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 | s 🗌 S | Single X Married filing jointly | Marrie | ed filing separately (M | (IFS) | Head of | housel | nold (HO | H) | | fying survi [.] se (QSS) | ving | |
|--|--------|--|--|-------------------------------|-------------|-----------------|---|------------------------|-----------------------------|---------------------------------|--------------------------------------|---------------|--|
| one box. | If yo | u checked the MFS box, enter the na | ame of y | our spouse. If you ch | necke | ed the HOH or | QSS | box, ente | er the c | | ` , | qualifying | |
| | pers | on is a child but not your dependent | : | | | | | | | | | | |
| Your first name and middle initial Last name | | | | | | | | | Your social security number | | | | |
| ASIT K SA | | | | AMANTRAY | | | | | | | ***-**-2302 | | |
| If joint return, spouse's first name and middle initial Last name | | | | | | St | | | | Spouse's social security number | | | |
| MONALISHA RATH * | | | | | | | ***-**-9971 | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | A | pt. no. | Pi | residen | tial Election | n Campaign | |
| | | | | | | | 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 | | | | plete spaces below. State | | | ZIP co | | | | tiling jointi this fund. C | | |
| IRVING | | | | TX | | | | | | | w will not c | | |
| Foreign country name | | | F | Foreign province/state/county | | | Foreig | Foreign postal code yo | | | or refund. | | |
| | | | | | | | | | | | You | Spouse | |
| Digital | At ar | ny time during 2022, did you: (a) rece | eive (as | a reward, award, or p | paym | ent for prope | rty or | services | ; or (b) | sell, | | | |
| Assets | exch | ange, gift, or otherwise dispose of a | digital a | asset (or a financial i | ntere | st in a digital | asset) | ? (See in | structi | ons.) | X Yes | No | |
| Standard | Som | eone can claim: You as a de | pendent | Your spouse | e as a | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate return | n or you | were a dual-status a | alien | | | | | | | | |
| Age/Blindnes: | You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | use: | ☐ Was bor | n befo | re Janua | arv 2. 1 | 958 | Is blir | nd | |
| Dependent | _ | | | (2) Social security | | (3) Relationsh | 1 | _ | • | | | nstructions): | |
| If more | | rst name Last name | | number | | to you | | | ax credi | T. | | er dependents | |
| than four | | TYA SAMANTRAY | | ***-**-1675 | | Son | | | | × | | <u>.</u> | |
| dependents, | | | | 107. | | 5011 | | Ī | _ | | Ē | <u>-</u> | |
| see instruction and check | s | | | | | 40 | > | | - | | Ī | <u> </u> | |
| here \square |] | | | | | 10 | |] | _ | | Ī | | |
| Incomo | 1a | Total amount from Form(s) W-2, bo | ox 1 (see | e instructions) | 1 | | | | | 1a | 10 | 4,391. | |
| Income | b | Household employee wages not re | | | | | | | | 1b | | | |
| Attach Form(s) | C | Tip income not reported on line 1a | (see ins | structions) | | | | | | 1c | , | | |
| W-2 here. Also attach Forms | d | | waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | |
| W-2G and | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | | | |
| 1099-R if tax 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 . | | | | | | | | 1g | | | |
| get a Form | h | Other earned income (see instructi | | | | | | | | 1h | | 0. | |
| W-2, see | i | Nontaxable combat pay election (s | ee instr | ructions) | | 1i | | | | | | | |
| instructions. | z | Add lines 1a through 1h | | | | | | | | 1z | 10 | 4,391. | |
| Attach Sch. B | 2a | | 2a | | b Ta | xable interest | t. | | | 2b | | • | |
| if required. | 3a | | 3a | | b O | rdinary divider | nds . | | | 3b | | | |
| | 4a | IRA distributions | 4a | | | xable amoun | | | | 4b | | | |
| Standard | 5a | | 5a | | b Ta | xable amoun | t | | | 5b | | | |
| Deduction for— | 6a | Social security benefits | 6a | li li | b Ta | xable amoun | t | | | 6b | | | |
| Single or Married filing | С | If you elect to use the lump-sum el | lection n | nethod, check here (| see i | nstructions) | | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Scheo | | | | | | | . 🗆 | 7 | | -565. | |
| Married filing | 8 | Other income from Schedule 1, line 10 | | | | | | | 8 | -1 | 0,575. | | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | 9 | | 3,251. | | |
| surviving spouse, | 10 | Adjustments to income from Schee | | (A) | | | | | | 10 | | | |
| \$25,900 Head of | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | 11 | 9 | 3,251. | |
| household, | 12 | Standard deduction or itemized | | | | | | | | 12 | | 5,900. | |
| \$19,400 If you checked | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | | _, | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | | 2 | 5,900. | |
| Deduction, | 15 | | | | | | | | | 15 | | 7,351. | |
| see 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 | 7,674. | | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | | |
| | 18 | Add lines 16 and 17 | 18 | 7,674. | | |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 500. | | |
| | 20 | Amount from Schedule 3, line 8 | 20 | | | |
| | 21 | Add lines 19 and 20 | 21 | 500. | | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 7,174. | | |
| | 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 | 7,174. | | |
| 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 | 7,690. | | |
| 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 | } | | | |
| | 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 | 7,690. | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 516. | | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 516. | | |
| Direct deposit? | b | Routing number * * * * * * 0 0 2 5 c Type: X Checking Savings | | | | |
| See instructions. | d | Account number * * * * * * * * * * 0 0 8 4 | | | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | | | |
| | 38 | Estimated tax penalty (see instructions) | 37 | | | |
| Third Dorty | | you want to allow another person to discuss this return with the IRS? See | | | | |
| Third Party Designee | | structions | elow. | X No | | |
| Ü | De | signee's Phone Personal identif | rication | | | |
| | nai | me no. number (PIN) | | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | | |
| Here | | | | | | |
| | YO | | | nt you an Identity IN, enter it here | | |
| Joint return? | | IT PROFESSIONAL (see | (see inst.) | | | |
| See instructions. | Sp | | If the IRS sent your spouse an | | | |
| Keep a copy for your records. | | | dentity Protection PIN, enter it here see inst.) | | | |
| you. recorder | | HOHE HAREK | 1131.) | | | |
| | | one no. (214) 538–3847 Email address ASIT.SAMANTRAY@GMAIL.COM eparer's name Preparer's signature Date PTIN | | Check if: | | |
| Paid | | The state of the s | 2702 | Self-employed | | |
| Preparer | | | | | | |
| Use Only | | | hone no. (678) 965-9522 irm's EIN **-**1965 | | | |
| | Firi | m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm | SEIN | ^^-^^1905 | | |