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

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 (N	/IFS)	Head of	house	nold (HOH)		fying surv se (QSS)	iving	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you cl	necke	ed the HOH or	QSS	box, ente	the c	hild's	name if th	e qualifying	
Your first name and middle initial				Last name							Your social security number		
AKHILESWAR KAI				ALARI						***-**-7132			
If joint return, spouse's first name and middle initial Last no				st name					Sp	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instruction				uctions. Apt. no.						Presidential Election Campaign			
35145 DRAKESHIRE PLACE								COOLICE			here if you, or your		
City, town, or post office. If you have a foreign address, also complete				and the same of th			ZIP c	to g		ouse if filing jointly, want \$3 go to this fund. Checking a			
FARMINGTON				MI					pox below will not change				
Foreign country name			Foreign province/state/county				Foreig	oreign postal code your ta		ur tax	ax or refund. You Spouse		
 Digital	At an	ny time during 2022, did you: (a) rece	eive (as a	reward, award, or	navm	nent for prope	rty or	services):	or (b)	sell.		орошае	
Assets		ange, gift, or otherwise dispose of a									Yes	X No	
Standard		eone can claim: You as a de											
Deduction		Spouse itemizes on a separate return											
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n befo	ore Janua	y 2, 1	958	Is bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check the	e box if	qualifi	es for (see	instructions):	
If more		rst name Last name		number		to you		Child ta	x credi	t (Credit for oth	er dependents	
than four													
dependents, see instructions													
and check							>						
here											[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	8	9,208.	
	b	Household employee wages not re	eported o	on Form(s) W-2		V		. , .		1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	e not reported on line 1a (see instructions)						1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	-							1e			
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 W-2, see	h	Other earned income (see instruction					1 *			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)	•	<u>1</u> i							
	Z	Add lines 1a through 1h				• • •			•	1z	8	9,208.	
Attach Sch. B	2a		2a	020		axable interest			•	2b		1 000	
if required.	3a		3a	830.		rdinary divider		* * *		3b		1,090.	
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a		5a			axable amoun				5b			
Single or	6a		6a			axable amoun	τ			6b			
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)							-		2 000		
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						Ш	7		3,000.		
Married filing jointly or	8	Other income from Schedule 1, line 10						• •	8		7,279.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	8	<u>10,019.</u>	
\$25,900							10	-	0 010				
 Head of household, 	11		et line 10 from line 9. This is your adjusted gross income							11		0,019.	
\$19,400	12	Standard deduction or itemized			,				•	12	1	2,950.	
If you checked any box under	13	Qualified business income deducti							*	13	1	38.	
Standard Deduction,	14 15	Add lines 12 and 13							14		2,988.		
see instructions.	10	Subtract line 14 from line 11. If Zer	o or less	, enter -u This is y	our ta	axable IIICOM	ie .		•	15	1 6	57,031.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,312.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	10,312.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	·	
	20	Amount from Schedule 3, line 8	20	14.	
	21	Add lines 19 and 20	21	14.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	10,298.	
	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	10,298.	
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	12,394.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)	Y		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	1		
	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	12,394.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,096.	
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,096.	
Direct deposit?	b	Routing number * * * * * * 1 6 2 7 c Type: X Checking Savings			
See instructions.	d	Account number * * * * 3 0 6 5			
	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	you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	elow.	× No	
	De	signee's Phone Personal identif me no. number (PIN)	ication		
0:		der penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to	the bec	t of my knowledge and	
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here				nt you an Identity	
		Prote	ection P	N, enter it here	
Joint return?		TEST ENGINEER (see			
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here	
your records.		(see	,	ection First, enter it here	
	Ph	one no. (937) 979-7728 Email address KALARIAKHIL@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2023 *****2	2703	Self-employed	
Preparer	9		ne no. (678) 965-9522		
Use Only			n's EIN **-**1965		