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

2022	
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OMB No. 1545-0074

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

_	s 🗌 S	Single X Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH)		ifying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	name of	vour spouse If you	ı chack	ed the HOH o	r 059	Shov ente	r the c		ise (QSS)	a gualifying	
One box.		on is a child but not your dependen		your spouse. It you	Oncor		QO	box, onto	11100	ilia 5	namo n un	o qualityinig	
Your first name and middle initial				Last name						Your social security number			
DHEERAJ			KARN	JATT						330-11-0614			
If joint return, spouse's first name and middle initial Last									_	Spouse's social security number			
DIVYA SRI ANKA				ΔM					A1	APPLIED FOR			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.						_	Presidential Election Campaign						
1889 PASSIONFLOWER ROAD						1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 '				ere if you,			
	ce. If you have a foreign address, also co	e spaces below. State ZIP			COOE I.			if filing joint	•				
FRISCO				TX			75				this fund. (ow will not (
Foreign country name				Foreign province/state	_			~~~			or refund.	riange	
				0 1	, I					You Spous			
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award.	or pavr	ment for prope	ertv o	r services):	or (b)	sell.			
Assets		ange, gift, or otherwise dispose of									Yes	⊠ No	
Standard		eone can claim:		<u>_</u>				, (
Deduction		— Spouse itemizes on a separate retu	•										
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind S	pouse	: Was bo	rn be	fore Janua	γ2, 1	958	☐ Is blii	nd	
Dependents	s (see	instructions):		(2) Social secu	ritv	(3) Relationsh	ain	(4) Check th	e box if	qualif	ies for (see i	nstructions):	
If more		rst name Last name		number	,	to you	·	Child tax credit		edit Credit for other depend		er dependents	
than four												1	
dependents,													
see instructions and check	s ——												
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a	11	7,888.	
IIICOIIIC	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							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 benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	e instructions)						1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	Z	Add lines 1a through 1h		,						1z	11	7,888.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
if required.	3a	Qualified dividends	3a	126.	b Ordinary dividends				3b		127.		
	4a	IRA distributions	4a		b T	axable amoun	ıt .			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt .			5b			
Deduction for— Single or	6a	Social security benefits	b Taxable amount						<u>.</u>	6b			
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing	8	Other income from Schedule 1, line 10							8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	11	8,015.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	11	8,015.	
household, \$19,400	12	Standard deduction or itemized	deduct	ions (from Schedu	ıle A)					12	2	5,900.	
If you checked	13	Qualified business income deduct	tion fron	n Form 8995 or Fo	rm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13							14	2	5,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	92,115.		

Form 1040 (2022	2)								Page	e 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	11,488	_
Credits	17	Amount from Schedule 2, lir	ne 3				 .	. 17		
	18	Add lines 16 and 17						. 18	11,488	_
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lir	ne 8					. 20		
	21	Add lines 19 and 20						. 21		_
	22	Subtract line 21 from line 18						. 22	11,488	_
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	0	
	24	Add lines 22 and 23. This is						. 24	11,488	_
Payments	25	Federal income tax withheld								_
,	а	Form(s) W-2				25a	22,3	41.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	•					. 25d	22,341	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax paymen						. 26	,	_
	27	Earned income credit (EIC)				27				_
	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .		•		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					redits .	. 32	1	
	33	Add lines 25d, 26, and 32. T	,		•				22,341	-
Defund	34	If line 33 is more than line 24						. 34	10,853	
Refund	35a	Amount of line 34 you want	-			•	-		10,853	
Direct deposit?	b	Routing number 0 8 1				Checking		ings		_
See instructions.	d	Account number 2 9 1					_			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	37 Subtract line 33 from line 24. This is the amount you owe .								_
You Owe	•	For details on how to pay, g						. 37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			•	_
Designee [*]	ins	structions				🗌	Yes. Comp	olete below.	. X No	
		signee's		Phone				identification		\neg
		me		no.			number (_
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com			, , ,		,		, ,	
Here		ur signature	Date Your occupation					ent you an Identity	٠.	
	10	Tour signature		Date				PIN, enter it here		
Joint return?			JAVA DEVEI		LOPER		(see inst.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion			ent your spouse an	
Keep a copy for your records.							(see inst.)	tection PIN, enter it h	ere	
,		/ (50.) 0.20 0.15		- "	HOMEMAKER			(300 11131.)		
		Phone no. (678)230-0156 Email address KARNATIDHEERAJ@GMAIL.COM Preparer's name Preparer's signature Date PTIN		TNI	Check if:	—				
Paid		•			T 73					1
Preparer							2090332	1		
Use Only							(646)727-715			
	Fir	m's address 245 ROONE	Y CI E BRU	INSWICK No	J 08816			Firm's EIN	30-101719	
Co to want in a	ou/Eor	n 1 (1 11) for instructions and the late	at information		D 4 4				E 1(1/1() /0/	