Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) First name       Child tax credit       Credit tor other dide dependents, see instructions         see instructions	<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545-	0074	IRS Use Only	—Do not w	vrite or staple	in this space.
person is a child but not your dependent:         Your finst name and middle initial         Last name         Your social security nu           Your finst name and middle initial         Last name         XOUTRE         *** - ** - 3/2 4 3           Home address (number and street). If you have a P.O. box, see instructions.         Apt. no.         Pre-idential Blacking Org.           Home address (number and street). If you have a foreign address, also complete spaces below.         State         ZIP code         regress the first norm.           UDINCY         Foreign province/state/state/county         MA         O217.1         State         ZIP code         regress the first norm.           Foreign province/state/county         Regress norm.         State         ZIP code         regress norm.         State           Standard         Socies county name         Foreign province/state/county         MA         O217.1         Socies county regress norm.         Yes           Standard         Socies county regress norm.         You as a dependent         You space as a dependent.         Yes         Socies county regress norm.         Yes           Standard         Socies county regress norm.         You as a dependent.         Yes         Yes         Yes           State form(b)         () First name         Last name         number         Yes         Yes         <	Check only					,			. ,	spor	use (QSS)	
KADAMBARI       KUTRE       *******5489         If joint ruture, spouse's first name and middle initial       Last name       Spouse's social feaunty         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election (Direct If you now a foreign address, also complete spaces below.       State       217       Glock Reef If you, or you can be foreign address, also complete spaces below.       State       ZIP code       You to take the filling [only).       You (Direct Year)       Presidential Election (Direct If you have a foreign address, also complete spaces below.       State       ZIP code       You to take the filling [only).       You (Direct Year)       Presidential Election (Direct Year)       Presidential Election (Direct Year)       You (Direct Year)       Year) <td>one box.</td> <td></td> <td></td> <td></td> <td>ouse. If you cl</td> <td>neck</td> <td>ed the HOH or</td> <td>QSS</td> <td>box, enter th</td> <td>e child's</td> <td>s name if th</td> <td>e qualifying</td>	one box.				ouse. If you cl	neck	ed the HOH or	QSS	box, enter th	e child's	s name if th	e qualifying
If joint return, spouse's first name and middle initial       Last name       Spouse's social ecurits         Home address (number and street), If you have a P.O. box, see instructions.       Apt. no.       Apt. no.         1 NEW PORT AVE       Check here if you. or you.       Check here if you. or you.       Apt. no.         0 UNIX OFT. AVE       Check here if you. or you.       Check here if you. or you.       Apt. no.         0 UDINCY       Foreign country name       Foreign province/stateCourry       Foreign	Your first name	and mi	ddle initial	Last name						Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no. 617       Presidential Election C         City, town, or post office. If you have a foreign address, also complete spaces below.       Ma       ZIP code         QUIINCY       Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self.       Vec         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Vec         Deduction       Spocuse finanzes on a separate return or you were a dual-status ailent         Performences       You as a dependent       You respouse as a dependent:         Performences       Spocuse finanzes on a separate return or you were a dual-status ailent         Imore       (1) Fint name       Last name       number         In ord dependentis       (see instructions):       (2) Social security       (a) Relationship         Imore       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       7c, f.         Interest formities       Vec and       Spocuse finance       1a       7c, f.         Imore       1a       Total amount from Form(s) W-2, box 1 (see instructions	KADAMBAF	RI		KUTRE						***-**-5489		
1       NEWPORT_AVE       617       Check here if fyou have a foreign address, also complete spaces below.       State       ZIP, code       Space if fing, jointly.       Space if fing, jointly. <td colspan="4"></td> <td colspan="4"></td> <td></td> <td>Spouse</td> <td>'s social see</td> <td>curity number</td>										Spouse	's social see	curity number
A. TRUNING       10.2       spouse if Hiling jointly, it opost affice. If you have a foreign address, also complete spaces below.       State       212 C1       box below will not challow the post address.         Foreign country name       Foreign province/state/county       Foreign postal bace       yout tay refund.         Digital       At any time during 2022, did you: (a) receive (as a reward, or payment for properly of envice); or (b) self.       You         Assets       sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes         Standard       Someone can claim:       You as a dependent       You respouse is a dependent.       Yes         Dependents       (see instructions):       (Yes emission)       (9) Elautional (or emission)       (9) Check the box if qualifies for (see instructions):       (9) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       (1) Social security       (1) Check the box if qualifies for (see instructions)       (1) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       (1) Social security       (2) Social security       (2) Chied tax credit       (2) Chi	Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.			
