Filing Status X       Single	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1545	5-0074	IRS Use	Only-	–Do not v	vrite or staple	in this space.
SURYA TEJA         UPENDRAM         195-31-9231           Hjört futur, spouse's first name and middle initial         Last name         Spouse's social security number           Home address (number and street). Hyou have a foreign address, sile complete spaces below.         Apt no.         Presidential Election Campaign of the data of the security number and street). Hyou have a foreign address, sile complete spaces below.         State         Apt no.         Presidential Election Campaign optimization of the fund. Checking a box below will check below will check be box checking a box below will check be box below will checking a box box below will checking a box below will checking	Check only	lf yc	ou checked the MFS box, enter the n	ame of y	0.	,			,	,	spo	use (QSS)	0
SURVA TEJA         UPENDRAM         195-31-921           If joint return, spouse's first name and middle initial         Last name         Spouse's social security number           Home address (number and street), Hyou have a foreign address, also complete spaces below.         Apt no.         Apt no.           1340         Rhodes Rd         Bresidential Election Campaign         Greetion Campaign           Foreign country name         Foreign province/state/county         Foreign postal coor         Presidential Election Campaign           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Last or enhances         State         Spouse is instructions.         If we list hand. Chocking a hyperbalances           Standard         Someone can allegament         Your spouse as a dependent         Your spouse as a dependent         If we list hand. Chocking a hyperbalances         If we list hand. Chocking a hyperbalances           Dependentis         Geo ce instructions;         (g) Relationable         (g) Chock the board it multiles for (see instructions)         If a structure is a dependent         If a structure is a structure is a dependent         If a structure i	Your first name	and m	iddle initial	Last na	me						Your so	cial securi	tv number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       3pt. 218-00         1840 Rhodes Rd       Check them of province street.       Batte       219 cods         Kent       Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, accelerate street.       Image: Check them of the street.       Image: Check them of the street.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, accelerate street.       Image: Check them of the street.       Image: Check them of the street.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent       Image: Check the box if qualities for (sen instructions).       Image: Check the box if qualities for (sen instructions).         Incorner       Incorner       Image: Check the box if qualities for (sen instructions).       Image: Check the box if qualities for (sen instructions).       Image: Check the box if qualities for (sen instructions).         Incorner       1a       Total amount from Form(s) W-2, box 1 (see instructions).       Image: Check the box if qualities for (sen instructions).       Image: Check the box if qualities for (sen instructions).         Mid check       Image: Check the box													•
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       369       369         1840. RNodes Rd       369       369       369       Check here if you, or your stress of thing printy, want 38         Kent.       OH       422.04807       Check here if you, or your stress of thing printy, want 38         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes X No         Standard       Someone can claim: (			s first name and middle initial										
1840 Rhodes Rd       369       Ordecknet if you any or your         City, tow, or post office, if you have a foreign address, also complete spaces below.       State       2/P code         Foreign country name       OII       442.404807       brows left ling journess or rolund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Deckneting       Somece can climic       You as a dependent       You       Spouse         Deckneting       Spouse itemizes on a separate return or you were a dual-status alien       You       Spouse       Yes       No         Dependents       See instructions):       (1) First name       Last name       (2) Social security       (P) Relationship       (P) Check the box if qualifies for fees instructions):       1a       3, 137.         Hores       To busehold employee wages not reported on Form(s) W-2, box 1 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household e	3												
1840 Rhodes Rd       369       Ordecknet if you any or your         City, tow, or post office, if you have a foreign address, also complete spaces below.       State       2/P code         Foreign country name       OII       442.404807       brows left ling journess or rolund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Deckneting       Somece can climic       You as a dependent       You       Spouse         Deckneting       Spouse itemizes on a separate return or you were a dual-status alien       You       Spouse       Yes       No         Dependents       See instructions):       (1) First name       Last name       (2) Social security       (P) Relationship       (P) Check the box if qualifies for fees instructions):       1a       3, 137.         Hores       To busehold employee wages not reported on Form(s) W-2, box 1 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household e	Home address	(numbe	er and street). If vou have a P.O. box. see	instructio	ons.				Apt. no.		Preside	ntial Electi	on Campaigr
City, own, or post office. If you have a foreign address, also complete spaces below.       State       2P code OH       44 24 04 08 07         Foreign country name       Foreign province/state/country       Foreign province/state/country <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>									•				
