1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No.	1545-00	74 IRS Use On	ly—Do not v	vrite or staple i	n this space.	
Filing Status Check only one box.	lf yo	Single Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separat vour spouse. If y				isehold (HOH) SS box, enter t	spo	lifying surv use (QSS) s name if th	U	
Your first name	and mi	iddle initial	Last name							Your social security number		
PRIYA			KHAN	DELWAL					***-**-1355			
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.	Preside	ential Election	on Campaigr	
3404 POW	ELT	ON AVE	1B						Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces below. State ZIP code					^o code		if filing join this fund.	tly, want \$3	
PHILADELPHIA				PA 19						low will not		
Foreign country name			F	Foreign province/state/county Foreign			reign postal code		x or refund.			
										You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, awar	d, or paym	nent for p	roperty	or services); c	or (b) sell,			
Assets		ange, gift, or otherwise dispose of a	0	· ·	ncial intere	st in a di	gital ass	et)? (See inst	ructions.)	Yes	X No	
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 Your s	pouse as a	a depend	lent					
Deduction		Spouse itemizes on a separate retur	n or you	i were a dual-st	atus alien							
Age/Blindness	You:	Were born before January 2, 1	958 [Are blind	Spouse:	Wa	s born b	efore January	2, 1958	Is bl	ind	
Dependents		, , , , , , , , , , , , , , ,		(2) Social se		(3) Rela		(4) Check the				
If more		irst name Last name		numbe		to you		Child tax			her dependents	
than four										[7	
dependents,	2									Г Г	╡───	
see instructions and check						ŤŤ				[-	
here										[
Income	1 a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					. 1 a	1 2	24,304.	
meome	b	Household employee wages not reported on Form(s) W-2							. 1k	0		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								>		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 ((see instru	ctions) .			. 10	ł		
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26	3				. 16	•		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, lir	ne 29 .				. 11	F		
If you did not	g	Wages from Form 8919, line 6 .				12 12 12	a n n		. 1ç	3		
get a Form	h	Other earned income (see instruct	ions)		· · ·		$\cdot \cdot \cdot$. 1 ł	1	0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h	• •		· · ·	• •	• •		. 12	2	24,304.	
Attach Sch. B	2a		2a		_	xable int			. 2k	>		
if required.	3a		3a	· ·		rdinary d			. 3t			
	4a		4a	-		xable an			. 4k			
Standard Deduction for—	5a		5a		_	xable an			. 5k			
Single or	6 a		6a			xable an			. 6k)		
Married filing separately,	c _	If you elect to use the lump-sum e							\exists			
\$12,950	7	Capital gain or (loss). Attach Sche					ere .					
Married filing jointly or	8 0	Other income from Schedule 1, lin		 This is your tot			• •		. 8		21 201	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		15			• •		· 9		24,304.	
\$25,900	10	Adjustments to income from Sche			 incomo		• •		. 11		24 204	
 Head of household, 	11 12		Subtract line 10 from line 9. This is your adjusted gross income								24,304.	
\$19,400 • If you checked	13	Qualified business income deduct				 5-А			. 12		L2,950.	
any box under	14						<u>n</u> 1		14		L2,950.	
Standard Deduction,	15										L2,950. L1,354.	
see instructions.			0 01 100	c, ontor 0 . III			Johne		. 15		,	

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	1,160.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,160.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	59.
	21	Add lines 19 and 20	21	59.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	1,101.
	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	1,101.
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	1,746.
If you have a qualifying child, attach Sch. EIC. [26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	4	
	30	Reserved for future use	4	
	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	1,746.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	645.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	645.
Direct deposit? See instructions.	b	Routing number * * * * X X X X X c Type: Checking Savings		
	d	Account number * * * * * * * * * * * * * * * * * X X X X		
A	36	Amount of line 34 you want applied to your 2023 estimated tax	-	
Amount You Owe	37	07		
	38	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		structions	below.	X No
20019.100	De	signee's Phone Personal identi	fication	
	na	me no. number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		-
	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
,				
Paid		one no. (484)474-4712 Email address PRIYAKHANDELWAL3498@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2023 *****	2702	Self-employed
Preparer				
Use Only	-		ne no. ('s EIN	<u>(678)965-9522</u> **-**1965
Go to wave in a			3 LIN	Form 1040 (2022)
JU LU WWW.115.9		n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		(2022)

rs.gov/Form1040 for instructions and the