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

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

	s 🗌 S	Single 🔀 Married filing jointly	Marrie	ed filing separately (M	IFS)	Head of	househ	old (HOF	H)		ying surv	ving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your enouge. If you ch	nack	ed the HOH or	r 099 I	oov ente	or the		se (QSS)	e auglifyina	
one box.		on is a child but not your dependent		rour spouse. It you cit	IECK	led the HOH of	ا دی	JOX, EITE	ei ille i	Cilliu 5 i	iaine ii iii	s qualifying	
Your first name			Last nar	me					Y	our soc	ial security	/ number	
				APOOR						Your social security number 342-08-9354			
				st name						Spouse's social security number			
•	pouse c	s instruction and middle initial								862-16-5780			
SHWETA Home address	(numbe	er and street). If you have a P.O. box, see	OBER							Presidential Election Campaign			
	,	•	ii isti uctic	J113.							ere if you.		
2825 WINDY HILL RD SE City, town, or post office. If you have a foreign address, also complete sp				te spaces below. State Z				17314			buse if filing jointly, want \$3		
, , ,		ce. II you have a loreigh address, also co	ilibiere si	GA				to			to go to this fund. Checking a box below will not change		
MARIETTA Foreign country name				Foreign province/state/county				o / n postal co			w will not o or refund.	change	
Foreign country	упапіе			Foreign province/state/c	Ouri	ıy	roreig	i postai cc	ode y	our tax	You	Spouse	
.	Δ1									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-				Yes	⊠ No	
Assets		eone can claim: You as a de					asseij	(See III	Struct	10115.)	163	Z NO	
Standard Deduction	_						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Deduction		Spouse itemizes on a separate retur	ii or you	were a duar-status a	allel								
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn befo	re Janua	ary 2,	1958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	Check th	ne box	if qualifie	es for (see i	nstructions):	
If more	(1) F	irst name Last name		number	to you		Child tax c		ax cred	lit C	redit for oth	er dependents	
than four	KAE	BIR KAPOOR		138-77-529		Son		×					
dependents, see instruction	٠												
and check													
here \square]	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	40	9,264.	
	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	a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not rep	ported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits f	axable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax 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 instructi	ions) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i	i						
	Z	Add lines 1a through 1h		, .						1z	40	9,264.	
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interest	t.			2b		4.	
if required.	3a	Qualified dividends	3a	235.	b C	ordinary divider	nds .			3b		235.	
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a	I	b T	axable amoun	t			5b			
Deduction for Single or	6a	Social security benefits	6a	l	b T	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum e	lection r	method, check here (see	instructions)					l		
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	required. If not requi	ired	, check here				7		7,900.	
Married filing	8	Other income from Schedule 1, line 10								8		0.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	41	7,403.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of Subtract line 10 from line 9. This is your adjusted gross income						e				11	41	7,403.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)										5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A											
any box under Standard	14	Add lines 12 and 13								14	2	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		1,503.	
	1	▼											

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	85,704.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	85,704.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,100.	
	20	Amount from Schedule 3, line 8	20	9.	
	21	Add lines 19 and 20	21	1,109.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	84,595.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,114.	
	24	Add lines 22 and 23. This is your total tax	24	86,709.	
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	64,895.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
qualifying child, attach Sch. EIC.	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	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		
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings	,		
See instructions.	d	Account number X X X X X X X X X			
	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 <i>www.irs.gov/Payments</i> or see instructions	37	21,814.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	below	⊠ No	
Besignee		signee's Phone Personal iden			
	na				
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and tief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo		If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?		MANAGER	e inst.)		
See instructions. Keep a copy for your records.	Sp	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		SOFTWAKE CONSULTING			
		pone no. (312)213-0469 Email address KAPOOR.HIM@GMAIL.COM paperer's name Preparer's signature Self-Prepared Date PTIN		Check if:	
Paid	FI	eparer's name Preparer's signature Self-Prepared Date PTIN		Self-employed	
Preparer		m'a nama	one re		
Use Only			Phone no. Firm's EIN		
	rir	m's address Firm	I IIII S EIIN		