 Email address SONALKUMARI2612@GMAIL.COM | | | |
| Paid | | eparer's name Preparer's signature Date PTIN | | Check if: | |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2023 ***** | 2703 | Self-employed | |
| Use Only | Fir | | ne no. (| 678)965-9522 | |
| Joe Only | Fir | m's address 245 ROONEY CT F. BRIINSWICK N.J. 08816 | 's FIN | **_**1965 | |