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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the		ed filing separately (Morour spouse. If you ch				S	pouse	ring surviv e (QSS) ame if the	Ü		
	pers	on is a child but not your depende	nt:										
Your first name	and m	iddle initial	Last nar	_ast name					Your social security number				
SWARAJ			MALL	MALLA					***-**-6563				
If joint return, s	pouse's	s first name and middle initial	me				Spot	ise's s	ocial secu	rity number			
Home address	(numbe	er and street). If you have a P.O. box, se	ee instructio	ons.		Ap	t. no.	Pres	identi	al Election	Campaigr		
2323 STF	RAWBI	ERRY CT							Check here if you, or your				
City, town, or p	ost offi	ce. If you have a foreign address, also	complete sp	oaces below.	State	ZIP cod	de		spouse if filing jointly, want \$3 to go to this fund. Checking a				
EDISON				NJ						will not ch			
Foreign country name				Foreign province/state/county			Foreign postal code y		your tax or refund.				
									I	You	Spouse		
Digital	At ar	ny time during 2022, did you: (a) re	ceive (as	a reward, award, or p	payment for prop	perty or s	ervices); c	or (b) se	ell,				
Assets	exch	ange, gift, or otherwise dispose of	f a digital a	asset (or a financial i	nterest in a digita	al asset)?	(See inst	ruction	s.) L	Yes	X No		
Standard Deduction		eone can claim:			e as a dependen								
		Were born before January 2,			_	orn bofor	e January	2 105	Ω	☐ Is bline			
Dependents			1930	(2) Social security	(3) Relation					for (see in:			
-		irst name Last name		number	to you	SHIP	Child tax		T	edit for other			
If more than four	(.,,	2001 101110				7		or our	-		1		
dependents,	9										1		
see instructions and check	s —										1		
here]										1		
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions)					1a	87	7,064.		
Income	b	Household employee wages not	reported o	on Form(s) W-2					1b				
Attach Form(s)	C	Tip income not reported on line	1a (see ins	structions)					1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption ber	nefits from	Form 8839, line 29					1f				
If you did not	g	Wages from Form 8919, line 6 .				1 1 .			1g				
get a Form	h	Other earned income (see instru	ctions) .						1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	uctions)		1i							
instructions.	z	Add lines 1a through 1h							1z	87	7,064.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxable intere	est .			2b				
if required.	3a	Qualified dividends	3a	60.	b Ordinary divid	lends .			3b		66.		
	4a	IRA distributions	4a		b Taxable amou	ınt			4b				
Standard	5a	Pensions and annuities	5a		b Taxable amou	ınt			5b				
Deduction for—	6a	Social security benefits	6a		b Taxable amou	ınt		1.1	6b				
Single or Married filing	C	If you elect to use the lump-sum	election n	nethod, check here (see instructions)								
separately, \$12,950	7	Capital gain or (loss). Attach Sch	edule D if	required. If not requ	ired, check here				7		46.		
Married filing	8	Other income from Schedule 1, I	ine 10 .						8	_ 9	9,457.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	77	7,719.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	11	Subtract line 10 from line 9. This	is your ac	djusted gross incon	ne	a a .			11	77	7,719.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12	12	2 , 950.		
If you checked	13	Qualified business income deduc	ction from	Form 8995 or Form	8995-A				13				
any box under Standard	14	Add lines 12 and 13								12	2 , 950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If z	ero or less	s, enter -0 This is ye	our taxable inco	me .			15	64	4,769.		
)													

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,866.	
Credits	17	Amount from Schedule 2, line 3	17		
0.00	18	Add lines 16 and 17	18	9,866.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20	1.	
	21	Add lines 19 and 20	21	1.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	9,865.	
	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	9,865.	
Payments	25	Federal income tax withheld from:			
i ayınıdını	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)	7		
	d	Add lines 25a through 25c	25d	11,269.	
	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	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	5		
	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	11,269.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,404.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,404.	
Direct deposit?	b	Routing number * * * * * * 0 4 9 5 c Type: X Checking Savings			
See instructions.		Account number * * * * * * * 5 5 9 1			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe	01	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		structions	below.	X No	
Ü	De	signee's Phone Personal ident	ification		
	nai	me no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		,	
Here		ief, 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?			inst.)		
See instructions.	Sp		e IRS ser	nt your spouse an	
Keep a copy for your records.			•	ection PIN, enter it here	
your records.	-		inst.)		
		one no. (978) 606-4851 Email address SWARAJ3991@GMAIL.COM			
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/14/2023 *****		Self-employed	
Use Only	Fin	The second secon	one no. (678) 965-9 <u>522</u>		
	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	n's FIN	**-***1965	