E1040		rtment of the Treasury–Internal Revenue Serv 5. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rrite 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 dependen	ame of y	ed filing separately vour spouse. If you		,			spoi	lifying survir use (QSS) name if the	0		
Your first name and middle initial Last				me		Your social security number							
HIMANSHU			KAPO	KAPOOR						342-08-9354			
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
SHWETA OBJ				DBEROI					862-16-5780				
Home address (numbe	r and street). If you have a P.O. box, see	e instructio	ons.			A	Apt. no.	Preside	ntial Election	1 Campaign		
2825 WIN	DY F	HILL RD SE					4	312		nere if you, o			
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	ate	ZIP c	ode		if filing jointl this fund. C			
MARIETTA				GA				67		ow will not c			
Foreign country name				Foreign province/state/county				Foreign postal code y		your tax 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	t 🗌 Your spor	use as	a dependent							
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a dual-statu	us alier	1 –							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	pouse	: 🗌 Was bor		ore January 2		🗌 Is blin			
Dependents	(see	instructions):		(2) Social secu	rity	(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see ir	structions):		
If more	(1) First name Last name			number		to you		Child tax credit		Credit for othe	r dependents		
than four	KAE	IR KAPOOR		138-77-5295 Son		Son]		
dependents, see instructions]		
and check]		
here]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .	• •				. 1a	40	9,264.		
	b	b Household employee wages not reported on Form(s) W-2											
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 1099-R if tax	е	Taxable dependent care benefits							. 1e				
was withheld.	f	Employer-provided adoption bene			29.				. 1f				
If you did not	g	Wages from Form 8919, line 6 .					• •		. <u>1g</u>				
get a Form W-2, see	h	Other earned income (see instruct				1	···		. <u>1h</u>		0.		
instructions.	i	Nontaxable combat pay election (uctions)		1 i							
		Add lines 1a through 1h		••••	· ·				1z		9,264.		
Attach Sch. B	2a		2a	225		Taxable interes			2b		4.		
if required.	<u>3a</u>		3a	235.		Ordinary divide			3b		235.		
	4a	IRA distributions	4a	,		axable amoun			4b				
Standard Deduction for –	5a	Pensions and annuities	5a			axable amoun			5b 6b				
Single or	6a	Social security benefits 6a b Taxable amount											
Married filing separately,	c 7	If you elect to use the lump-sum election method, check here (see instructions)						· · · L		· · · ·	7 000		
\$12,950 Married filing	7 8	Other income from Schedule 1, lin	ss). Attach Schedule D if required. If not required, check here n Schedule 1, line 10					L	_ 7 . 8		<u>7,900.</u> 4 202		
Married filing jointly or	o 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •		9		<u>4,292.</u> 3 111		
Qualifying spouse,	9 10	Adjustments to income from Sche	10		3,111.								
\$25,900	10						• •		11		2 1 1 1		
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income							12		<u>3,111.</u> 5 900		
\$19,400 • If you checked	13				,	····	• •		13		5,900.		
any box under	14									5,900.			
Standard Deduction,	15	Subtract line 14 from line 11. If zer	 10 or less	 s. enter -Ω- This is	••••	taxable incom			15		5,900. 7,211.		
see instructions.				.,	, 501						,,		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Tax and Credits 16 17 18 19 20 21 22 23 24 Payments 25 a b c d If you have a qualifying child, attach Sch. EIC. 26 27 28 29	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16 17 18 19 20 21 22 23 24	74,730. 74,730. 2,000. 9. 2,009. 72,721. 2,114. 74,835.
18 19 20 21 22 23 24 Payments 25 a b c d If you have a qualifying child, attach Sch. EIC. 28	Add lines 16 and 17 Child tax credit or credit for other dependents from Schedule 8812 Amount from Schedule 3, line 8 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Other forms (see instructions) Add lines 25a through 25c	18 19 20 21 22 23	2,000. 9. 2,009. 72,721. 2,114.
19 20 21 22 23 24 Payments 25 a b c d If you have a qualifying child, 27 28	Child tax credit or credit for other dependents from Schedule 8812	19 20 21 22 23	2,000. 9. 2,009. 72,721. 2,114.
20 21 22 23 24 Payments 25 a b c d lf you have a qualifying child, attach Sch. EIC. 28	Amount from Schedule 3, line 8	20 21 22 23	9. 2,009. 72,721. 2,114.
21 22 23 24 Payments 25 a b c d lf you have a qualifying child, attach Sch. EIC. 28	Add lines 19 and 20	21 22 23	2,009. 72,721. 2,114.
22 23 24 Payments 25 a b c d d If you have a qualifying child, 27 attach Sch. EIC. 28	Subtract line 21 from line 18. If zero or less, enter -0-	22 23	72,721. 2,114.
23 24 Payments 25 a b c d lf you have a qualifying child, attach Sch. EIC. 28	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,114.
24Payments25abcdIf you have aqualifying child,27attach Sch. EIC.28	Add lines 22 and 23. This is your total tax		
Payments 25 a b c d If you have a qualifying child, 27 attach Sch. EIC. 28	Federal income tax withheld from: Form(s) W-2 Form(s) 1099 Other forms (see instructions) Add lines 25a through 25c	24	74,835.
a b c d lf you have a qualifying child, 27 attach Sch. EIC. 28	Form(s) W-2 . <td< td=""><td></td><td></td></td<>		
b c d lf you have a qualifying child, 27 attach Sch. EIC. 28	Form(s) 1099		
c d lf you have a qualifying child, 27 attach Sch. EIC. 28	Other forms (see instructions) 25c 834. Add lines 25a through 25c .		
d If you have a qualifying child, 27 attach Sch. EIC. 28	Add lines 25a through 25c		
If you have a 26 qualifying child, 27 attach Sch. EIC. 28	ů –		
qualifying child, 27 attach Sch. EIC. 28	0000 estimated tax normante and amount applied from 0001 return	25d	64,895.
attach Sch. EIC. 28	2022 estimated tax payments and amount applied from 2021 return	26	
) 28	Earned income credit (EIC)		
29	Additional child tax credit from Schedule 8812		
	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	61 00E
33	Add lines 25d, 26, and 32. These are your total payments	33	64,895.
Refund ³⁴	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a Direct deposit? b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Routing number X X X X X C Type: Checking Savings	35a	
Direct deposit? b See instructions. d	Routing number X X X X X X X X C Type: Checking Savings Account number X<		
36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount 37			
You Owe	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	9,940.
38	Estimated tax penalty (see instructions)	0.	272101
Third Party Do	you want to allow another person to discuss this return with the IRS? See		
	tructions	elow.	× No
De	signee's Phone Personal identific	ation r	
nai			
	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p		
Here			nt you an Identity
fO			N, enter it here
Joint return?	MANAGER (see in	ist.)	
See instructions. Sp Keep a copy for			nt your spouse an
your records.	SOFTWARE CONSULTING (see in:	-	ection PIN, enter it here
 Dh	one no. (312)213-0469 Email address KAPOOR.HIM@GMAIL.COM	,	
	parer's name Preparer's signature Self-Prepared Date PTIN		Check if:
Paid	peri ricparea		Self-employed
Preparer	n's name Phone	1	
Use Only —	n's address Firm's		
	n1040 for instructions and the latest information. BAA REV 03/22/23 PRO	2.1.4	Form 1040 (2022)