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

| 2022 |
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OMB No. 1545-0074

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

| Check only | | | | d filing separately (N | | | | spou | lifying sur use (QSS) | · · | | |
|--|----------|--|-------------------------------|-----------------------------|-------------------|-------------|------------------------|--------------------------------|---|-----------------------------|--|--|
| one box. | | u checked the MFS box, enter the nation is a child but not your dependent | | our spouse. It you cl | necked the I | HOH or (| QSS box, enter th | e child's | name if the | ne qualifying | | |
| | | | | Last name | | | | | | Your social security number | | |
| AND ADDRESS OF THE PARTY OF THE | | | | ASAD | | | | | | ***-**-6362 | | |
| | | | | ast name | | | | | Spouse's social security number | | | |
| Injunit fotalii, opodoo o mot hamo and middle iinida. | | | | Thaile | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ructions. Apt. no. | | | | Presidential Election Campaign | | | | |
| 5690 S FAIRWOOD DR | | | | | | | here if you, or your | | | | | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete sp | elete spaces below. State 2 | | | ZIP code | | pouse if filing jointly, want \$3 o go to this fund. Checking a | | | |
| SALT LAKE CITY | | | | UT | | | 84129 | | oox below will not change | | | |
| Foreign country name | | | Foreign province/state/county | | | I) | Foreign postal code yo | | our tax or refund. | | | |
| | | | | | | | | | You | Spouse | | |
| Digital | | ny time during 2022, did you: (a) rec | | | | | | | | S | | |
| Assets | | ange, gift, or otherwise dispose of a | | | | | sset)? (See instru | ictions.) | Yes | ⊠ No | | |
| Standard | | eone can claim: | | | | ndent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status | allen | | 11. | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Spo | ouse: 🗌 V | Vas born | before January 2 | | ☐ Is b | | | |
| Dependents | | | | (2) Social security | | elationship | | 1 | | | | |
| If more | (1) F | irst name Last name | | number | T T | o you | Child tax c | redit | Credit for of | ther dependents | | |
| than four dependents, | | | | | | | | | | <u> </u> | | |
| see instruction: | s | | | | | | 4 4 | | | <u> </u> | | |
| and check | 1 — | | | | | | + + | | | <u> </u> | | |
| here | | T | 4 (| | | | | | 1 | | | |
| Income | 1a | Total amount from Form(s) W-2, b | | | | | | . 1a | | 52 , 998. | | |
| Attach Form(s) | b | Household employee wages not reported on Form(s) W-2 | | | | | | | | | | |
| W-2 here. Also | C | Tip income not reported on line 1a (see instructions) | | | | | | | | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | |
| 1099-R if tax | e f | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | | |
| was withheld. | | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | | | |
| If you did not get a Form | g h | Other earned income (see instruct) | ione | | | | | . 1g | | 0. | | |
| W-2, see | i | Nontaxable combat pay election (see instructions) | | | | | | | | | | |
| instructions. | z | Add lines 1a through 1h | occ mou | dollo115) | | | | . 1z | 1 | 52,998. | | |
| Attach Sch. B | 2a | | 2a | | b Taxable | interest | | . 2b | - | 32,330. | | |
| if required. | 3a | | 3a | | b Ordinary | | ds | . 3b | | | | |
| | 4a | The Art and the Ar | 4a | | b Taxable | | | . 4b | | | | |
| Standard | 5a | | 5a | | b Taxable | | | . 5b | | | | |
| Deduction for— | 6a | | 6a | | b Taxable | | | . 6b | | | | |
| Single or Married filing | С | If you elect to use the lump-sum e | | nethod, check here | | | [| | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | | |
| Married filing | 8 | Other income from Schedule 1, lin | | | | | | | | -8,4 <u>15</u> . | | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | 44,583. | | |
| surviving spouse, | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | 44,583. | | |
| household, \$19,400 | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | 12,950. | | |
| If you checked | 13 | Qualified business income deduct | ion from | Form 8995 or Form | 8995-A . | | | . 13 | | | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 12,950. | | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | 1 | 31,633. | | |
| , | 4 | | | | | | | | | | | |

| Form 1040 (2022 | 2) | | | Page 2 | | |
|--|-----|--|-------------------------|---|--|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 25,427. | | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | | |
| | 18 | Add lines 16 and 17 | 18 | 25,427. | | |
| | 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 | 25,427. | | |
| | 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 | 25,427. | | |
| Payments | 25 | Federal income tax withheld from: | | | | |
| | а | Form(s) W-2 | | | | |
| | b | Form(s) 1099 | | | | |
| | C | Other forms (see instructions) | 7 | | | |
| | d | Add lines 25a through 25c | 25d | 26,461. | | |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | | | |
| If you have a 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 | 5 | | | |
| | 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 | 26,461. | | |
| Defend | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,034. | | |
| Refund | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 1,034. | | |
| Direct deposit? | b | Routing number * * * * * X X X X C Type: Checking Savings | | | | |
| See instructions. | | Account number * * * * * * * * * | | | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe . | | | | |
| You Owe | 0, | 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 | below. | X No | | |
| Ü | De | signee's Phone Personal ident | ification | | | |
| - | nai | me number (PIN) | | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic | | | | |
| Here | | | | | | |
| | Yo | | | nt you an Identity IN, enter it here | | |
| Joint return? | | | inst.) | | | |
| See instructions. | Sp | ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the | e IRS sei | IRS sent your spouse an | | |
| Keep a copy for your records. | | | • | ty Protection PIN, enter it here | | |
| your records. | - | | inst.) | | | |
| | | one no. (801) 230-8999 Email address ASADATTITUDE@GMAIL.COM | | 0 | | |
| Paid | | eparer's name Preparer's signature Date PTIN | 0.000 | Check if: | | |
| Preparer | 10 | I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/12/2023 ***** | | Self-employed | | |
| Use Only | | | hone no. (678) 965-9522 | | | |
| | Fir | m's address 245 ROONEY CT E BRUNSWICK NJ 08816 | 's FIN **-***1965 | | | |