1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		n 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—[Do not w	rite or staple	in this space.
Filing Status Check only	XS	Single	Married	filing separately (N	1FS)	Head of	house	hold (HOH)		lifying surv use (QSS)	
one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	ir spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the			
Your first name	Your first name and middle initial Last name Y					Your social security number						
SAURAV			CHOUDE	HARY					1	64-9	99-910	9
lf joint return, sp	ouse's	first name and middle initial	Last name	1					s	pouse'	s social se	curity number
		r and street). If you have a P.O. box, see	instructions	S.			ŀ	Apt. no.			ntial Election	on Campaign
5356 MIDDLEBURY LOOP City, town, or post office. If you have a foreign address, also complete spaces below.						State ZIP code						ntly, want \$3
								to				Checking a
		X	For	eign province/state/c	-			in postal cod			ow will not or refund.	0
	name				Journ	.y	T OTCIQ	jii postal ooc			You	Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-				X Yes	No
		eone can claim: You as a de		Your spouse			asseij	: (000 113	uuci	10115.)	103	
		Spouse itemizes on a separate retur										
Age/Blindness		Were born before January 2, 1		Are blind Spo			n befo	ore Januar	γ2, [·]	1958	🗌 ls bl	lind
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	e box	if qualit	fies for (see	instructions):
-		(1) First name Last name		number		to you		Child tax c		lit	Credit for ot	her dependents
than four]			
dependents,]			
and check]			
here 🗌]			
Income	1a	Total amount from Form(s) W-2, b	•	,						1a		69,911.
	b	Household employee wages not reported on Form(s) W-2							1b			
	С	Tip income not reported on line 1a							•	1c	-	
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		·	1d		
attach Forms W-2G and 1099-R if tax	е	axable dependent care benefits from Form 2441, line 26					1e					
was withheld.	f	Employer-provided adoption bene					• •		·	1f		
If you did not	g	0			•		• •		•	1g		
-	h	Other earned income (see instruct	,		•	· · · ·	···		•	1h		0.
one box. Your first name an <u>SAURAV</u> If joint return, spou Home address (nu. <u>5356 MIDD</u> City, town, or posi <u>LEWIS CEN</u> Foreign country na Digital Assets Standard Deduction Age/Blindness Dependents Standard Dependents see instructions - and check here	i	Nontaxable combat pay election (see instruc	tions)	·	<u>1</u> i				-		CO 011
		Add lines 1a through 1h	· · ·	· · · · · ·					·	1z		69,911.
	2a	· · -	2a			axable interest		• • •	·	2b		
	3a		3a 4a			rdinary divider axable amoun			·	3b 4b		
Chan dand	4a 5a		4a 5a			axable amoun			•	40 5b		
	5a 6a		6a			axable amoun			•	6b		
	C	If you elect to use the lump-sum e					ι		П	00		
separately,	7	Capital gain or (loss). Attach Sche				,	• •			7		-3,000.
	8	Other income from Schedule 1, lin					• •			8		
jointly or												
surviving spouse,	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					<i></i>						
	11											
household,	12	Standard deduction or itemized		-						12		12,950.
	13	Qualified business income deduct			'	5-A.				13		<u></u> , , , , , , , , , , , , , , , , , , ,
any box under	14									14	-	12,950.
Deduction,	15	Subtract line 14 from line 11. If zer		enter -0 This is vo	our 1	axable incom	ie .			15		46,226.
see instructions.			,	J								,

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from	Form(s): 1 🗌 88 ⁻	14 2 4972	3		16	5,787.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	5,787.
	19	Child tax credit or credit for other deper	dents from Scheo	dule 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 le	ess, enter -0				22	5,787.
	23	Other taxes, including self-employment	tax, from Schedu	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total t	ах				24	5,787.
Payments	25	Federal income tax withheld from:						
,	а	Form(s) W-2			25a 12	,396.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c		1	
	d	Add lines 25a through 25c					25d	12,396.
	26	2022 estimated tax payments and amou					26	
If you have a l qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule			28			
	29	American opportunity credit from Form			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31		1	
	32	Add lines 27, 28, 29, and 31. These are	vour total other r	avments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are yo					33	12,396.
Refund	34	If line 33 is more than line 24, subtract li					34	6,609.
	35a	Amount of line 34 you want refunded to				. 🗆	35a	6,609.
Direct deposit?	b	Routing number 0 4 4 0 0 0				Savings		
See instructions.	d	Account number 3 2 2 9 3 1	<u>-</u>					
	36	Amount of line 34 you want applied to y		ed tax	36			
Amount	37							
You Owe	57	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						
	38	Estimated tax penalty (see instructions)			38		37	
Third Party		you want to allow another person to						
Designee		structions	elow.	X No				
200.9.000	De	esignee's Phone Personal identif						
	nar		no.		numb	per (PIN)		
Sign		der penalties of perjury, I declare that I have ex						
Here		elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which						, ,
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here
Joint return?							nst.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sig	n. Date					nt your spouse an
Keep a copy for	οp						ity Prot	ection PIN, enter it here
your records.	(s				(see i	nst.)		
	Ph	one no. (614) 588-9941	Email address	SAURAVC24	090GMAIL.CO	М		
Paid	Pre	eparer's name Preparer's s	ignature		Date	PTIN		Check if:
Preparer	SYAM	AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/13/2023 P02082						Self-employed
Use Only	Firi	n's name GLOBAL TAXES LLC	e no. ((678)965-9522				
	Firi	m's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information		BAA	REV 03/02/23 PRO			Form 1040 (2022