Cull North of past lines in your have a role gin address, aso to hip the space balow.       Mate       02 IT 2       box below With or chance         Foreign country name       Foreign province/state/county       Foreign postal adde       vour tax or refund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property on services); or (b) self.         Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes         Standard       Someone can claim:       You as a dependent       You were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Lat name       Immore       (1) First name       Is and check         Intere       10       Foreign form (s) W-2, box 1 (see instructions)       1a       76, b         Nucleaber of the other other other other other other other other	1 NEWPOF	A T	/E						517			
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for properly or services); or (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes         Standard Deduction       Someone can claim: You as a dependent Your spouse as a dependent Deduction       You is a dependent Your spouse as a dependent Deduction       Yes         Age/Blindness       You: Were born before January 2, 1958       Are blind       Spouse: Was born before January 2, 1958       Is blind         Dependents (see instructions):       (f) First name       Last name       (g) Social security       (g) Relationship       (f) Check the box (f) relatifies for gen last relation of the point of you       (f) Check the oxin       (f) Check the								to go			this fund.	Checking a
ASsets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       A bind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Belationship       (4) Check the box if qualifies for (see instructions dependent, see instructions       Is a trans       (1) First name       Last name       (2) Social security       (3) Belationship       (4) Check the box if qualifies for (see instructions dependent, see instructions       Image: constructions dependent, see instructions         If more than four dependents, see instructions       Image: constructions       Image: constructio	Foreign country name Fo				oreign province/state/county							Spouse
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) First name       Child tax credit       Credit tor other dide dependents, see instructions         see instructions												X No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       .       1a       76,         Household employee wages not reported on Form(s) W-2, see instructions)       .       1a       76,         Household employee wages not reported on Form(s) W-2, see instructions)       .       1a       76,         Household employee wages not reported on Form(s) W-2, see instructions)       .       1a       76,         Mean Structions       .       1a       76,       1b       .         If more was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       .       1a       .       1a         W-2, see instructions       .       .       .       11       .       1a       .<								asset)	(See Instru	ctions.)	res	
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions of the qualifies for (see instructions)         If more than four dependents, see instructions and check here       Image: the qualifies for (see instructions)       Image: the qualifies for (see instructions)       Image: the qualifies for (see instructions)         Income       Image: the qualifies for (see instructions)         V*28 pre: Also dependent care benefits from Form 2441, line 26       Image: the qualifies form form 8839, line 29       Image: the qualifies for form 88439, line 29       Image: the qualifies for form 88439, line 29         V*28 pre: Also dependent care benefits from Form 8839, line 29       Image: the qualifies form form 88439, line 29       Image: the qualifies for form 88439, line 29       Image: the qualifies for form 88439, line 29         V*28 pre: Also dependent care benefits from Form 88439, line 29       Image: the qualifies form form 88439, line 29       Image: the qualifies form form 88439, line 29       Image: the qualifies form form 88439, line 29         V*2. see instructions       Image: the qualifies form form 88441, line 26       Image: the qualifies form form 88441, line 26       Image: the qualifies form form 88444, line 29       Image: the qualifies form form 88444,		_	and a star white the second star starter and the second starte									
Dependents       (i) First name       Last name       number       to you a social socis social social socis theorem social social socis trabsocial soci	Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are 🛛	blind Spo	ouse	: 🗌 Was bor			21		
If more       Control with the control of	Dependents			(2)				ip (4			, ,	,
dependents, see instructions       Image: Constructions		(1) Fi	rst name Last name		number		to you		Child tax cr	edit	Credit for ot	ner dependents
see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       W-2 here. Also       Image: see instructions       Image: see instruct											l	<u> </u>
here       Image: Construction of the second s	see instructions	s ——									l I	<u> </u>
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       76,         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Marce horm(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also       c       Tip income not reported on Form(s) W-2 (see instructions)       1c         W-2 here, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here, Also       d       Medicaid waiver payments not reported on Form (241, line 26       1d         U99-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         U99-R if tax       f       Employer-provided adoption benefits from Form 839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i       1z       76,         W-2, see       instructions.       1i       1z       76,       1b       1z       76,         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable amount       5b       5b         Standard       Social security benefits       6											l 1	<u> </u>
b       Household employee wages not reported on Form(s) W-2       1b         Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here, Also       d       Medicaid waiver payments not reported on Form S041, line 26       1e         1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       Wages from Form 8919, line 6       1g       1g         get a Form       M Other earned income (see instructions)       1i       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       76,         Attach Sch. B       2a       Tax-exempt interest       2a       3a       b       Taxable interest       2b         Standard       Sea       Ocal alscurity benefits       Sa       b       Taxable amount       5b       5b         Ga       Social security benefits       Ga       b       Taxable amount       5b       6b         Standard       Social security benefits		10	Total amount from Form(a) W/ 2 h	ox 1 (coo inctri	uctiona)					10		<u> </u>
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 here. Also       Medicaid waiver payments not reported on Form 2441, line 26       1e         1099-R if tax       Faxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       Faxable dependent care benefits from Form 8839, line 29       1f         was withheld.       Motaxable combat pay election (see instructions)       1f         y-2, see       i       Nontaxable combat pay election (see instructions)       1i         w-2, see       i       Nontaxable combat pay election (see instructions)       1i         w-2, see       i       Nontaxable combat pay election (see instructions)       1i         w-2, see       i       Nontaxable combat pay election (see instructions)       1i         attach Form(required.       3a       b       D       1z       76,         Attach Sch. B       2a       taxable amount       1z       76,         Attach Sch. B       2a       b Taxable amount       4b       5b         Standard	Income							· ·				10,299.
