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	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	☐ Head of	housel	old (HO	H)		fying surv se (QSS)	iving	
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	neck	ed the HOH or	r QSS I	ox, ent	er the c		` ,	e qualifying	
	pers	on is a child but not your dependent	:										
Your first name	and mi	ddle initial	Last name							Your social security number			
JERIN CH				CHACKO							***-**-4369		
If joint return, spouse's first name and middle initial Last r				ast name						Spouse's social security number			
NEETHU KURIAKOSE *								*	***-**-6957				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			А	pt. no.	Pi	residen	tial Election	n Campaign	
									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				mplete spaces below. State			ZIP co					Checking a	
ROANOKE				TX			76262 bo			box below will not change			
Foreign country name			Foreign province/state/county			ty	Foreign postal code y		ode yo	our tax	or refund.		
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayn	ment for prope	erty or s	ervices	); or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	est in a digital	asset)	(See in	structi	ons.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	as	a dependent							
Deduction		Spouse itemizes on a separate retur	or you	were a dual-status a	alien								
Age/Blindnes:	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn befo	re Janua	ary 2, 1	958	☐ Is bli	nd	
Dependent	_			(2) Social security		(3) Relationsh	nip (4	Check t	he box i	f qualifi	es for (see	instructions):	
If more		rst name Last name	number			to you		Child tax credit		it (	Credit for oth	ner dependents	
than four	AAF	REN JERIN		***-**-8308									
dependents, see instruction	NIY			***-**-8379		Daughter		×					
see instruction and check	S												
here $\square$	]							[					
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)	1					1a	17	9,030.	
meome	b	Household employee wages not re	ported	on Form(s) W-2						1b			
Attach Form(s)	C	Tip income not reported on line 1a	(see ins	structions)						1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	ported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6						1.1	1g				
get a Form	h	Other earned income (see instructi	her earned income (see instructions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		1i	i						
	Z	Add lines 1a through 1h								1z	17	9,030.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		<b>b</b> 0	ordinary divider	nds .			3b			
	4a	IRA distributions	1a		b Ta	axable amoun	t			4b			
Standard Deduction for—	5a		5a		b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits 6a b Taxable amount							6b				
Married filing separately,	С	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								7			
Married filing jointly or	8	Other income from Schedule 1, line 10								8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		(A)						9	17	9,030.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income										<sup>1</sup> 9,030.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									2	25,900.	
If you checked any box under	13												
Standard	14											25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our <b>t</b>	taxable incom	те .		•	15	15	3,130.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	24,923.	
Credits	17	Amount from Schedule 2, line 3	17		
0100110	18	Add lines 16 and 17	18	24,923.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	4,000.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	20,923.	
	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	20,923.	
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	8,361.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	<b>&gt;</b>	
qualifying child,	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	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	8,361.	
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		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a		
Direct deposit? See instructions.	b	Routing number * * * * * * X X X X C Type: Checking Savings			
See instructions.	a	Account number * * * * * * * * * * * * * * * * 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 <b>amount you owe</b> .		10 001	
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	12,981.	
	38	Estimated tax penalty (see instructions)			
Third Party		by you want to allow another person to discuss this return with the IRS? See structions	oolow	X No	
Designee		signee's Phone Personal identi		ĭ NO	
	nai		Cation		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	st of my knowledge and	
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	n prepare	er has any knowledge.	
Here	Yo			nt you an Identity	
			ection P inst.)	IN, enter it here	
Joint return? See instructions.	- Sn	DOLIWAKE	•	nt your spouse an	
Keep a copy for	Op			ection PIN, enter it here	
your records.	-	SOFTWARE (see	inst.)		
	Ph	one no. (978) 494-7415 Email address JERINCHACKS@GMAIL.COM			
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/22/2023 *****	2703	Self-employed	
Use Only	Fin	m's name GLOBAL TAXES LLC Phon	one no. (678) 965-9522		
OGC OTTIN	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***1965	