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

|--|

OMB No. 1545-0074

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

| Filing Status Check only | s 🗌 S | Single X Married filing jointly | Marrie | ed filing separately (M | 1FS) | Head of | housel | nold (HOI | H) | | fying surv se (QSS) | iving | |
|----------------------------------|---------|--|------------|-------------------------------|-------------|----------------|---------|-----------|----------|-------------|------------------------|-------------------|--|
| one box. | If yo | u checked the MFS box, enter the na | ame of y | our spouse. If you ch | necke | d the HOH or | r QSS I | box, ente | er the c | | ` , | e qualifying | |
| | - | on is a child but not your dependent | - | , | | | | | | | | . , , | |
| Your first name | and mi | ddle initial | Last nar | me | | | | | Y | our soc | ial security | y number | |
| RAKESH KUMAR POI | | | | OLISHETTY | | | | | | | ***-**-6829 | | |
| If joint return, s | pouse's | first name and middle initial | Last nar | me | | | | | S | oouse's | social sec | urity number | |
| | | | NAMPALLY | | | | | | * | ***-**-5421 | | | |
| Home address | (numbe | r and street). If you have a P.O. box, see | instructio | ons. | | | A | pt. no. | P | residen | tial Election | on Campaign | |
| 3331 PIN | JE ME | EADOW DR SE | | | | | 2 | 02 | | | ere if you, | | |
| | | ce. If you have a foreign address, also co | mplete sp | paces below. | State | 9 | ZIP co | | | | | tly, want \$3 | |
| GRAND RAPIDS | | | | MI | | | | | | | w will not | Checking a change | |
| Foreign country name | | | | Foreign province/state/county | | | | | | | or refund. | 3. | |
| | | | | | | | | | | | You | Spouse | |
| Digital | At ar | ny time during 2022, did you: (a) rece | eive (as | a reward, award, or i | pavm | ent for prope | rtv or | services | : or (b) | sell. | | | |
| Assets | | ange, gift, or otherwise dispose of a | | | | | | | | | Yes | X No | |
| Standard | | eone can claim: | | _ | | $\overline{}$ | | | | | | | |
| Deduction | | Spouse itemizes on a separate return | | | | | | | | | | | |
| | | · | | - | | | | | | 0.50 | | | |
| | | Were born before January 2, 1 | 958 _ | Are blind Spo | use: | ☐ Was bor | 1. | _ | • | | ∐ Is bli | | |
| Dependents | | | | (2) Social security | | (3) Relationsh | nip (4 | 100 | | · 1 | , | instructions): | |
| If more | (1) Fi | rst name Last name | | number | | to you | | Child to | ax cred | it (| Credit for oth | ner dependents | |
| than four dependents, | 9 | | | | | | | | | | | | |
| see instruction: | s —— | | | | N. | | | l | | | L | | |
| and check | | | | | | | | | | | | | |
| here | J | | | | | | | | | | L | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (see | e instructions) | 1 | | | | | 1a | 2 | 20,092. | |
| | b | Household employee wages not re | | | | V | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | C | Tip income not reported on line 1a | (see ins | structions) | | | | | | 1c | | | |
| attach Forms | d | Medicaid waiver payments not rep | orted or | n Form(s) W-2 (see in | nstruc | tions) | | | | 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 . | | | | 7 10 10 11 | | | | 1g | | | |
| get a Form | h | Other earned income (see instruction | ons) . | | | | | | | 1h | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | ee instr | ructions) | | 1i | i | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | 1z | 2 | 20,092. | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Ta | xable interest | t. | | | 2b | | | |
| if required. | 3a | Qualified dividends | 3a | | b Or | dinary divide | nds . | | | 3b | | | |
| | 4a | IRA distributions | 4a | | b Ta | xable amoun | t | | | 4b | | | |
| Standard | 5a | Pensions and annuities | 5a | 1 | b Ta | xable amoun | t | | | 5b | | | |
| Deduction for— | 6a | Social security benefits | 6a | ll ll | b Ta | xable amoun | t | | | 6b | | | |
| Single or Married filing | C | If you elect to use the lump-sum e | lection n | nethod, check here (| see ir | nstructions) | | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Scheo | dule D if | required. If not requ | ired, | check here | | | | 7 | | | |
| Married filing | 8 | Other income from Schedule 1, lin | e 10 . | | | | | | | 8 | | | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | | 9 | 2 | 20,092. | |
| surviving spouse, | 10 | Adjustments to income from Sche | | (A) | | | | | | 10 | | | |
| \$25,900 Head of | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | 11 | 2 | 20,092. | |
| household, | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | 12 | | 25,900. | |
| \$19,400 If you checked | 13 | Qualified business income deducti | | | , | -A | | | | 13 | | | |
| any box under | 14 | Add lines 12 and 13 | | | | | | | | | 2 | 25,900. | |
| Standard Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | | 15 | | 0. | |
| see instructions. | | 222,432,1110,1111110,111,11201 | 2 0, 1000 | 2, 2/10/ 0 / 1/110/0 ye | | | | | | | | <u> </u> | |