Kent       OH       442404807       to got this fund. Checking a box below with act Arage your tax or refund.         Digital Asset is exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (or goveen exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (See instructions.)       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       You see as dependent       Yes       No         Age/Bindness       You.       Ware born borns       (Q) Social security       (Q) Relationship       (Q) Relationship <td< td=""><td></td><td></td><td></td><td>mplete s</td><td>paces below.</td><td>Sta</td><td>te</td><td>1 1</td><td></td><td></td><td></td><td></td><td></td></td<>				mplete s	paces below.	Sta	te	1 1					
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Image: Comparison of the c			,,	1						7	•		0
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes X No         Standard Deduction       Someone can claim:   You as a dependent   Your spouse as a dependent   Deduction       Someone can claim:   You as a dependent   Your spouse as a dependent   Deduction       Yes X No         Age/Blindness You:   Were born before January 2, 1958       Are blind       Spouse:   Was born before January 2, 1958       Is blind         Dependents, see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for fise instructions):         If more dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for fise instructions)         If more dependents, see instructions       1       1       1       1       1         It come dependents, see instructions       1       1       1       1       1         If come dependents, see instructions       1       1       1       1       1       1         If come dependents, see instructions       1       1       1       1       1       1       1       1       1       1       1	-	/ name		F	oreian province	-		-					0
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Uves X No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (a) Relationality       (b) Relationality       (c) Credit for other dependent         Innone       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       3, 137.         Innone       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       3, 137.         Instructions       d       1a       3, 137.       1a       3, 137.         Instructions       1a       3, 137.       1a       3, 137.         Instructions       1a       3, 137.       1a       3, 137.         Instructions       1a       3, 137.       1a       3, 137.       1a         Instructions       1a       3, 137.       1a       3, 137.         <	· · · · g. · · · · · ,						,		5		5	_	_
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Secial security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         dependents,												Yes	
Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (a) Flastionship       (a) Flastionship       (b) Flasting       (c) Flasti	Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 Your s	spouse as	a dependent						
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       3,137.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on Iine 1a (see instructions)       1c         W-28 ref. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-28 ref. Also       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-28 ref. Also       d       Medicaid waiver payments not reported on Form 839, line 29       1d         W-28 ref. Also       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other eamed income (see instructions)       1l       1         v-2, see       instructions.       1a       3, 137.         Attach Sch. B       2a       Add lines 1a through 1h       1       1z       3, 137.         Attach Sch. B       2a       Gualified dividends       5a       b       5b       5b         Deduction for       Fensions and annuities       5a       b       Taxable amount       6b </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>[</td> <td>-</td> <td></td> <td></td> <td></td>									[	-			
Itechnologies       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1e         109-R1 itax       mass withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a form       mb       Other earned income (see instructions)       1a       1g         get a form       h       Other earned income (see instructions)       1h       0.         v-2, see       instructions       1i       int       0.         z       Add lines 1a through 1h       1z       3, 137.         Attach Sch. B       a       Qualified dividends       3a       b       b         Get a form       Ha       Sa       b       Ordinary dividends       3b         Beduction for       5a       Pensions and annuities       5a       b       Taxable amount       6b         Standard       Deduction for       6a       Social security benefits       6a       ib       ib      <		10	Total amount from Form(a) W(2, b)	ov 1 (00	 				L		10		2 1 2 7
Attach Form(s) W-2 here. Also dtatch Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also dtatch Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       g       Wages from Form 8919, line 6       1f         get a Form W-2, see       h       Other earned income (see instructions)       1i         www.stitheld.       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         ad lines 1a through 1h       1z       3, 137.         Attach Sch. B       2a       Tax-exempt interest       2b         da       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b       5b         Deduction for- single or Married filing separately.       6a       b       Taxable amount       6b         Standard Deduction for- Single or Married filing separately.       8       Other income from Schedule 1, line 10       7         struetoring <t< td=""><td>Income</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>• •</td><td></td><td>_</td><td>3,137.</td></t<>	Income									• •		_	3,137.