W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tax       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i         w-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a       2b         if required.       3a       b       D atvable interest       2b         if required.       3a       b       D atvable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard       5a       Pensions and annuities       6a       b       Taxable amount       6b         Standard       5a       Pensions and annuities       6a       b       Taxable amount       6b <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
W-20 and 1099-R if tax was withheld       e       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         was withheld       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         instructions.       z       Add lines 1a through 1h       1z       76,         Attach Sch. B       2a       Tax-exempt interest       2b       1b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Sign or Married filing point for genarately, \$12,950       r       Gaital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing point or (loss). Attach Schedule 1, line 10       6b       6b       6c       7         Standard Deduction for-       9       64d, 1, ine 10		d				nstru				. 1d	1	
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1h         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1       1z         Attach Sch. B       2a       b       Tax-exempt interest       2b         3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       b       Taxable amount       4b       5b       5b         Deduction for- earce filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing biority or Qualifying       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       68, 9         255,900       4d       Ines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       68, 219,400       Standard deduction or ite		е								. 1e	•	
If you did not       g       Wages from Form 8919, line 6       1g         If you did not       g       Wages from Form 8919, line 6       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2b         Attach Sch. B       a       Qualified dividends       3a         4a       IRA distributions       4a       b         Tax-exempt interest       5a       b       Taxable amount       4b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       7         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Single or       If you elect to use the lump-sum election method, check here       7       7         Subtract filing jointly or       Oualifying       Other income from Schedule 1,		f								. 1f	£	
In your of the second barrier Image of a Form   W-2, see i   Instructions. Image of a Form   W-2, see i   Instructions. Image of a Form   X Add lines 1a through 1h   X X   Attach Sch. B 2a   Y Add lines 1a through 1h   Y Y   Y		g								. 19	1	
W-2, see instructions.       i       1i         Z       Add lines 1a through 1h       Z       76,         Attach Sch. B       Za       Tax-exempt interest       Za       b       Taxable interest       Zb         Attach Sch. B       Za       Tax-exempt interest       Za       Za       b       Taxable interest       Zb         Attach Sch. B       Za       Qualified dividends       Za       Za       b       Taxable interest       Zb         4a       IRA distributions       Za       Za       b       Ordinary dividends       Za       Zb         5a       Pensions and annuities       Za       Za       b       Taxable amount       Za       Zb         • Single or Married filing jointly or Qualifying surving spouse, \$12,950       Ga       Social security benefits       Ga       So       Ba         • Married filing jointly or Qualifying surving spouse, \$25,900       • C       If you elect to use the lump-sum election method, check here (see instructions)       I       I       Tax         • Married filing jointly or Pauloditying surving spouse, \$25,900       • C       If you elect to use the lump source from Schedule 1, line 10       Ino 10       Ino 10       Ino 10         • Married filing jointly or Paulobav       • Add lines 1z, 2b, 3b, 4b, 5b, 6b,		h										0.