| 16 17 18 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 17 | 0. | | |
|----------------|--|--|--|--|--|
| | | 17 | | | |
| 18 | | | | | |
| | Add lines 16 and 17 | 18 | 0. | | |
| 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 | 0. | | |
| 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 | 0. | | |
| 25 | Federal income tax withheld from: | | | | |
| a | | | | | |
| b | Form(s) 1099 | | | | |
| C | Other forms (see instructions) | | | | |
| d | Add lines 25a through 25c | | 1,061. | | |
| 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | ď | | | |
| 30 | | | | | |
| 31 | | | | | |
| | | 100000 | 1 0 61 | | |
| 1000000 | | 1000.000 | 1,061. | | |
| | | | 1,061. | | |
| | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 1,061. | | |
| | Routing number ^ ^ ^ ^ ^ ^ X X X C CType: Checking Savings | | | | |
| a | | | | | |
| | | | | | |
| 37 | Office of the Control | 07 | | | |
| 20 | | 31 | | | |
| | | | | | |
| | | below. | X No | | |
| De | | | | | |
| | | | | | |
| | | | | | |
| | | | - | | |
| Yo | ur signature Date Your occupation If the | e IRS se | nt you an Identity | | |
| | | (see inst.) | | | |
| | | e IRS se | nt your spouse an | | |
| | Ider | Identity Protection PIN, enter it here | | | |
| 1 | HOME PIARER | e inst.) | | | |
| | | | | | |
| | | | Check if: | | |
| N. Contract | | | Self-employed | | |
| | | | (678) 965-9522 | | |
| Firi | | n's EIN | **-***1965 | | |
| gov/Forn | 11040 for instructions and the latest information. BAA REV 03/22/23 PRO | | Form 1040 (2022) | | |
| C | | | | | |
| | 21 22 23 24 32 25 a b c d 26 27 28 29 30 31 32 33 34 35a b d 36 37 38 y Doins Detrinar Univel You Fire SYAM Fire Fire Fire Fire | 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25 tax payments and amount applied from 2021 return 26 2022 estimated tax payments and amount applied from 2021 return 27 Earned income credit (EIC) 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 33 Add lines 27, 28, 29, and 31. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here b Routing number * * * * * * * * * * * * * * * * * * | 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax 24 25 Federal income tax withheld from: a Form(s) W-2 2 Federal income tax withheld from: a Form(s) 1099 25b 27 Cother forms (see instructions) d Add lines 25a through 25c 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 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 29 Amount from Schedule 3, line 15 30 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 Add lines 27, 28, 29, and 31. These are your total payments 33 Add lines 25d, 28, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Account number * * * * * * * * * * * * * * * * * * * | | |