W-2 here. Also attach Forms       Implification for reported on hine raisee instructions)       Implification for reported on hine raisee instructions)       Implification for reported on hine raisee instructions)       Implification for reported on Form (s)       Implification for form (s)       Implification for form (s)       Implification for form (s)       Implification for for for form (s)       Implification for for for for form (s)       Implification for for for for form (s)       Implification for for for for for for form (s)       Implifica	Attach Form(s)			•						• •		_	
W-2G and 1999-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         199-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         w2-2, see instructions.       z       Add lines 1a through 1h       1z       3,137.         Attach Sch. B       2a       b       b       Tax-exempt interest       2b         4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Obduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       If you elect to use the lump-sum election method, check here (see instructions)       7       7          4a       If you elect to use the lump-sum election method, check here (see instructions)       7           51ge or       If you elect to use the lump sup	W-2 here. Also							• •		• •		_	
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       12       3,137.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Maried fling eparately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7          * Maried fling pointly or Qualifying Surving spouse, \$25,900       Other income from Schedule 1, line 26       10           * Hard of household, \$19,400       12       Standard deduction or itemized deductio								• •		• •			
Was withined.       Wages from Form 8919, line 6       1         If you did not       9       Wages from Form 8919, line 6       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3a         4a       IRA distributions       4a       b       Drdinary dividends         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Deduction for-       6a       b       Taxable amount       6b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or       Married filing separately, \$12,950       Y       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Varied filing pointly or       Qualifying surving spouse.       9       3,137.       10       3,137.         10       Subtract line 10 from line 9. This is your adjusted gross income       11<			•					• •		• •		_	
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W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b         Attach Sch. B if required.       3a       b       Tax-exempt interest       2b         4a       Ba       Qualified dividends       3a       b       Dottionary dividends       3b         5a       Qualified dividends       5a       b       Taxable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         512,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         7       Capital gain or (loss). Attach Schedule 1, line 10       8       0ther income from Schedule 1, line 26       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       3, 137.         10       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.       11       3, 137.         10       Subtract line 10 from line 9. This is your adjusted gross income       1			6					• •	• •	• •			0
Instructions.       z       Add lines 1a through 1h       1z       3,137.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       D Taxable interest       2b         4a       IRA distributions       4a       b       D Taxable amount       3b       4b         5a       Pensions and annuities       5a       Pensions and annuities       5a       D Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       6a       D Taxable amount       6b         Single or Married filing separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse. \$25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         Head of Industrict line 10 from line 9. This is your adjusted gross income       11       3, 137.       12       12, 12, 950.         Head of Industrict line 10 from line 9. This is your adjusted gross income       11       3, 137.       12       12, 12, 950.         Head of any box under Standard       12       Standard deduction or itemized deduc			· ·	,			1		• •	• •		1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Qualifying spouse, \$25,900       8       Other income from Schedule 1, line 10       9       3,137.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3,137.         10       11       Subtract line 10 from line 9. This is your adjusted gross income       11       3,137.         11       13,137.       11       3,137.       12       12,950.         14       Add lines 12 and 13       13       14       12,950.       14	,	•		see instr	uctions)						-		2 1 2 7
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       5b         • C       If you elect to use the lump-sum election method, check here (see instructions)       1       6b       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7         • Married filing jointly or pointly or Standard       9       A, 1377.       8         • Head of household, \$19,400       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       3,137.         12       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,950.         15       Subtract line				· · ·					• •	• •			5,157.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       7         • C       If you elect to use the lump-sum election method, check here (see instructions)       0       7       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       0       Other income from Schedule 1, line 10       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       3, 137.         • Head of huosehold, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         • If deduction, beduction,       14       12, 950.						-			• •	• •			
Standard Deduction for-       5a       5a       b       Taxable amount									• •	• •		_	
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       3, 137.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         • If you checked any box under Standard       14       12, 950.       14       12, 950.       15	<b>.</b> )								• •	• •			
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$12,950</li> <li>Head of household, \$12,900</li> <li>Head of household, \$12,900</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>His you checked any box under standard</li> <li>If you checked any box under standard</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> <li>If you checked any box under standard</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> <li>If you checked any box under standard</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> </ul>									• •	• •		_	
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       3,137.       9       3,137.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       3,137.         • If you checked any box under Standard Business income deduction from Form 8995 or Form 8995-A       13       12       12,950.         • If you checked any box under Standard Deduction, Deduction, Deduction,       13       14       12,950.       14         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	<ul> <li>Single or</li> </ul>				nothed share			ιι	• •	· ·		•	
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, theor required, check here       1       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3,137.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       3,137.         • If you checked any box under Standard       12       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • If you checked any box under Standard       15       0       14       12,950.       14			, ,		-		,	• •	• •	· _			
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         10       Adjustments to income from Schedule 1, line 26       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       3, 137.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12, 950.       14       12, 950.       14       12, 950.	\$12,950							• •		. L			
surviving spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       3,137.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         14       12,950.       14       12,950.       14       12,950.	jointly or							• •					2 1 2 1
\$25,900       10       Adjustments to income nom obligating in the form obligating in th	Qualifying									• •			3,137.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       12,950.       14       12,950.       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	\$25,900								• •	• •			
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0									• •				
any box under Standard       14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	\$19,400					,			• •				12,950.
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         0									• •				
	Standard												
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 Th	nis is your <b>i</b>	axable incom	ne.			15	)	0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16		0.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22		0.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24		0.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	180.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	· · · · ·					25d		180.
14	26	2022 estimated tax payment	s and amount a	pplied from 20	021 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)				27	239.			
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3, line 8		29		1		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.				undable credits		32		239.
	33	Add lines 25d, 26, and 32. The second	nese are your <b>to</b>	tal payments				33		419.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34		419.
neiuliu	35a	Amount of line 34 you want	efunded to you	u. If Form 8888	3 is attached, che	eck here	. 🗆	35a		419.
