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

202	2
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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	household	I (HOH	H)		fying survi <sup>.</sup> se (QSS)	ving
one box.	If yo	ou checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	ed the HOH or	QSS box	, ente	r the c	•	` ,	qualifying
	-	son is a child but not your dependent	-									
Your first name	and mi	iddle initial	Last nar	me			Yo	Your social security number				
SANJAY E	KUMAI	3	DALAI						*	***-**-7781		
If joint return, spouse's first name and middle initial			Last name						Sp	Spouse's social security number		
MONALISA SWAIN				9					***-**-3629			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt.	no.	Pr	esiden	tial Election	n Campaign
039 COMBOID TRWI						Check here if you, or your						
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	te	ZIP code				filing jointl	
IRVING						75063				his fund. C w will not c		
Foreign country name			F	Foreign province/state/county						your tax or refund.		
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or i	oavn	nent for prope	rtv or ser	/ices):	or (b)	sell.		
Assets		lange, gift, or otherwise dispose of a									X Yes	☐ No
Standard		eone can claim: You as a de								,		
Deduction		Spouse itemizes on a separate return										
		·		1						2.2.2		
	_	Were born before January 2, 1	958 _	Are blind Spo	use:	_	n before	_			☐ Is blir	
Dependents				(2) Social security		(3) Relationsh	P			° 1		nstructions):
If more	(1) Fi	irst name Last name	number			to you				credit Credit for othe		er dependents
than four dependents.	SAM	MAIRA DALAI	***-**-416		7	Daughter		X				
see instruction	s ——							<u>L</u>			L	
and check												
here	]							L			L	
Income	1a	Total amount from Form(s) W-2, be			7					1a		1,875.
	b	Household employee wages not re						•	•	1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	e 1a (see instructions)						•	1c		
attach Forms	d	· · · · · · · · · · · · · · · · · · ·	ported on Form(s) W-2 (see instructions)							1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6 .							121	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	uctions)		1i						
	Z	Add lines 1a through 1h								1z		1,875.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	i			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divider	nds	*		3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
<b>Deduction for—</b> Single or	6a	Social security benefits	6a	1	b Ta	axable amoun	t		1.1	6b		
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here (	see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	required. If not requ	ired,	check here				7	_	3,000.
Married filing	8	Other income from Schedule 1, line 10								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						9	-	1 <b>,</b> 125.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26						10		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income						121	11	-	1,125.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					12		5,900.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A						13				
any box under Standard	14	Add lines 12 and 13							14	2	5,900.	
Deduction,	15							15		0.		
see instructions.												

Form 1040 (2022	2)			Page <b>2</b>			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	0.			
Credits	17	Amount from Schedule 2, line 3	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		0.			
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	0.			
<b>Payments</b>	25	Federal income tax withheld from:					
	a	Form(s) W-2					
	b	Form(s) 1099					
	C	Other forms (see instructions)					
	d	Add lines 25a through 25c	25d	188.			
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26				
qualifying child, attach Sch. EIC. I	27	Earned income credit (EIC)					
attaci ocii. Elo.	28	Additional child tax credit from Schedule 8812					
	29	American opportunity credit from Form 8863, line 8					
	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	100			
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	188.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	188.			
Direct deposit? See instructions.	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here		188.			
	b	Routing number   *   *   *   *   *   0   0   2   5     <b>c</b> Type:   Checking   Savings   Account number   *   *   *   *   *   *   *   *   *	S				
	a						
A	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 <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	0.7				
rou Owe	38		37				
Third Darks		Estimated tax penalty (see instructions)					
Third Party Designee		tructions	e below.	X No			
	De		Personal identification				
	nar	ne no. number (PIN)	.)				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and					
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh		-			
	Yo	ur signature Date Your occupation If the Properties of the Propert	If the IRS sent you an Identity Protection PIN, enter it here				
Joint return?			ee inst.)				
See instructions.	Sp		If the IRS sent your spouse an				
Keep a copy for your records.			Identity Protection PIN, enter it here				
your records.	-	SOLIWARE ENGINEER	ee inst.)				
		one no. (469) 203-7957 Email address sanjaydalai80@gmail.com		011-11			
Paid		parer's name Preparer's signature Date PTIN	10000	Check if:			
Preparer	17		*2703	Self-employed			
Use Only	-			(678) 965-9522			
	0.000		rm's EIN	**-***1965			
Go to www.irs.g	ov/Forn	n1040 for instructions and the latest information.  BAA  REV 02/05/23 PRO		Form <b>1040</b> (2022)			