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	s 🗌 s	Single X Married filing jointly	Marrie	d filing separately (N	ИFS)	Head of h	ousehold (HO	H)		ying surviv se (QSS)	ing/	
one box.	-	u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you c	hecked t	the HOH or	QSS box, ent	er the cl		, ,	qualifying	
Your first name and middle initial Last name				name						Your social security number		
KARAN BALKRISHNA ADAP				.P						***-**-5354		
If joint return, spouse's first name and middle initial Last name				name					Spouse's social security number			
SAKSHI I	DINES	SH	KUND.	DAN								
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pr	esident	tial Election	Campaign	
12217 13	31ST	PLACE, NE					B22			ere if you, o		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	spaces below. State ZIF			ZIP code		pouse if filing jointly, want \$3 o go to this fund. Checking a			
KIRKLAND			WA 9			98034			w will not cl			
Foreign country name Fo			Foreign province/state/county F			Foreign postal c	ode yo	our tax or refund.				
										You	Spouse	
Digital		y time during 2022, did you: (a) rec		THE RESIDENCE OF THE PROPERTY OF THE PARTY.								
Assets		ange, gift, or otherwise dispose of a					sset)? (See in	struction	ns.)	Yes	⊠ No	
Standard Deduction		eone can claim:				ependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	Was born	before Janua	ary 2, 19	958	Is blin	d	
Dependents	s (see	instructions):		(2) Social security	(3	B) Relationship	(4) Check t	he box if	qualifie	es for (see in	structions):	
If more		rst name Last name		number		to you	Child t	ax credit	: C	redit for othe	r dependents	
than four	\$ 				4							
dependents, see instruction:												
and check						102						
here]	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a	137	7,811.	
meome	b	Household employee wages not reported on Form(s) W-2										
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26										
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6							1g			
get a Form	h	Other earned income (see instructions)									0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		. 1i						
	Z	Add lines 1a through 1h							1z	137	7,811.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxa	ble interest			2b			
if required.	3a	Qualified dividends	3a		b Ordin	nary dividen	ds		3b			
	4a	IRA distributions	4a		b Taxa	ble amount			4b			
Standard	5a		5a						5b			
Deduction for— Single or	6a		6a						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 Sche						. Ц	7			
Married filing jointly or	8	Other income from Schedule 1, lin							8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								137	7 <u>,8</u> 11.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26										
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									7,811.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									5,900.	
If you checked any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A										
	14								14		5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								111	1,911.	

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,854.	
Credits	17	Amount from Schedule 2, line 3	17		
0.000	18	Add lines 16 and 17	18	15,854.	
	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	15,854.	
	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	15,854.	
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	26,321.	
	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	27	Earned income credit (EIC)	Y		
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	26,321.	
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,467.	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	10,467.	
Direct deposit?	b	Routing number * * * * * 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			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)	0.		
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions	oelow.	X No	
3	De	signee's Phone Personal identi	fication		
-	nai	me no. number (PIN)			
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 whicl			
Here					
	YO			nt you an Identity IN, enter it here	
Joint return?			inst.)		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here	
,		HOPEPARER	11151.)		
		one no. (425) 471-3726 Email address KARANADAP@GMAIL.COM		Observativity	
Paid		eparer's name Preparer's signature Date PTIN	0700	Check if:	
Preparer	9	I PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2023 *****		Self-employed	
Use Only		The second secon	one no. (678) 965-9 <u>522</u>		
,	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	s FIN **-***1965		