E 1040 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.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	(IFS)	Head of	househ	old (HOH	H) [fying survi se (QSS)	ving	
one box.	If yo	ou checked the MFS box, enter the na	ame of y	our spouse. If you ch	necked	the HOH or	QSS b	ox, ente	er the c		` ,	e qualifying	
	pers	son is a child but not your dependent	:										
Your first name and middle initial La			Last nar	Last name							Your social security number		
SANKAR MA				IANE							***-**-5360		
If joint return, spouse's first name and middle initial Last r				ast name						Spouse's social security number			
DIVYA PINDI				I						*****ED FOR			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	Pı	residen	tial Electio	n Campaign	
2416 S V	JOSS	ROAD						4			ere if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.	State		ZIP co	de				ly, want \$3 Checking a	
HOUSTON				TX							w will not		
Foreign country name			F	Foreign province/state/county			Foreign postal code yo			your tax or refund.			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	payme	ent 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	nteres	t in a digital	asset)?	(See in	structi	ons.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindnes:	s You:	: ☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befor	e Janua	ry 2, 1	958	ls bli	nd	
Dependent	_	Value of the second of the sec		(2) Social security		(3) Relationsh	1	_	•		es for (see i	nstructions):	
If more		irst name Last name		number		to you		Child ta	ax credi	t C	Credit for oth	er dependents	
than four								Г	7		Г	1	
dependents,	9							Ī	_		Ī	1	
see instruction and check	s						-	Ī					
here]												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	4	4,686.	
Income	b	Household employee wages not re	ported	on Form(s) W-2						1b			
Attach Form(s)	C	Tip income not reported on line 1a	(see ins	structions)						1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	iver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits f	rom For	m 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 instruction	ons) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		1i							
mistractions.	z	Add lines 1a through 1h								1z	4	4,686.	
Attach Sch. B	2a	Tax-exempt interest	2a	1	b Tax	able interest	t.			2b			
if required.	3a	Qualified dividends	3a		b Orc	dinary divider	nds .			3b			
	4a	IRA distributions	4a		b Tax	able amount	t			4b			
Standard	5a	Pensions and annuities	5a	1	b Tax	able amount	t			5b			
Deduction for—	6a	Social security benefits	6a	li li	b Tax	able amount	t			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here ((see in	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	required. If not requ	ired, c	check here				7			
Married filing	8	Other income from Schedule 1, lin	e 10 .							8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	4	4,686.	
surviving spouse, \$25,900	10	Adjustments to income from Schell	dule 1, li	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	4	4,686.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	2	5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
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 zer	o or less	s, enter -0 This is yo	our ta	xable incom	ne .			15	1	8,786.	
SSS IIISTI UOTIONS.													

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	1,878.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	1,878.		
	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	1,878.		
	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	1,878.		
Payments	25	Federal income tax withheld from:				
,	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)	7			
	d	Add lines 25a through 25c	25d	6,215.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	>		
If you have a qualifying child,	27	Earned income credit (EIC)	10 1			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	3			
	30	Reserved for future use	Л			
	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	6,215.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,337.		
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,337.		
Direct deposit?	b	Routing number * * * * * * X X X X C Type: Checking Savings				
See instructions.	d	Account number * * * * * * * * *				
	36	Amount of line 34 you want applied to your 2023 estimated tax 36				
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	Do	you want to allow another person to discuss this return with the IRS? See				
Designee		structions	below.	X No		
		signee's Phone Personal iden				
	nai					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi		,		
Here				-		
	YO		If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?		DOT NET DEVELOPER (se	e inst.)			
See instructions.	Sp			nt your spouse an		
Keep a copy for your records.			entity Prote e inst.)	ection PIN, enter it here		
,		HOPE MAKEK	5 11131.)			
		one no. (832) 830 – 9504 Email address SANKAR.M7@GMAIL.COM		Chook if		
Paid		Preparer's signature Preparer's signature Date PTIN ONLY DRIVE SIGNATURE DATE ONLY DRIVE SIGNATURE DATE ONLY DRIVE SIGNATURE ONLY DRIVE SIGNATURE DATE ONLY DRIVE SIGNATURE DATE ONLY DRIVE SIGNATURE ONLY DRI	+0700	Check if:		
Preparer	9		*2703	Self-employed		
Use Only			Phone no. (678) 965-9522			
-	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	irm's FIN **-***1965			