1040		Internal Revenue Servi S. Individual Income Ta		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	o not wr	ite or staple i	n this space.		
Filing Status	x s	Single] Married filing	g separately (N	/IFS)	Head of	housel	nold (HOH)			fying surv se (QSS)	iving		
one box.	,	u checked the MFS box, enter the n on is a child but not your dependent	, ,	oouse. If you c	heck	ed the HOH or	QSS	box, enter	the c	hild's	name if th	e qualifying		
Your first name and middle initial Last name				name							Your social security number			
VIJAYA I	JAKSI	IMI BHARG	KAPILA	PILA						123-45-1380				
If joint return, spouse's first name and middle initial Last na				ame					Sp	Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	pt. no.		Presidential Election Campaign				
23645 AM	(ESF)	IELD PLACE								Check here if you, or your spouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also complete ALDIE								tc			to go to this fund. Checking a box below will not change			
Foreign country name			Foreign	Foreign province/state/county F			Foreig	Foreign postal code y			or refund.	0		
											You	Spouse		
Digital		y time during 2022, did you: (a) rec	•				-							
Assets		ange, gift, or otherwise dispose of a					asset)	? (See ins	tructio	ons.)	Yes	X No		
Standard Deduction		eone can claim: U You as a de Spouse itemizes on a separate retur	•	Your spous a dual-status										
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1	958	🗌 ls bli	nd		
Dependents	s (see	instructions):	(2) Social security		(3) Relationsh	ip (4) Check the	e box if	qualifi	es for (see	instructions):		
If more	(1) Fi	rst name Last name		number	_	to you		Child tax	credit	t (Credit for oth	ner dependents		
than four dependents,]			<u> </u>		
see instructions	s ——]			<u> </u>		
and check here] 1		L	<u></u>		
	1a	Total amount from Form(s) W-2, b	ov 1 (see instri	uctions)]	1a		<u> </u>		
Income	b	Household employee wages not re							•	1b		<u>, 109.</u>		
Attach Form(s)	c	Tip income not reported on line 1a	•							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 f	rom Form 244	1, line 26						1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Form	1 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form	h	Other earned income (see instruct					· ·			1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instruction	is)		1 i								
	Z								•	1z	6	54,589.		
Attach Sch. B	2a		2a			axable interes			·	2b				
if required.	<u>3a</u>		3a			ordinary divide				3b				
	4a		4a			axable amoun			·	4b				
Standard Deduction for—	5a		5a			axable amoun			·	5b				
 Single or 	6а с	Social security benefits 6a b Taxable amount								6b				
Married filing separately,	7								7					
\$12,950Married filing	8	Other income from Schedule 1, line 10							8	_	-6,363.			
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		<u>8,226.</u>				
surviving spouse,	10													
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								10	5	58,226.		
household, \$19,400	hold, 12 Standard doduction or itemized doductions (from Schodule A)							12		2,950.				
If you checked	13	Qualified business income deduct				5-A				13				
any box under Standard	14	Add lines 12 and 13								14	1	2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, ente	er -0 This is y	ourt	taxable incom	е.			15		15,276.		
)														

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	5,578.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,578.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,578.
	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	5,578.
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	5,988.
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	5,988.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	410.
neiuna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	410.
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X		
	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .] [
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	Do	you want to allow another person to discuss this return with the IRS? See		_
	ins	tructions	elow.	× No
	De nai	signee's Phone Personal identiti ne no. Personal identiti	ication	
<u></u>		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Sign		ber penalties of perjury, I declare that I have examined this return and accompanying schedules 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 Pl	N, enter it here
Joint return?		BUSINESS ANALYST (see	inst.)	
See instructions. Keep a copy for	Sp			it your spouse an
your records.			inst.)	ection PIN, enter it here
-	Dh		,	
Paid		pone no. (484)655-5434 Email address BHAGI267@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
			2702	Self-employed
Preparer				
Use Only				678)965-9522
			's EIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	1040 for instructions and the latest information. BAA REV 03/09/23 PRO		Form 1040 (2022)