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



OMB No. 1545-007

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

Filing Status Check only	s X	Single Married filing jointly	Marrie	ed filing separately (M	MFS)	☐ Head of	house	hold (HOH) [ifying sur		9
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you cl	necke	ed the HOH or	r QSS	box, enter	the o				alifying
Your first name and middle initial				me					Y	Your social security number			
GAURAV			SING	Н					0	021-54-9010			
If joint return, spouse's first name and middle initial				me					S	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			,	Apt. no.	P	resider	ntial Elect	ion Ca	ampaign
fsdf									Check here if you, or you				
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces below. State Z				ZIP c			spouse if filing jointly, want \$3 to go to this fund. Checking a			
Mount Juliet				TN				.22		box below will not change			
Foreign country name			Foreign province/state/county				Forei	Foreign postal code yo		your tax or refund.			J
											You		Spouse
Digital		ny time during 2022, did you: (a) rece	•				•	,					
Assets		ange, gift, or otherwise dispose of a					asset	? (See ins	tructi	ions.)		X	No
Standard Deduction		eone can claim:		•		a dependent							
Age/Blindnes:	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Januar	v 2. 1	1958		olind	
		(see instructions):		(2) Social security		(3) Relationship		(4) Check the bo			ies for (see	e instru	uctions):
If more		rst name Last name		number		to you		Child tax c		it	Credit for o	ther de	ependents
than four													
dependents,													
see instruction and check	s —												
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		50,	712.
	b	Household employee wages not reported on Form(s) W-2								1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver 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 benefits 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 instructions)							1h			0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i	i						
	Z								1z		50,	712.	
Attach Sch. B	2 a	' <u>-</u>	2a			axable interes				2b			
if required.	3a		3a			rdinary divide				3b			
	4a		4a			axable amoun				4b			
Standard Deduction for— Single or	5a	_	5a			axable amoun				5b			
	6a	,	6a			axable amoun			·	6b			
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)							_				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here L						Ш	7				
Married filing jointly or	8	Other income from Schedule 1, line 10						•	8			828.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	+	40,	884.
\$25,900	10 11	Adjustments to income from Schedule 1, line 26								10	+	1.0	001
Head of household,	12	Subtract line 10 from line 9. This is your adjusted gross income						•	12			<u>884.</u>	
\$19,400 If you checked	13	Standard deduction or itemized deductions (from Schedule A)							13		<u> 1</u>	950.	
any box under	14	Add lines 12 and 13					•	14	+	12	950.		
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15			934.		
see instructions.	-				-							1	•

		Page 2
972 3 🗌	16	3,866.
	17	
	18	3,866.
	19	
	20	
	21	
	22	3,866.
	23	0.
	24	3,866.
1 1		
. 25a 10,059.		
. 25b 314.		
. 25c		
	25d	10,373.
	26	
. 27		
. 28		
. 29		
. 30		
. 31		
nd refundable credits	32	10 372
amount you everaid	33	10,373.
amount you overpaid	34 35a	6,507.
d, check here	SSA	0,007.
X X X X X X		
00		
. 36		
tions	37	
. 38	0.	
IRS? See		
Yes. Complete b	oelow.	X No
Personal identi	fication _r	
number (PIN)	L	

lax and	16	lax (see instructions). Check	it any trom Form	(s): 1 🔲 881	4 2 _ 4972	3 🗌		16	3,8	300.	
Credits	17	Amount from Schedule 2, lin	ne 3					. 17			
	18	8 Add lines 16 and 17							3,8	366.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lir	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	3,8	366.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23		0.	
	24	Add lines 22 and 23. This is	your total tax					24	3,8	366.	
Payments	25										
•	а	Form(s) W-2						€.			
	b	Form(s) 1099						l .			
	С	Other forms (see instructions)									
	d	Add lines 25a through 25c						25d	10,3	373.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return									
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)									
	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,3	373.	
Refund	34	If line 33 is more than line 24						34	6,5	507.	
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	6,5	507.	
Direct deposit?	b	Routing number X X X X X X X X X									
See instructions.	d	Account number X X X X X X X X X									
	36	Amount of line 34 you want applied to your 2023 estimated tax 36									
Amount You Owe	37										
roa owe	38	For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See	Daman lad	ia halaw	V Na		
Designee				Phone				te below.	× No		
	na	signee's me		no.			nber (PIN				
Sign		der penalties of perjury, I declare			r than taxpayer) is ba	sed on all information	tion of wh	nich prepar	er has any know	vledge.	
Here	Yo	Your signature		Date Your occupation			If	If the IRS sent you an Identity			
		•						rotection P	tection PIN, enter it here		
Joint return?					STUDENT			ee inst.)			
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
		Phone no. (314) 745-9096		Facally address	Q Q T N Q T Q T T T T T T T T T T T T T	(5			ш		
		(0=-):-0 000	Email address	G.SINGH@WU	PTIN		Chook if:				
Paid		Preparer's name Preparer's signa			Date		00702	Check if: 2703 Self-employed			
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM	KAM SAGAR	GUPTA TALLAM	04/01/2023)82703		-		
Use Only											
•	Fir	m's address 245 ROONE	F	Firm's EIN 84-3171965							

Form 1040 (2022)