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.

_	s 🗌 S	Single X Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	sehold (HOF	l) 🗌		ifying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour enquee If you	ı chack	ed the HOH o	r 09	S hov ente	r tha c	•	ise (QSS)	e auglifyina	
one box.	-	on is a child but not your dependen		your spouse. If you	CHECK	led the HOH of	ı Qo	3 DOX, ente	i tile c	illiu S	name ii uii	e qualifying	
Your first name and middle initial Last name								Y	Your social security number				
										278-49-1280			
				SHARMA Last name						Spouse's social security number			
									'	APPLIED FOR			
DIVYA PANDURANG POTE Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Presidential Election Campaign					
	WAY PARKWAY	2118					Check here if you, or your						
		ce. If you have a foreign address, also c	omplete s	nplete spaces below. State ZIP				spous			ouse if filing jointly, want \$3		
SCOTTSDALE								254		0	this fund. (U	
Foreign country name				Foreign province/sta						ow will not on the contract of	change		
				· crosgr. prosince, comerce						You Spous			
 Digital	Δt an	ny time during 2022, did you: (a) red	ceive (as	a reward award	or navr	ment for prope	rtv c	r sarvicas):	or (b)	المء			
Assets		ange, gift, or otherwise dispose of									Yes	X No	
Standard		eone can claim: You as a de		<u>-</u>			-	7,7 (000	21.001.	J. 1.0.1)			
Deduction	_	Spouse itemizes on a separate retu											
Age/Blindness	You:	Were born before January 2,	1958 [Are blind S	pouse	. Was bo	rn be	efore Janua	rv 2. 1	958	☐ Is bli	nd	
	pendents (see instructions): (2) Social security				(3) Relationship		(4) Check the box it						
-		irst name Last name		number		to you	пр	Child tax credit		edit Credit for other deper		er dependents	
If more than four	• • •											7	
dependents,													
see instructions and check	s ——								-		Ī		
here									-				
Incomo	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions) .						1a	6	4,156.	
Income	b	Household employee wages not r	reported	on Form(s) W-2.						1b		<u> </u>	
Attach Form(s)	С								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 instruc-	tions)						1h		0.		
W-2, see	i	Nontaxable combat pay election (see instructions)											
instructions.	z	Add lines 1a through 1h							1z	6	4,156.		
Attach Sch. B	2a	Tax-exempt interest	2a	b Taxable interest				2b		100.			
if required.	3a	Qualified dividends	3a		b Ordinary dividends				3b				
	4a	IRA distributions	4a		b T	axable amoun	ıt .			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt .			5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	ıt.			6b			
Single or 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	6	4,256.	
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	6	4,256.	
household, \$19,400	12	Standard deduction or itemized	l deduct	tions (from Schedu	ule A)					12		5,900.	
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or Fo	rm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13							14	25,900.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	3	8,356.		

Form 1040 (2022	2)										Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌	-		16	4	,194.
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	4	,194.
	19	Child tax credit or credit for	other dependent	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	4	,194.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23		0.
	24	Add lines 22 and 23. This is							24	4	,194.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	8,	282.			
	b	Form(s) 1099				25b		24.			
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	8	,306.
	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26		
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
	28	Additional child tax credit fro				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. These are your total payments							33	8	,306.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you c	verpaid		34	4	,112.
neiulia	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ck here		. 🗆	35a	4	,112.
Direct deposit?	b	Routing number 1 2 2	1 0 1 7	0 6	c Type: 🛛] Check	ing 🗌 Sa	avings			
See instructions.	d	Account number 4 5 7 0 4 7 0 6 9 1 1 0									
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount	37										
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS?	See _	_				
						[Yes. Con	•		× No	
		signee's me						Personal identification number (PIN)			
Cian		der penalties of perjury, I declare	that I have examine		t accompanying sch	nedules a			the hes	t of my know	wledge and
Sign		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								,	0
Here	Yo	Your signature		Date Your occupation				If the	IRS ser	nt you an Ide	entity
								Prote (see i		N, enter it h	ere
Joint return?				IT ENGINE			,			<u> </u>	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation		ion				nt your spou: ection PIN, e	
your records.					HOMEMAKER			(see ii		1 1 1	
	Ph	one no. (602)880-439	5	Email address SHUBHAM4VIO@GMAIL.COM							
				ignature			Date PTIN			Check if:	
Paid	RV	SSMANIKUMARAPPANA	UMARAPPANA 02/18/20				02090	332	Self-er	mployed	
Preparer									646)727	7-7157	
Use Only							Firm's			17196	
Co to ununu iro a	a//_a	m10.40 for instructions and the late	at information								040 (0000)