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

2022

OMB No. 1545-0074

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

Check only			_	ed filing separately (M		_		·		spou	se (QSS)	-	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you cr	теск	ed the HOH or	r QSS b	ox, ente	er the d	chila's	name it th	e qualitying	
Your first name		, ,	Last nar	me					Y	our soc	ial security	v number	
			KAUR								831-33-3272		
		first name and middle initial	Last nar							Spouse's social security number			
,, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									,			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Ap	ot. no.	P	residen	tial Electio	n Campaign	
5860 MC	CRIMN	MON PARKWAY									eck here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	te spaces below. State Z							pouse if filing jointly, want \$3 go to this fund. Checking a		
MORRISV	ILLE			NC			2756				w will not		
Foreign country	y name		F	Foreign province/state/county			Foreign postal code you			our tax or refund.			
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, or p	payr	nent for prope	rty or s	ervices)	; or (b)) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	est in a digital	asset)?	(See in	structi	ions.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent		1					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn befor	e Janua	ıry 2, 1	1958	☐ Is bli	nd	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check th	e box	if qualifi	es for (see i	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child to	x cred	it (Credit for oth	ner dependents	
than four												<u> </u>	
dependents, see instruction	s ——]	
and check	. —]	
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	7	76,277.	
	b	Household employee wages not re	eported (on Form(s) W-2	D.					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	reported on line 1a (see instructions)							1c			
attach Forms	d		ver 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 W-2, see	h	Other earned income (see instructi			•					1h	-	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	•	<u>1i</u>							
	<u>z</u>	Add lines 1a through 1h								1z	/	76,277.	
Attach Sch. B if required.	2a	'	2a			axable interest				2b			
	3a		3a			ordinary divide				3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a		5a 6a			axable amoun axable amoun				5b			
Single or	6a c	Social security benefits If you elect to use the lump-sum e					ι		· .	6b			
Married filing separately,	7	Capital gain or (loss). Attach Sched				,			·	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin							. ⊔	8	_ 2	21,950.	
jointly or	9									9		54,327.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								10	+ 3	7,341.	
\$25,900 Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	-	54,327.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								12		2,950.	
\$19,400 If you checked	13	Qualified business income deducti				 5-А				13	† †	<u>. 4 , </u>	
any box under	14	Add lines 12 and 13								14	1	2,950.	
Standard Deduction,	15								15		11,377.		
see instructions.			_ 0. 1000	-, • 1 11110 10 y	- wi 1				•	.5			

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	4,760.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	4,760.	
	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	4,760.	
	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	4,760.	
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	5,774.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. 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		
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,774.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,014.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,014.	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X C Type: Checking Savings			
oee mandenons.	a	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		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	elow.	X No	
	De	signee's Phone Personal identif			
	naı	me no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to			
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,	
	Yo			nt you an Identity IN, enter it here	
Joint return?		IT JOB (see			
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the		nt your spouse an	
Keep a copy for your records.			dentity Protection PIN, enter it here see inst.)		
your records.					
		one no. (317)376-5436 Email address INDERPREETKAUR308@GMAIL.COM		Ob a all if	
Paid		eparer's name Preparer's signature Date PTIN	2000	Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082		Self-employed	
Use Only				(678)965-9522	
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	<u>84-3171965</u>	