LE 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1	1545-007	74 IRS Us	e Only	—Do not w	vrite or staple i	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly sources of the MFS box, enter the name of the MFS box, enter the name of is a child but not your dependent	ame of y	ed filing separately						spoi	lifying surv use (QSS) s name if th	U
Your first name		, ,	Last na	me						Your so	cial securit	v number
										***-**-6751		
RANJITH If joint return, spouse's first name and middle initial				DASARADHI Last name						Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Electio	on Campaigr
533 RIVE											nere if you,	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIF	P code				tly, want \$3
WINSTON SALEM				NC 27				7560				Checking a
Foreign country name								reign postal	code	box below will not change your tax or refund.		
				0.							🗌 You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award.	or pavr	nent for pr	operty	or service	s): or	(b) sell.		
Assets		hange, gift, or otherwise dispose of a									Yes	X No
Standard		eone can claim: Vou as a de	-									
Deduction		Spouse itemizes on a separate retur	•	- ·		•						
Age/Blindness	You	: Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was	born b	efore Janu	,		🗌 ls bli	
Dependents				(2) Social secu	irity	(3) Relati					ı .	instructions):
If more	(1) F	irst name Last name		number	to you		bu	Child tax o		edit	Credit for oth	her dependents
than four dependents,									<u> </u>			
see instructions	s ——								<u> </u>			
and check									<u> </u>			<u> </u>
here												
Income	1a	Total amount from Form(s) W-2, b			•	• • •	• •		·	1a		52,436.
Attach Form(s)	b	Household employee wages not re		.,			• •		•	1b		
W-2 here. Also	c	Tip income not reported on line 1a				• • •	• •		•	. 1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep			e instru	ictions) .	• •		•	1d		
1099-R if tax	e	Taxable dependent care benefits f					• •		•	. 1e		
was withheld.	f	Employer-provided adoption bene			29 .		• •		•	1f		
If you did not	g	Wages from Form 8919, line 6 .			•••		• •		·	. <u>1</u> g		0.
get a Form W-2, see	h	Other earned income (see instruct			• •			· · ·	·	. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)	• •	•••	1i			- 4-	1.	52,436.
AUL 1 0 1 D		Add lines 1a through 1h	2a	· · · · i		· · ·			·	1z)2,430.
Attach Sch. B if required.	2a		2a 3a	54.		axable inte Irdinary div			·	2b . 3b		54.
	<u>3a</u> 4a		3a 4a	51.		axable am			•	4b		
Standard	ч а 5а		5a			axable am			•	5b		
Deduction for –	6a		6a			axable am			•	6b		
Single or Marriad filing	C	If you elect to use the lump-sum e		nethod check he					г		,	
Married filing separately,	7	Capital gain or (loss). Attach Sche		-	•		,		· L	7		85.
\$12,950 Married filing	8			•	•				• ∟		1	13,360.
jointly or	o 9		Other income from Schedule 1, line 10 . . .						·	9		13,360. 49,215.
Qualifying surviving spouse,	9 10	Adjustments to income from Schedule 1, line 26)	.,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income										49,215.
household,								11		12,950.		
\$19,400 If you checked	13	Qualified business income deduct				5-A	• •		•	13		<u>, , , , , , , , , , , , , , , , , , , </u>
any box under	14						• •		•	14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer					 come			15		36,265.
see instructions.			5 51 105	c, ontor o . mið l	5,001				•		· <u> </u>	,,,205.

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 8814 2 4972 3	16	26,534.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	26,534.
	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	26,534.
	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	26,534.
Payments	25	Federal income tax withheld from:		
2	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	29,186.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)		
attach Sch. 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	29,186.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,652.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,652.
Direct deposit?	b	Routing number * * * 0 1 1 6 c Type: Checking Savings		
See instructions.	d	Account number * * * * * * * 8 8 6 9		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	o you want to allow another person to discuss this return with the IRS? See		_
Designee	ins	structions	celow.	X No
	De nai	signee's Phone Personal identi me no. number (PIN)	fication	
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bor	
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	e IRS ser	nt you an Identity
		Prote		IN, enter it here
Joint return?		SR.SOFTWARE DEVELOPER ^{(see}	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.			inst.)	ection PIN, enter it here
-	Dh		- /	
Paid		one no. (571)352-9050 Email address RANJITH.D177@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
			2702	Self-employed
Preparer				
Use Only				<u>678)965-9522</u> **-**1965
			's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/09/23 PRO		Form 1040 (2022)

s.gov/Form1040 for instructions and t