

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial SHRUTIKA KISHOR	Last name RUDRAWAR	Your social security number 762-87-3213
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 3333 BROADWAY		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. NEW YORK		
State NY		
ZIP code 10031		
Foreign country name		Foreign province/state/county
		Foreign postal code

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1958  Are blind **Spouse:**  Was born before January 2, 1958  Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	Income	Amount
	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	52,852.
	<b>b</b> Household employee wages not reported on Form(s) W-2	
	<b>c</b> Tip income not reported on line 1a (see instructions)	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	
	<b>g</b> Wages from Form 8919, line 6	
	<b>h</b> Other earned income (see instructions)	0.
	<b>i</b> Nontaxable combat pay election (see instructions) <span style="float: right;">1i</span>	
	<b>z</b> Add lines 1a through 1h	52,852.
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest	
	<b>3a</b> Qualified dividends	
	<b>4a</b> IRA distributions	
	<b>5a</b> Pensions and annuities	
	<b>6a</b> Social security benefits	
	<b>b</b> Taxable interest	
	<b>b</b> Ordinary dividends	
	<b>b</b> Taxable amount	
	<b>b</b> Taxable amount	
	<b>b</b> Taxable amount	
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	
	<b>8</b> Other income from Schedule 1, line 10	
	<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	52,852.
	<b>10</b> Adjustments to income from Schedule 1, line 26	
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	52,852.
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)	12,950.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	
	<b>14</b> Add lines 12 and 13	12,950.
	<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	39,902.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, line 3, Add lines 16 and 17, Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18, Other taxes, and Add lines 22 and 23.

Payments table with rows 25-33. Includes Federal income tax withheld from Form(s) W-2, 1099, and other forms; 2022 estimated tax payments; Earned income credit (EIC); Additional child tax credit; American opportunity credit; Reserved for future use; Amount from Schedule 3, line 15; and total other payments and refundable credits.

Refund table with rows 34-36. Includes amount overpaid, amount refunded to you, routing number, account number, and amount applied to your 2023 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with a checkbox for 'No' and fields for Designee's name, phone no., and personal identification number (PIN).

Sign Here section with a declaration statement and signature lines for the preparer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for Preparer's name, signature, date, PTIN, firm's name, address, phone no., and EIN.