E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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OMB No. 1545-0074

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

Filing Status Check only	<b>X</b> 5	Single Married filing jointly	Married	d filing separately (N	/IFS)	Head of	household	I (HOH)		alifying	g surviv QSS)	/ing		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you cl	hecked	the HOH or	QSS box	, enter t		,	,	qualifying		
Your first name and middle initial				Last name							Your social security number			
ASHISH				ADA					***-**-8559					
If joint return, spouse's first name and middle initial La				Last name						Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.										Presidential Election Campaign Check here if you, or your				
11022 GEORGETOWN PIKE								_				r your y, want \$3		
City, town, or post office. If you have a foreign address, also com								ZIP code to				hecking a		
GREAT FALLS						22066	~.			ill not cl	hange			
Foreign country name			Fo	Foreign province/state/county			ty Foreign postal code		your tax or refund.  You Spouse					
 Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward, award, or	payme	nt for prope	rty or ser	vices); o	r (b) sell	_	-			
Assets		ange, gift, or otherwise dispose of a									Yes	X No		
Standard		eone can claim: You as a de				$\overline{}$								
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status	alien									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spc	ouse:	☐ Was bor	n before	January	2, 1958		Is blin	d		
Dependents	(see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Ch	eck the b	oox if qua	lifies fo	r (see in	structions):		
If more		rst name Last name		number		to you		Child tax	credit	Credi	t for othe	er dependents		
than four												]		
dependents, see instructions												]		
and check												]		
here												]		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)		<i>.</i>			. 1	а	9(	0,780.		
	b	Household employee wages not re	eported o	on Form(s) W-2					. 1	b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)						. 1	С					
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1	d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. 1						
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f				
If you did not	g	Wages from Form 8919, line 6.							. 1	g				
get a Form W-2, see	h	Other earned income (see instruction					· · ·		. 1	h		0.		
instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		. <u>1i</u>					0.4	0 500		
		Add lines 1a through 1h								Z .	90	0,780.		
Attach Sch. B if required.	2a	The state of the s	2a			able interest			. 2					
ii required.	3a		3a			inary divider			. 3	20				
	4a		4a			able amoun			. 4	00				
Standard Deduction for—	5a		5a			able amoun <sup>.</sup> able amoun			. 5					
• Single or	6a	Social security benefits If you elect to use the lump-sum e	6a						. 6	D				
Married filing separately,	С 7	Capital gain or (loss). Attach Sched								,				
\$12,950  Married filing	8	Other income from Schedule 1, lin		required. If flot requ					. [			7,816.		
jointly or	9											2,964.		
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									- 02	-, 504.		
\$25,900 • Head of	11	Adjustments to income from Schedule 1, line 26								0	9′	2,964.		
household,	12	Standard deduction or itemized deductions (from Schedule A)								2		2,954.		
\$19,400 • If you checked	13	Qualified business income deducti			,	Δ			. 1					
any box under	14									4	11	2,950.		
Standard Deduction,	15	Add lines 12 and 13							1			0,014.		
see instructions.				, , , , , , , , , , , , , , , , , , , ,				-	•		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Form 1040 (2022	2)			Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,023.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	11,023.		
	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	11,023.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.		
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	11,023.		
Payments	25	Federal income tax withheld from:				
,	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	12,737.		
	26	2022 estimated tax payments and amount applied from 2021 return	26	>		
If you have a qualifying child,	27	Earned income credit (EIC)	Y			
attach Sch. 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	12,737.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,714.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,714.		
Direct deposit?	b	Routing number * * * * * * X 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 <b>amount you owe</b> .  For details on how to pay, go to www.irs.gov/Payments 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.	<b>X</b> No		
		signee's Phone Personal ident	ification			
	nai		Volence Con-			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic				
Here						
	10		the IRS sent you an Identity Protection PIN, enter it here			
Joint return?		SOFTWARE ENGINEER (see	inst.)			
See instructions.	Sp			nt your spouse an		
Keep a copy for your records.			ntity Prote inst.)	ty Protection PIN, enter it here		
your roomus.						
		one no. (217) 417-7087 Email address MUNDADA.ASHISH2010@GMAIL.COM		Chook if:		
Paid		Preparer's signature  Preparer's signature  Date  PTIN  O 2 / 0 1 / 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2702	Check if:		
Preparer	17	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2023 *****		Self-employed		
Use Only			none no. (678) 965-9522			
	Fire	i's FIN	SEIN **-***1965			