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				ed filing separately (M		_				spou	fying survi se (QSS)	Ü	
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If you ch	neck	ed the HOH or	QSS	6 box, enter	the cl	hild's	name if the	e qualifying	
Your first name		, '	Last na	me					Yo	ur soc	ial security	number	
AKHIL				LANKA						123-45-5748			
	oouse's	first name and middle initial	Last na							Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										Presidential Election Campaign			
3699 LEN	IOX I	RD NE						329		Check here if you, or your spouse if filing jointly, want			
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	plete spaces below. State ZIP							this fund. C		
ATLANTA				GA 30					bo	x belo	w will not o		
Foreign country	name		F	Foreign province/state/county Foreign									
	• • •								()		You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-				Yes	X No	
Standard		eone can claim: You as a de		<u></u>			4000	ty: (000 iii.0.	dotte	71101)			
Deduction	_	Spouse itemizes on a separate retu											
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	: Was bor	n be	fore January	/ 2, 19	958	Is blir	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ıip	(4) Check the	box if	qualifi	es for (see i	nstructions):	
If more	•	rst name Last name		number	4	to you		Child tax cred		: 0	Credit for oth	er dependents	
than four													
dependents, see instructions													
and check													
here]	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a	11	3,634.	
	b	Household employee wages not r								1b			
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 from Form 2441, line 26											
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6								1g			
get a Form W-2, see	h	Other earned income (see instructions)								1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)									11	2 (24	
	<u>z</u>	Add lines 1a through 1h								1z	1 11	3,634.	
Attach Sch. B if required.	2a	·	2a			axable interest				2b			
	3a	Qualified dividends							•	3b 4b			
24	4a 5a	Pensions and annuities	5a			axable amoun				5b			
Standard Deduction for—	6a		6a						•	6b			
Single or Married filing	C	Social security benefits 6a								OD			
separately,							•		\Box	7			
\$12,950 Married filing	7 Capital gain or lioss). Attach Schedule D if required, if not required, check here								8	_	9,515.		
jointly or	9	Other income from Schedule 1, line 10								9		$\frac{9,313.}{4,119.}$	
Qualifying surviving spouse,	10									10	+ 10	<u> </u>	
\$25,900	of 11 Subtract line 10 from line 9. This is your adjusted gross income								11	1.0	4,119.		
Head of household,									•	12		$\frac{4,119.}{2,950.}$	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A									+ +	<u>,</u>	
any box under Standard	14	Add lines 12 and 13								13	1	2,950.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		$\frac{2,550.}{1,169.}$	
see instructions.					_			-				, =	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,718.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	15,718.	
	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	15,718.	
	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	15,718.	
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	18,060.	
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)			
attach Sch. Elo.	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	18,060.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,342.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,342.	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X C Type: Checking Savings			
	d	Account number X X X X X X X X X X 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	olow	X No	
Designee		esignee's Phone Personal identif			
		me no. number (PIN)			
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to dief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo			it you an Identity	
				N, enter it here	
Joint return? See instructions.		DATA ENGINEER		t vour apouse ap	
Keep a copy for your records.	Sμ	Ident	he IRS sent your spouse an entity Protection PIN, enter it here inst.)		
	——Ph	none no. (412)515-7524 Email address AKHILSOMALANKA7@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid				Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC Phor	Phone no.		
Use Only			n's EIN		
			 		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

2022 Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

AKHI	L SOMALANKA								123-4	5-5748	
Part			s From Rental Real Estate ar								
	Note: If you a	re in t	he business of renting personal prope s from Form 4835 on page 2, line 40.	rty, use	Schedule	e C. See	instru	ctions. If you ar	e an indiv	/idual, rep	ort farm
Α [ents in 2022 that would require you		Form(s)	10002 5	Soo inc	structions			s V No
			ou file required Form(s) 1099? .								
						· ·	• •			10	
1a	Physical address	of ea	ach property (street, city, state, ZI	P cod	e)						
Α	IN										
В											
С											
1b	Type of Property	2					Fa	ir Rental	Person	QJV	
	(from list below)		above, report the number of fair personal use days. Check the Q		hay only				Da		
A	3		if you meet the requirements to			A		365	0		<u> </u>
В		-	qualified joint venture. See instru			В					<u> </u>
С	- (D					С					
	of Property:	al a .a a	2 Vanation/Chart Tarra Day		5 lane	_	7	Calf Dantal			
	Single Family Resid		 3 Vacation/Short-Term Rer 4 Commercial 	ıtaı	5 Land			Self-Rental	l= =\		
	Multi-Family Resid	ence	4 Commercial		6 Roya	ailles	_ ^	Other (descri	De)		
								Propertie	es:		
Incom	ne:					Α		В			С
3				_		5	10.				
4		<u> t</u>		4							
Exper											
5											
6			structions)			1 -					
7			nce			1,5	60.				
8				8							
9				9							
10			sional fees	11		7	41.				
11 12			to banks, etc. (see instructions)	12		/	4 1.				
13		-		13							
14				14		2,9	84.				
15	Supplies			15		2,5					
16				16		, -					
17				17		2,2	30.				
18			or depletion	18							
19	Other (list)			19							
20			nes 5 through 19	20		10,0	25.				
21	Subtract line 20 fr	om li	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must	- 1							
	file Form 6198 .			21		-9,5	15.				
22			estate loss after limitation, if any,								
			tructions)	22	(9,51		()	()
23a			ported on line 3 for all rental prope				23a		510.		
b	*		ported on line 4 for all royalty prop				23b				
C			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d	1 ^	025		
e 24			ported on line 20 for all properties				23e		,025.		
24 25	•		amounts shown on line 21. Do no ses from line 21 and rental real esta		-		 Inter t		24 25	(9,515.)
	-	-								(J,J13.)
26			te and royalty income or (loss). , and line 40 on page 2 do not								
			, and line 40 on page 2 do not						' oe		_0 515