Instructions.       z       Add lines 1a through 1h		i			s)		<b>1</b> i					
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       b       Taxable amount       5b       5b         6a       b       Taxable amount       5b       5b         6a       b       Taxable amount       5b       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       68, 9         • Had of household, \$11       Subtract line 10 from line 9. This is your adjusted gross income       11       68, 12         • Had of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 12, 12         • If you checked       13       Qualified business income deduction from Form 8995 or Form 8995-A       <		z								. 1z	: 1	76,299.
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       5a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule 1, line 10       6b       7         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       68, 11         • If you checked       13       Qualified business income deduction from Sone deduction from Sone deduction from Sone deduction from Sone Sone deduction from Sone Sone Sone Addition from So	Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest			. 2b		
Standard Deduction for-       5a       9       5a       Pensions and annuities	if required.	3a	Qualified dividends	3a		b C	rdinary divider	nds .		. 3b	)	
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       .       9       68,         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       11       68,         • If you checked       13       Qualified business income deduction from Form 8995 or Form 8995-A       . <td< td=""><td></td><td>4a</td><td>IRA distributions ,</td><td>4a</td><td></td><td>b T</td><td>axable amount</td><td></td><td></td><td>. 4b</td><td>),</td><td></td></td<>		4a	IRA distributions ,	4a		b T	axable amount			. 4b	),	
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Married filing in the spouse of the s</li></ul>		5a	Pensions and annuities	5a		b T	axable amount			. 5b	),	
Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .		6a	Social security benefits	6a		bТ	axable amount			. 6b		
\$12,950       7       Capital gain of (loss). Attach Schedule D if required, in hot required, check here       1       7         • Maried filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       68, 9         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       68, 12         • If you checked       13       Qualified business income deduction from Form 8995 or Form 8995-A       13	Married filing	С	If you elect to use the lump-sum election method, check here (see instructions) $\ldots$									
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       68,         10       4d justments to income from Schedule 1, line 26       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       68,         • If you checked any boy under       13       Qualified business income deduction from Form 8995 or Form 8995-A       13		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
Qualifying surviving spouse, \$25,900       9       Add lines 12, 20, 30, 40, 50, 60, 7, and 8. This is your total income       9       68,         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       68,         11       68,       12       12       12       12       12         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13		8	Other income from Schedule 1, lin	e10						. 8	-	-8,0 <u>2</u> 3.
\$25,900       10       Adjustments to income from Schedule 1, inte 20       11       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       68,         • If you checked any document       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								(	68,276.
• Head of household, \$12       Subtract line 10 from line 9. This is your adjusted gross income       1       1       68,         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       1       1       68,         • If you checked any box under       13       Qualified business income deduction from Form 8995 or Form 8995-A       1       13		10						•		. 10		
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       1       12       12       12         • If you checked any box under any box under the schedule A       13       Qualified business income deduction from Form 8995 or Form 8995-A       13	Head of				•					. 11		68,276.
any box under		12								. 12	2 i	12,950.
Standard 14 Add lines 12 and 13					8995 or Form	899	5-A	<u>n</u>				
	Standard											12,950.
Deduction, see instructions.       15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       55,		15	Subtract line 14 from line 11. If zer	o or less, ente	r -0 This is y	our	axable incom	е.		15		55,326.

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

Form 1040 (2022)

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	7,789.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,789.
	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	7,789.
	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	7,789.
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	12,980.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child, attach Sch. EIC. [	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	4	
	31	Amount from Schedule 3, line 15		
	32 33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	12,980.
	100.003	Add lines 25d, 26, and 32. These are your total payments	33	5,191.
Refund	34 35a	_	34 35a	5,191.
Direct deposit?	b soa	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	<b>3</b> 5a	5,151.
See instructions.	b	Account number         *         *         *         *         *         *         *         X		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe	57	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	elow.	× No
-		signee's Phone Personal identif	ication	
	na			
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 which		
Here				nt you an Identity
	10			IN, enter it here
Joint return?		SYSTEM DESIGN QUALITY ENG (See )	nst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.		lidenti (see i	-	ection PIN, enter it here
	Ph	one no. (315)403-4286 Email address KUTRE.KADAMBARI@GMAIL.COM	1	
Paid		eparer's name Preparer's signature Date PTIN	[	Check if:
		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/14/2023 ****2	2703	Self-employed
Preparer				678) 965-9522
Use Only	-		s EIN	**-**1965
Go to www.irs.a		n1040 for instructions and the latest information. <b>BAA</b> REV 03/22/23 PRO		Form <b>1040</b> (2022)

rs.gov/Form1040 for instructions and the