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 one box.		Single Married filing jointly uchecked the MFS box, enter the n	_	d filing separately (N	, —	household (HOH)	spe	alifying sur)		
OHO DOX.	-	son is a child but not your dependent	-	our spouse. It you or	incored the Horro	r QOO DOX, Critici t	ne emia	3 Harrie II t	ne quantying		
Your first name	and mi	iddle initial						Your social security number			
MONICA	MONICA BAIR				RY				***-**-2993		
If joint return, spouse's first name and middle initial Last name								Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.		Apt. no.	Presid	lential Elect	ion Campaign		
2803 STA	NBR	IDGE ST		B604				here if you			
	75 0000	ce. If you have a foreign address, also co	mplete sp	paces below. State ZIP code					ntly, want \$3		
NORRISTO	NWC				19401		elow will no	. Checking a			
Foreign country	/ name		F	reign province/state/county Foreign postal code			- · · · ·				
								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	the second secon				⊠ No		
Standard		eone can claim: You as a de			e as a dependent			,			
Deduction		Spouse itemizes on a separate retur					,				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse: Was bo	rn before January	12/		olind		
Dependents	s (see	instructions):		(2) Social security		nip (4) Check the I	oox if qua	T .			
If more	(1) Fi	irst name Last name		number	to you	Child tax	credit	Credit for o	ther dependents		
than four dependents,				2					<u> </u>		
see instruction	s ——								<u> </u>		
and check	, —								Ц		
here]										
Income	1a	Total amount from Form(s) W-2, b						66.	16,989.		
Attach Form(s)	b	Household employee wages not re		b c							
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 1099-R if tax	e	Taxable dependent care benefits f		е							
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29				lf			
If you did not	g	Wages from Form 8919, line 6 .						g			
get a Form W-2, see	h	Other earned income (see instruct					.	h	0.		
instructions.	-	Nontaxable combat pay election (see mstr	uctions)	1	1,		_ 1	16,989.		
Attach Cab D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		b Taxable interes			z ⊥ !b	10, 909.		
Attach Sch. B if required.	3a		3a	<u> </u>	b Ordinary divide			Bb B			
	4a		4a		b Taxable amoun			b			
Standard	5a		5a		b Taxable amoun			ib			
Deduction for—	6a		6a		b Taxable amoun			b			
Single or Married filing	С	If you elect to use the lump-sum e		nethod, check here			i l				
separately,	7	Capital gain or (loss). Attach Sche					<u> </u>	7			
\$12,950 Married filing	8	Other income from Schedule 1, line 10						В	-9 , 981.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							07,008.		
surviving spouse,	10	Adjustments to income from Sche		9 1 0							
\$25,900 Head of	11	Subtract line 10 from line 9. This is			07,008.						
household, \$19,400	12	Standard deduction or itemized			12,950.						
If you checked	13	Qualified business income deduct	_	3							
any box under Standard	14	Add lines 12 and 13							12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our taxable incon	ne	. 1	5	94,058.		
SOC INSTRUCTIONS.											

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	16,414.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	16,414.		
	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	16,414.		
	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	16,414.		
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	20,226.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
qualifying child,	27	Earned income credit (EIC)				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	2			
	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	20,226.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,812.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,812.		
Direct deposit?	b	Routing number * * * * * X X X X C Type: Checking Savings				
See instructions.	a	Account number * * * * * * * * * * * * * * * * * X X X X				
	36	Amount of line 34 you want applied to your 2023 estimated tax 36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
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		by you want to allow another person to discuss this return with the IRS? See structions	oolow	X No		
Designee		signee's Phone Personal identi		NO NO		
	nai		lication			
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	st of my knowledge and		
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	n prepare	er has any knowledge.		
Here	Yo			nt you an Identity		
			ection P inst.)	IN, enter it here		
Joint return? See instructions.	Sn	OI DEVELOTED.		nt your spouse an		
Keep a copy for	Op			ty Protection PIN, enter it here		
your records.			inst.)			
	Ph	one no. (669) 292-7478 Email address MONA.BAIRY@GMAIL.COM				
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:		
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/17/2023 *****	2703	Self-employed		
Use Only	Fin		ne no. ((678) 965-9 <u>522</u>		
Jos Jiny	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***1965		