E1040		Internal Revenue Servi S. Individual Income Ta		202	2	OMB No. 1545	-0074	IRS Use C	only—Do	o not wi	rite or staple in this space.		
Filing Status	X S	Single] Married fi	iling separately (N	/IFS)	Head of	house	nold (HOH)		ifying surviving ise (QSS)		
one box.	pers	u checked the MFS box, enter the n on is a child but not your dependent		spouse. If you cl	neck	ed the HOH or	QSS	box, enter	the c	hild's	name if the qualifying		
Your first name and middle initial Las					Yo	Your social security number							
MD LUTFU	IR		RAHMAN	AHMAN							035-86-6384		
If joint return, spouse's first name and middle initial Las				ast name						Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see			A	pt. no.	Pr	esider	ntial Election Campaign				
2197 BRI	LIFF RD,NE									Check here if you, or your spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also comp ATLANTA								to			to go to this fund. Checking a box below will not change		
Foreign country name			Foreign province/state/county			y	Foreign postal code				or refund.		
											You Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as a re	ward, award, or	payr	nent for prope	rty or	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital asse	et (or a financial i	ntere	est in a digital	asset)	? (See ins	tructio	ons.)	Yes X No		
Standard Deduction	_	eone can claim:	-	Your spouse									
		Were born before January 2, 1			ouse		n befo	ore Januar	y 2, 1	958	Is blind		
Dependents	s (see i	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	e box if	f qualif	ies for (see instructions):		
If more	(1) Fi	rst name Last name		number		to you		Child ta:	k credi	t	Credit for other dependents		
than four]				
dependents, see instructions]				
and check	·]				
here													
Income	1a ⊾	Total amount from Form(s) W-2, b								1a	8,191.		
Attach Form(s)	b c	Household employee wages not re					• •		•	1b 1c			
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)							1d				
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax	f	Employer-provided adoption bene			•		• •		•	1f			
was withheld.	g	Wages from Form 8919, line 6 .			•		• •		·	1g			
lf you did not get a Form	9 h	Other earned income (see instruct			•		• •		•	1h			
W-2, see	i	Nontaxable combat pay election (s				11	.						
instructions.	z									1z	8,191.		
Attach Sch. B	2a	S I	2a		b Ta	axable interes	: .			2b	· · · · · · · · · · · · · · · · · · ·		
if required.	3a	Qualified dividends	3a			rdinary divide				3b			
	4a	IRA distributions	4a		bТ	axable amoun	t			4b			
Standard Deduction for –	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b			
	6a	Social security benefits	6a		b T	axable amoun	t			6b			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection meth	hod, check here ((see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if rec	quired. If not requ	ired	, check here				7			
 Married filing 	8	Other income from Schedule 1, lin								8	22,400.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This	s is your total inc	ome	э				9	30,591.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line	26						10			
 Head of 	<u>11</u>	Subtract line 10 from line 9. This is	s your adjus	sted gross incon	ne					11	30,591.		
household, \$19,400	12	Standard deduction or itemized	deductions	s (from Schedule	A)					12	12,950.		
 If you checked 	13	Qualified business income deduct	ion from Fo	rm 8995 or Form	899	5-A				13			
any box under Standard	14	Add lines 12 and 13			•					14	12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, er	nter -0 This is y	our t	axable incom	e.			15	17,641.		
)													

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

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	1,910.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,910.
	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	1,910.
	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	1,910.
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	603.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	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	1	
	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	603.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
neiuna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
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 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe.		
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,350.
	38	Estimated tax penalty (see instructions)		
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See		
		tructions	elow.	× No
		signee's Phone Personal identiti	ication r	
	nai			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, 0
Here				, ,
	YO	5		t you an Identity N, enter it here
Joint return? See instructions.			inst.)	
	Sp			t your spouse an
Keep a copy for your records.				ction PIN, enter it here
your records.			inst.)	
		one no. (404)542-2859 Email address LUTFUR.CU@GMAIL.COM		01 1 1
Paid		Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/15/2023 P02082		Self-employed
Use Only	Fir		ie no. (678)965-9522
	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	84-3171965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/09/23 PRO		Form 1040 (2022)