1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple i	n this space.	
Check only			_	ng separately (N	,			hold (HOH)	spor	lifying surv use (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		pouse. If you c	heck	the HOH or	QSS	box, enter the	e child's	s name if th	e qualifying	
Your first name and middle initial Last name				me						Your social security number		
PRASHANT TRIK				КНА					***-**-1082			
If joint return, spouse's first name and middle initial Last name				ne					Spouse's social security number			
Home address	r and street). If you have a P.O. box, see	instructions.	ins.						Presidential Election Campaign			
950 MAIN	REET								Check here if you, or your spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete sp WORCESTER				baces below. State MA			ZIP code to		to go to this fund. Checking a box below will not change			
Foreign country name Fo				oreign province/state/county			Foreign postal code your tax or			or refund.	Spouse	
Digital		ny time during 2022, did you: (a) rece								_		
Assets		ange, gift, or otherwise dispose of a					asset)	? (See instru	ctions.)	Yes	X No	
Standard Deduction	_	eone can claim:		Your spouse a dual-status								
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	, <mark>19</mark> 58	Is bli	ind	
Dependents	s (see	instructions):	(2) Social security	1	(3) Relationsh	ip (4) Check the bo		fies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cr	edit	Credit for oth	her dependents	
than four dependents,					0						<u> </u>	
see instructions	s ——										<u> </u>	
and check											<u> </u>	
here	4-											
Income	1a b	Total amount from Form(s) W-2, be				• • • •	1	· · · · ·	1a 1b		27,819.	
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2							10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							10			
W-2G and	е	Taxable dependent care benefits f							1e			
1099-R if tax	f	Employer-provided adoption bene							1f	6		
was withheld. If you did not	q	Wages from Form 8919, line 6 .							. 1g			
get a Form	h	Other earned income (see instructi							. 1h		0.	
W-2, see	i	Nontaxable combat pay election (s		ns)		11						
instructions.	z	Add lines 1a through 1h							. 1z	2	27,819.	
Attach Sch. B	2a		2a		b T	axable interest	t .		2b			
if required.	3a	Qualified dividends	3a		bC	Ordinary divider	nds .		. 3b)		
	4a	IRA distributions	4a			axable amoun			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t		6b			
Single or Married filing	С	If you elect to use the lump-sum e	[
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	e10						. 8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8. This is	s your total inc	com	е			9	2	27,819.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	. 10									
Head of	11	Subtract line 10 from line 9. This is	your adjuste	ed gross incor	ne		а.		. 11	2	27,819.	
household, \$19,400	12	Standard deduction or itemized	deductions (from Schedule	A)				12	! 1	L2,950.	
If you checked	13	Qualified business income deduction	on from Form	n 8995 or Form	899	95-A			13			
any box under Standard	14	Add lines 12 and 13								1	L2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o o <mark>r l</mark> ess, ente	er -0 This is y	our	taxable incom	e.		15	1	L <mark>4,869.</mark>	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

Form 1040 (2022	2)			Page 2						
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	1,580.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	1,580.						
	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	1,580.						
	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	1,580.						
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions)								
	d	Add lines 25a through 25c	25d	3,433.						
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26							
	27	Earned income credit (EIC)	\square							
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	<u>'</u>							
	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	3,433.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,853.						
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,853.						
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 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	Do you want to allow another person to discuss this return with the IRS? See									
Designee		structions		X No						
	De	signee's Phone Personal ident me no. number (PIN)	tification							
Cierro		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t	o the her	t of my knowledge and						
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here	Yo	ur signature Date Your occupation If th	e IRS se	nt you an Identity						
				IN, enter it here						
Joint return? See instructions. Keep a copy for		STODENT	e inst.)							
	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here							
your records.			e inst.)							
	Ph	one no. (508) 304-0536 Email address PRASHANT.TRIKHA95@GMAIL.COM								
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:						
	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/23/2023 *****	**2703 Self-employed							
			Phone no. (678) 965-9522							
			Firm's EIN **-***1965							
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/09/23 PRO Form 1040 (2022)										
				(2022)						

rs.gov/Form1040 for instructions and the