1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		Irn	202	2	OMB No. 15	45-0074	IRS Use	Only—E	Do not w	rite or staple i	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of yo	-	eparately (N se. If you ch						spou	lifying surv use (QSS) name if th	0
Your first name and middle initial Last name										Your social security number			
GAURAV			KOLAF	KOLARKAR						*	***-**-6298		
				ne						S	pouse	s social sec	curity number
ABOLI HEMANT JA				JAMBHEKAR						*	*****ED FOR		
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ns.				ŀ	Apt. no.	P	reside	ntial Electio	on Campaign
19940 N	23RI	DAVE APT 2065C										nere if you,	
City, town, or post office. If you have a foreign address, also comp				nplete spaces below. State 2									tly, want \$3 Checking a
PHOENIX			AZ					850				ow will not	
Foreign country name			Foreign province/state/county F				Foreig			our tax	or refund.	Ū	
												You	Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spouse	e as a	depender	ıt.					
Deduction		Spouse itemizes on a separate retur	n or you	were a c	lual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958] Are blii	nd Spo	use:	Was I		ore Janua			Is bl	
Dependents	(see	instructions):			ocial security		(3) Relation	ion inp) Check t	he box	if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name			number		to you		Child t	ax cred	lit	Credit for oth	her dependents
than four dependents,												[
see instructions												l	
and check	2								[
here 🗌												l	
Income	1 a	Total amount from Form(s) W-2, b					• • •	<u>.</u>	•	·	1 a		35,594.
Attach Form(a)	b	Household employee wages not re				•	1	• • •	• •	• •	1b		
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a (see instructions)							• •	• •	10		
attach Forms	d	Medicaid waiver payments not rep				nstruc	ctions) .		• •	• •	1d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f				·	• • •		• •	• •	1e		
was withheld.	f	Employer-provided adoption bene		Form 88	339, line 29	•			• •	· ·	1f		
If you did not	g	Wages from Form 8919, line 6 .							• •		1g		
get a Form W-2, see	h	Other earned income (see instruct		· ·	\cdot		· · · ·		• •	• •	1h		0.
instructions.	-	Nontaxable combat pay election (s Add lines 1a through 1h	see instru	ictions)		•	· · L	1i			1z		35,594.
Attach Sab B	z 2a		2a		····	h Та	 xable inter	 oct	• •	• •	2b		5,571.
Attach Sch. B if required.	3a		2a 3a				dinary divi		• •	• •	3b		
	4a		4a				xable amo		• •		4b		
Standard	5a		5a				xable amo			• •	5b		
Deduction for—	6a	H	6a				xable amo				6b	-	
 Single or Married filing 	c	If you elect to use the lump-sum e		ethod c						· .			
separately,	7	Capital gain or (loss). Attach Sche							• •		7		
\$12,950Married filing	8	Other income from Schedule 1, lin								·	8		
jointly or	9	Other income from Schedule 1, line 10							9	۶	35,594.		
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26											
\$25,900 • Head of	11	Subtract line 10 from line 9. This is									10	-	35,594.
household,	usehold, 12 Standard deduction or itemized deductions (from Schedule A)								12		25,900.		
\$19,400 • If you checked	13	Qualified business income deduct					-A				13		
any box under Standard	14										14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zer		, enter -(0 This is v	our ta	xable inc	ome			15		59,694.
see instructions.					·).								

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	6,750.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	6,750.		
	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	6,750.		
	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	6,750.		
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	13,588.		
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26			
	27	Earned income credit (EIC)				
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	13,588.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,838.		
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	6,838.		
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	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			
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee		structions		X No		
	De	signee's Phone Personal iden ne no. number (PIN)				
Ciam		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and		t of my knowledge and		
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi		,		
Here	Yo	ur signature Date Your occupation If t	he IRS ser	nt you an Identity		
				N, enter it here		
Joint return?		SOFTWARE DEVELOTER (e inst.)			
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.			e inst.)			
	Ph	one no. (602)772-6891 Email address GAURAV.KOLARKAR@LIVE.COM				
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:		
			*2703	Self-employed		
	-			678)965-9522		
			m's EIN	**-**1965		
Go to wave ins or		n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form 1040 (2022)		
GO 10 WWW.113.90		DAA REV 02/10/23 PRO		(2022)		

irs.gov/Form1040 for instructions and th