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

2022	2
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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 Married filing jointly	Marrie	d filing separately (M	IFS) Head of	household (HOH)			ing surviving (QSS)	
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you ch	necked the HOH or	QSS box, enter t			· · /	
Your first name	name and middle initial Last nam			name				Your social security number		
MOHAMED HANIF ANSA			ANSA	SARI				***-**-9670		
If joint return, spouse's first name and middle initial Last name			name				Spouse's social security number			
NAAZNEEN	J		JAHE:	ER HUSSAIN			***	_**	-9989	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.		Apt. no.	Presi	dentia	al Election Campaign	
3653 W W	VALNU	JT HILL LN				2119			e if you, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	ZIP code			ling jointly, want \$3 is fund. Checking a	
IRVING			TX 75038					will not change		
Foreign country	/ name		F	oreign province/state/o	county	Foreign postal code	your	tax or	refund.	
									You Spouse	
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a		THE RESIDENCE OF THE PROPERTY OF THE PARTY O	the second secon			-	Yes □ No	
Standard		eone can claim: You as a de			e as a dependent	accety. (CCC moti	dottorio	J.) L		
Deduction		Spouse itemizes on a separate retur								
	_	Were born before January 2, 1	958	Are blind Spo	use: Was bo	rn before January	12/		Is blind	
Dependents				(2) Social security				T	for (see instructions):	
If more	(1) Fi	rst name Last name		number	to you	Child tax of	credit	Cre	edit for other dependents	
than four				2						
dependents, see instructions	s ——									
and check										
here									Ш	
Income	1a	Total amount from Form(s) W-2, b	•					1a	122,879.	
Attack Farms(a)	b	Household employee wages not re	•					1b 1c		
Attach Form(s) 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)						1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	_					1e		
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 instruct						1h	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	<u>1</u> i				100 000	
	<u>z</u>	Add lines 1a through 1h						1z	122,879.	
Attach Sch. B if required.	2a		2a		b Taxable interes			2b	2.0	
ii required.	3a	And the second second second	3a		b Ordinary divide		_	3b	38.	
)	4a		4a		b Taxable amoun		_	4b		
Standard Deduction for—	5a		5a		b Taxable amoun			5b		
Single or	6a		6a		b Taxable amoun		<u> </u>	6b		
Married filing separately,	C	If you elect to use the lump-sum e Capital gain or (loss). Attach Schee			in the second se			7	-301.	
\$12,950	7 8	Other income from Schedule 1, lin						8		
Married filing jointly or	9						. –	9	-10,156.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							112,460.	
\$25,900		Adjustments to income from Schedule 1, line 26						10 11	112 460	
Head of household,	11 12	Standard deduction or itemized						12	112,460.	
\$19,400 If you checked	13	Qualified business income deduct						13	25,900.	
any box under	14							14	25 000	
Standard Deduction,	15	Subtract line 14 from line 11. If zer						15	25 , 900.	
see instructions.	10	Subtract line 14 from line 11. If Zer	o or less	, GILGI -U-, IIIIS IS Y	Jul Laxable IIICOII			13	86,560.	

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,274.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,274.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	1.
	21	Add lines 19 and 20	21	1.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	10,273.
	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	10,273.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	18,895.
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)	Y	
	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	18,895.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,622.
rioidiid	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	8,622.
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * * * * * * * * * * X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
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)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	structions	elow.	X No
	De nar	signee's Phone Personal identif me no. number (PIN)	ication	
<u> </u>			41 1	
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
		Prote	ection P	IN, enter it here
Joint return?		SR. DATA SCIENTIST (see	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.		SPACE PLANNING ANALYST (see	,	Cuon Fila, enter it here
	Ph	one no. (469) 920-1539 Email address MHMDHANIFANSARI@GMAIL.COM		
		eparer's name Preparer's signature Date PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/11/2023 *****	2703	Self-employed
Preparer	(i)			(678) 965-9522
Use Only	-		's EIN	**-***1965