1040		Internal Revenue Servi		n 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Dc	o not wri	te or staple in this	space.	
Filing Status Check only		Single Married filing jointly Married filing separately (MFS) Head of household (HOH)								Qualifying surviving spouse (QSS)			
one box.		u checked the MFS box, enter the na on is a child but not your dependent		ir spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the qu	alifying	
Your first name and middle initial				ł	Yo	Your social security number							
MALAV MITESHBHAI SHI			SHETH	нетн						127-93-4264			
If joint return, spouse's first name and middle initial				st name					Sp	Spouse's social security number			
		r and street). If you have a P.O. box, see	instructions	S.			A	pt. no.			tial Election Ca		
-		SIDE DRIVE	malata ana		Sta	to.	ZIP co	ada		spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete s LITTLE ELM							750			to go to this fund. Checking a			
Foreign country name								DOX			oox below will not change our tax or refund.		
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes X	No	
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur		Your spouse ere a dual-status a									
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	use	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	Is blind		
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see instru	uctions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	: (Credit for other de	pendents	
than four dependents,]				
see instructions	s ——]				
and check here]				
	10	Total amount from Form(a) W/ 2, b		actructiona)]	1a	24	002	
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re					• •		·	1b	24,	003.	
Attach Form(s)	c	Tip income not reported on line 1a	•				• •		•	10			
W-2 here. Also	d	Medicaid waiver payments not rep	· .						•	1d			
attach Forms W-2G and	e	Taxable dependent care benefits f								1e			
1099-R if tax	f	Employer-provided adoption bene								1f			
was withheld.	g	Wages from Form 8919, line 6 .								1g			
lf you did not get a Form	h	Other earned income (see instructi								1h		0.	
W-2, see	i	Nontaxable combat pay election (s				1i							
instructions.	z									1z	24,	003.	
Attach Sch. B	2a		2a			axable interest				2b			
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds .			3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b			
 Deduction for – Single or 	6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
Married filing	с	If you elect to use the lump-sum e	lection me	thod, check here (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if re	quired. If not requ	ired,	, check here				7			
 Married filing 	8 Other income from Schedule 1, line 10							8					
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									24,	003.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line	26						10			
Head of	<u>11</u>	Subtract line 10 from line 9. This is	your adju	isted gross incon	ne					11	24,	003.	
household, \$19,400	12	Standard deduction or itemized								12	12,	950.	
 If you checked any box under 	13	Qualified business income deduction	on from Fo	orm 8995 or Form	899	5-A				13			
Standard	14	Add lines 12 and 13			•					14		<u>950.</u>	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, e	enter -0 This is ye	our t	axable incom	е.		•	15	11,	053.	

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	1,124.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,124.
	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	1,124.
	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	1,124.
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	2,285.
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	4	
	30	Reserved for future use	4	
	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	2,285.
	33	Add lines 25d, 26, and 32. These are your total payments	33	1,161.
Refund	34 25 o	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 35a	1,161.
Direct deposit? See instructions.	35a b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Routing number X X X X X X X Savings	358	1,101.
		Account number X		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount			1	
You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
104 0110	38	Estimated tax penalty (see instructions)	01	
Third Party Designee		you want to allow another person to discuss this return with the IRS? See		
		tructions	below.	× No
	De	signee's Phone Personal identii	ication r	
	nai			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				t you an Identity
	YO			N, enter it here
Joint return?			inst.)	
See instructions.	Sp			t your spouse an
Keep a copy for your records.		ldent (see		ction PIN, enter it here
,				
		one no. (724)717-5422 Email address MALAVSHETH97@GMAIL.COM parer's name Preparer's signature Date PTIN	T	Check if:
Paid			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2023 P02083		
Use Only				678)965-9522
			's EIN	88-2145487
GO TO WWW.Irs.g	uv/rorn	1040 for instructions and the latest information. BAA REV 01/24/23 PRO		Form 1040 (2022)