1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Tax		202	2	OMB No. 1545	0074	IRS Use Only-	-Do not w	rite or staple in this space.		
Check only		Single D Married filing jointly		ng separately (N	,			hold (HOH) [spou	lifying surviving use (QSS)		
one box.		on is a child but not your dependent		spouse. If you cr	IECK		Q33	box, enter the	e crilia s	name îr the qualitying		
Your first name and middle initial Last name				ime						Your social security number		
RAHUL BHARGAV PING				GLE					***-**-5671			
If joint return, spouse's first name and middle initial Last name				ne					Spouse'	s social security numbe		
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.		ntial Election Campaig		
47135 VI	CTOR	IAN SQUARE NORTH								here if you, or your if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also complete s							ZIP co	ode	to go to	this fund. Checking a ow will not change		
Foreign country name				04732 78			Foreign postal code your tax or refund.			or refund.		
Digital	Atar	y time during 2022, did you: (a) rec	eive (as a rew	vard award or	navr	ment for prope	ty or	services): or ((b) sell			
Assets		ange, gift, or otherwise dispose of a								Yes X No		
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur		Vour spouse								
		Were born before January 2, 1			use	_	n befo	ore January 2	. 1958	Is blind		
Dependents		· · ·		(2) Social security	((3) Relationsh				fies for (see instructions)		
If more		rst name Last name				to you		Child tax cre	edit	Credit for other dependent		
than four												
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b				• • • •	<u>e</u> -		1a			
Attach Form(s)	b	Household employee wages not re			<u> </u>		•		1b			
W-2 here. Also	C	Tip income not reported on line 1a			•	· · · ·	•		10			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26							1d			
1099-R if tax	e				•		• •		1e 1f			
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.		n 8839, iine 29	•		• •					
lf you did not get a Form	g h	Other earned income (see instruct			•		•		1g 1h			
W-2, see	i	Nontaxable combat pay election (11	ì.		m	0.		
instructions.	z				•	· · []			1z	78,725.		
Attach Coh R	2a		2a	· · · / ·	ь т	axable interest	• •		2b			
Attach Sch. B if required.	3a		3a	13.		ordinary divider			3b			
	4a		4a			axable amount			4b			
Standard	5a		5a			axable amount			5b			
Deduction for—	6a		6a			axable amount			6b			
 Single or Married filing 	c	If you elect to use the lump-sum e						· · · ·				
separately,	7	Capital gain or (loss). Attach Sche	· · · L	7								
\$12,950Married filing	8	Other income from Schedule 1, lin							8	-7,540.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	71,199.		
surviving spouse,	10	Adjustments to income from Sche	10									
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	11									
household,	12	Standard deduction or itemized							12			
\$19,400 • If you checked	13	Qualified business income deduct			1	5-A			13			
any box under Standard	14	Add lines 12 and 13							14			
Deduction,	15	Subtract line 14 from line 11. If zer				axable incom	е.		15			
see instructions.												

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	8,427.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,427.
	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	8,427.
	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	8,427.
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	10,105.
If you have a qualifying child, attach Sch. EIC. [26	2022 estimated tax payments and amount applied from 2021 return	26	<u> </u>
	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	4	
	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	10,105.
	33	Add lines 25d, 26, and 32. These are your total payments	33	1,678.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,678.
Direct deposit?	35a b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,070.
See instructions.	d b	Routing number * * * * 0 8 0 5 c Type: X Checking Savings Account number * * * * * 6 6 3 5 Image: Constraint of the second s		
	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 .	1	
You Owe	57	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	01	
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		structions	elow.	× No
·		signee's Phone Personal identif	ication	
	nar			
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?		ENGINEER (see i		
See instructions. Keep a copy for	Sp			nt your spouse an
your records.		ldent (see i	-	ection PIN, enter it here
	Ph			
Paid		one no. (848)248-2294 Email address RPINGLE@UMICH.EDU eparer's name Preparer's signature Date PTIN		Check if:
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/21/2023 ****2	203	Self-employed
Preparer				678) 965-9522
Use Only			s EIN	**-***1965
Go to www irs a		n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form 1040 (2022)

rs.gov/Form1040 for instructions and the