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

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OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	d filing separately	(MFS)	Head of	household (Ho	OH)		ifying sun	viving	
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you	checke	ed the HOH or	QSS box, en	ter the		` ,	ne qualifying	
Your first name	and mi	ddle initial	Last nar	ne				Y	Your social security number			
SANKIRT	I		BATT	HULA				4	***-**-3601			
If joint return, spouse's first name and middle initial Last name									Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	P	Presidential Election Campaign			
7962 N G	SLEN	DR					2052		Check h	neck here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete spaces below. State			е			spouse if filing jointly, want \$3			
IRVING			TX						to go to this fund. Checking a box below will not change			
Foreign country	/ name		F	Foreign province/state/county						or refund.		
										You	Spouse	
Digital Assets		y time during 2022, did you: (a) reca		THE RESIDENCE OF THE PROPERTY OF THE PERSON						Yes	⊠ No	
Standard		eone can claim: You as a de				a dependent	2000i). (000	III dot	10110.)			
Deduction		Spouse itemizes on a separate retur				а асрепасти						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	n before Jan	uary 2,	1958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	ip (4) Check	the box	if qualif	ies for (see	instructions):	
If more	(1) Fi	rst name Last name		number to yo			Child tax cr		dit	Credit for ot	her dependents	
than four												
dependents, see instructions	s ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a		88,056.	
	b	Household employee wages not reported on Form(s) W-2							1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a			, .				1c	_		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6						1g				
get a Form W-2, see	h	Other earned income (see instructions)							1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<u>1i</u>				4 .	00 056	
	Z	Add lines 1a through 1h							1z		88,056.	
Attach Sch. B	2a		2a			axable interest			2b			
if required.	3a	IDA II I II	3a			rdinary divider			3b			
	4a		4a	-		axable amount			4b			
Standard Deduction for—	5a		5a			axable amount axable amount			5b			
Single or	6a		6a	acthod shook have					6b	_		
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7	4		
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8	+	8,417.	
jointly or	9	Other income from Schedule 1, line 10							9		79,639.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							10	+	10,000.	
\$25,900	11	Subtract line 10 from line 9. This is your adjusted gross income								+ ,	70 620	
Head of household,	12	Standard deduction or itemized deductions (from Schedule A)									79,639. 12,950.	
\$19,400 If you checked	13				,				12		14,500.	
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A								_	12,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		66,689.	
see instructions.		Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									50,000.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,286.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	10,286.	
	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	10,286.	
	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	10,286.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)	7		
	d	Add lines 25a through 25c	25d	14,179.	
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	5		
	30	Reserved for future use	Л		
	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	14,179.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,893.	
neiuna	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,893.	
Direct deposit?	b	Routing number * * * * * * * X X X X X C Type: Checking Savings			
See instructions.	d	Account number * * * * * * * * *			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)	37		
Third Dorty	7-10-1	by you want to allow another person to discuss this return with the IRS? See			
Third Party Designee		structions	below.	⋉ No	
	De	signee's Phone Personal iden			
	nai	me no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and the statement of the state			
Here		lief, 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?			e inst.)	T T T T T	
See instructions.	Sp		ne IRS ser	nt your spouse an	
Keep a copy for your records.			•	ection PIN, enter it here	
your records.	0		e inst.)		
		one no. (203) 512-8847 Email address SANKIRTHB@GMAIL.COM			
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 *****		Self-employed	
Use Only	Fir		one no. (678) 965-9 <u>522</u>		
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	n's EIN	**-***1965	