1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	0074	IRS Use Only-	-Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n son is a child but not your dependent	ame of y						hold (HOH) [box, enter the	spo	use (QSS)	•
Your first name	and mi	iddle initial	Last na	me						Your so	cial securi	ty number
LA BUSINESS MALE MALE AND A STATE OF A DESCRIPTION OF A D				HAMMAD						***-**-5829		
				st name						Spouse's social security number		
				A AMREEN				***_		**-0371		
	numbe	er and street). If you have a P.O. box, see						A	and a second			on Campaigr
12 TALBO	ים ידי	2									nere if you,	
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	ite	ZIP c	ode	spouse	if filing join	tly, want \$3
WESTBURY												Checking a
Foreign country name										box below will not change your tax or refund.		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward	award or	navr	ment for prope	ty or	services): or ((h) sell		
Assets		ange, gift, or otherwise dispose of a									Yes	XNo
Standard Deduction	Som	eone can claim: You as a de	pendent	t 🗌	Your spouse	e as	a dependent					
		Spouse itemizes on a separate retur	_	Are bl		ouse	_	n befo	ore January 2	, 1958	Is bl	ind
Dependents				(2) 5	ocial security		(3) Relationsh) Check the bo		fies for (see	instructions):
If more		irst name Last name			number		to you		Child tax cre	edit	Credit for ot	her dependents
than four	ARH	IAAN S MOHAMMAD		***_**_		-3419 Son]	X
dependents,					-**-812	-	Daughter		X]	
see instructions and check	11111	ANAM SIDDIQUA			012		Daughter					
here											[
	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					1a	1(04,730.
Income	b	Household employee wages not re								16		<u></u>
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)							10			
W-2 here. Also	d	Medicaid waiver payments not rep						10				
attach Forms W-2G and	e	Taxable dependent care benefits f								1e		
1099-R if tax	f	Employer-provided adoption bene								1f		
was withheld.	g	Wages from Form 8919, line 6 .			000, 1110 20					1g		
lf you did not get a Form	h	Other earned income (see instruct								1h		0.
W-2, see		Nontaxable combat pay election (see					· · · · ·	ì				••
instructions.	z	Add lines 1a through 1h		uotions)			· ·			1z	1(04,730.
Attach Sch. P	2a		2a			. т	axable interest	• •		2b		1,100.
Attach Sch. B if required.	3a		2a 3a				Ordinary divider			3b		
	4a		4a				axable amount			46		
Standard	4a 5a		4a 5a				axable amount			40 5b		
Deduction for-	6a		6a				axable amount			6b		
Single or		If you elect to use the lump-sum e		nothod	aback boro				· · · ·		,	
Married filing separately,	C 7							• •	· · · L	, , , , , , , , , , , , , , , , , , ,		
\$12,950	7	Capital gain or (loss). Attach Scher						<u>61</u>	· · · L			0 0 5 5
jointly or	pintly or				· · · · · · · · · · · ·			• •		8		<u>-9,955.</u>
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										94,775.
\$25,900	10	Adjustments to income from Schedule 1, line 26										
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income							11		<u>94,775.</u>	
\$19,400 r								12		25,900.		
 If you checked any box under 	13					899	ъ-А	<u>.</u>		13		
Standard Deduction,	14		• •			• •			· · · ·	14		<u>25,900.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	·u This is y	our	laxable incom	е.	· · · ·	15	• • •	68,875.

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	7,854.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,854.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,354.
	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	5,354.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	11,239.
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		
	30	Reserved for future use	1	
	31	Amount from Schedule 3, line 15	1	
	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	11,239.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,885.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	5,885.
Direct deposit?	b	Routing number * * * * * * 0 0 2 1 c Type: X Checking Savings		
See instructions.	d	Account number * * * * * 2 8 3 8		
	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	below.	X No
		signee's Phone Personal identi	lication	
	na			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
	10			IN, enter it here
Joint return? See instructions.			inst.)	
	Sp			nt your spouse an
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here
your recorder		HOUSE WITE	inst.)	
	No. of State	one no. (724)713-0124 Email address MFAREEZUDDIN@GMAIL.COM	,	Ohaala ifa
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN	0 7 6 6	Check if:
	-	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2023 *****		Self-employed
				678)965-9522
			's EIN	**-**1965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form 1040 (2022)

irs.gov/Form1040 for instructions and th