Direct deposit?	b	Routing number 0 4 1					Savings			
See instructions.	d	Account number 4 1 8	4 1 5 3	0 7 6			-			
	36	Amount of line 34 you want a	pplied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See				
Designee		structions	•				omplete	below.	X No	
		signee's		Phone			onal identi	fication		<del></del>
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp								
Here			blete. Deciaration		1		1			
	ŶŎ	ur signature		Date	Your occupation				nt you an Ider IN, enter it he	
Joint return?					Student			inst.)		
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupa	tion			nt your spouse	
Keep a copy for your records.								tity Prote inst.)	ection PIN, en	iter it her
your rocordo.							(See			
		one no. (330)422-9876		Email address		Data	DTIN		Ohaal ''	
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer							I		Self-em	iployed
Use Only		m's name Self-Pre	epared					ne no.		
	Fir	m's address					Firm	's EIN		
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 02/17/23 Intuit.cg.cfp.sp			Form <b>10</b>	<b>)40</b> (202

	Do not staple or paper clip. Ohio Department of Taxation 02 25 23 Use only blac	Individ	22 Ohio dual Income PPERCASE let	e Tax R		nly.	22000133 Sequence No. 1
	AMENDED RETURN - Check here and include O	hio IT RE	Ē.	NOL	CARRYBACK - C	heck here an	d include Schedule IT NOL.
	Primary taxpayer's SSN (required) ✓ If deceased 195 31 9231	Spo	ouse's SSN (if fili	ng jointly	/) 🗸 If	deceased	School district # 6705
	First name SURYA TEJA	M.I.	Last name UPENDR	AM			
	Spouse's first name (if filing jointly)	M.I.	Last name				
	Address line 1 (number and street) or P.O. Box						
	Address line 2 (apartment number, suite number, etc.) APT 369						
	City			State	ZIP code	Ohio co	unty (first four letters)
	KENT			OH	44240	POR	Т
	Foreign country (if the mailing address is outside the U.S	S.)		Foreign	postal code		
	Residency Status– Check only one for primaryXResidentPart-year residentNonresider Indicate state				<b>g <u>Status</u> –</b> Checł Single, head of hou		rted on federal income tax return) alifying widow(er)
	Check only one for spouse (if filing jointly) Resident Part-year Nonresider resident Indicate sta				Married filing jointly Married filing separ		Spouse's SSN
	<b>Ohio Nonresident Statement</b> – See instructions Primary meets the five criteria for irrebuttable presum			F	ederal extension	filers - check ł	nere.
	Spouse meets the five criteria for irrebuttable presum	ption as r	nonresident.		f someone can clair lependent, check he		spouse if filing jointly) as a
Do not staple or paper clip.	1. <b>Federal adjusted gross income</b> (federal 1040 or 10 if negative		,			1.	3137
or pa	2a.Additions – Ohio Schedule of Adjustments, line 10 (in	nclude s	chedule)			2a.	
staple	2b. Deductions – Ohio Schedule of Adjustments, line 39	(include	schedule)			2b.	
Do not	3. Ohio adjusted gross income (line 1 plus line 2a minus	s line 2b)	). Place a "-" in	the box i	f negative	3.	3137
	4. Exemption amount ( <b>include Schedule of Depender</b> Number of exemptions including you and your spouse/					4.	2400
	5. Ohio income tax base (line 3 minus line 4; if negative	•		_		5.	737
	6. Taxable business income – Ohio Schedule IT BUS, li	ne 13 ( <b>in</b>	iclude schedu	le)		6.	
	7. Taxable nonbusiness income (line 5 minus line 6; if n	egative,	enter zero)			7.	737
					REV 02/14/23 INTUIT.C		M-DD-YY Code 2 IT 1040 – page 1 of 2



737

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ssn 195 31 9	9231	2022 Ohio IT 1040 Individual Income Tax Return	
	-		7a.
8a.Nonbusiness income ta	ax liability on line 7a (see ins	structions for tax tables)	8a.
8b.Business income tax lia	ability – Ohio Schedule IT B	US, line 14 ( <b>include schedule</b> )	8b.
8c. Income tax liability before	ore credits (line 8a plus line	8b)	8c.
9. Ohio nonrefundable cro	edits – Ohio Schedule of Cro	edits, line 35 ( <b>include schedule</b> )	9.
10. Tax liability after nonre	fundable credits (line 8c min	us line 9; if negative, enter zero)	10.
		(include Ohio IT/SD 2210)	
12. Unpaid use tax (see in	structions)		12.
13. Total Ohio tax liability	y before withholding or estim	nated payments (add lines 10, 11 and 12)	13.
		holding, part A, line 1 ( <b>include schedule and</b>	14.
		1040ES and IT 40P), and credit carryforward	15.
16. Refundable credits – C	Thio Schedule of Credits, line	e 41 ( <b>include schedule</b> )	16.
17. Amended return only	<u>r</u> – amount previously paid w	vith original and/or amended return	17.
18. