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

2022

OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	d filing separately (N	MFS)	☐ Head of	household	d (HOH)		lifying survivir use (QSS)	ng	
one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	our spouse. If you cl	hecke	d the HOH or	QSS box	, enter th			qualifying	
Your first name and middle initial La				ne		Your social security number						
KAMALESH				KORE						***-**-8797		
If joint return, s	pouse's	first name and middle initial	Last nar	ne					Spouse	's social securi	ty number	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt.	no.	Preside	ntial Election (Campaigr	
1775 MII	MON	r dr							Check I	nere if you, or	your	
City, town, or post office. If you have a foreign address, also			complete spaces below. State ZII							if filing jointly,		
MILPITAS			CA				95035			this fund. Che		
Foreign country name			Foreign province/state/county			,	Foreign postal code you			your tax or refund.		
							. /			You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a		THE RESERVOIR CARE DESCRIPTION OF THE PERSON			-			X Yes	No	
Standard		eone can claim: You as a de										
Deduction		Spouse itemizes on a separate retur										
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before	-	12/	☐ Is blind		
Dependents				(2) Social security	/	(3) Relationsh	ip (4) Ch	neck the b	ox if quali	fies for (see inst	tructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for other	dependents	
than four dependents,				2		AJ						
see instructions	s ——											
and check	1											
here												
Income	1a	Total amount from Form(s) W-2, b				• • •			. 1a		,930.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2)		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								l l		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, 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 instructions)								1	0.	
instructions.	i	Nontaxable combat pay election (see instru	uctions)		<u>1</u> i				2	020	
		Add lines 1a through 1h			 	· · ·			. 1z		,930.	
Attach Sch. B if required.	2a		2a	46.		xable interest			. 2b		16	
	3a		3a	40.		dinary divide			. 3b		46.	
24	4a 5a		4a 5a			xable amoun xable amoun			. 4b			
Standard Deduction for—	6a		6a			xable amoun			. 6b			
Single or	C	If you elect to use the lump-sum e						[. 00			
Married filing separately,	7	Capital gain or (loss). Attach Sche		A CONTRACTOR OF THE STREET, ST	,				7	_3	,000.	
\$12,950 Married filing	8	Other income from Schedule 1, lin		· · · · · ·					. 8		,000.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		976.	
Qualifying surviving spouse,	10	Adjustments to income from Sche	. 10		210.							
\$25,900 Head of	11	Adjustments to income from Schedule 1, line 26									976.	
household,	12	Standard deduction or itemized	. 11	_	<u>, 9</u> 50.							
\$19,400 If you checked	13	Qualified business income deduct				 i-A			. 13		, ,,,,,,,,	
any box under Standard	14	Add lines 12 and 13									,950.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									0.	
see instructions.				,				•	. 15		<u> </u>	

16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	0.	
17	Amount from Schedule 2, line 3	17		
18	Add lines 16 and 17	18	0.	
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	0.	
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	0.	
25	Federal income tax withheld from:			
а				
b	Form(s) 1099			
C	Other forms (see instructions)			
d	Add lines 25a through 25c		557.	
26	2022 estimated tax payments and amount applied from 2021 return	26		
27				
28				
29		4		
30				
31				
32		32		
		10000000	557.	
34			557.	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	557.	
	Routing number X X X X X X X X C Type: Checking Savings			
a				
36				
37	DELIVERATION CONTINUES AND THE COLUMN TO SOME STANDARD STANDARD AND SOME STANDARD STANDARD AND ADDRESS			
00		37		
		helow	X No	
bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	n prepar	er has any knowledge.	
You	ur signature Date Your occupation If the	e IRS se	nt you an Identity	
		(see inst.)		
Sp		e IRS se	nt your spouse an	
- 1-	Iden	tity Prot	ection PIN, enter it here	
	1.10	inst.)		
		SANS OF THE THE	Check if:	
SYAM			Self-employed	
0		ne no.	(678) 965-9522	
0.500		's EIN	**-***1965	
gov/Forn	11040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form 1040 (2022)	
	17 18 19 20 21 22 23 24 25 a b c d 26 27 28 29 30 31 32 33 34 35a b d 36 37 38 / Do ins Des narr Unc beli You Fire Fire Fire Fire Fire Fire Fire Fire	Amount from Schedule 2, line 3 Add lines 16 and 17 Child tax credit or credit for other dependents from Schedule 8812 Amount from Schedule 3, line 8 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Subtract line 21 from line 18. If zero or less, enter -0- Content taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Federal income tax withheld from: Form(s) W-2 Form(s) 1099 Cother forms (see instructions) Add lines 25a through 25c Cother forms (see instructions) Add lines 25a through 25c American opportunity credit from Schedule 8812 American opportunity credit from Form 8863, line 8 American opportunity credit from Form 8863, line 8 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits Add lines 27, 28, 29, and 31. These are your total payments If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here Bouting number * 1 * * * * * * * * * * * * * * * * *	17	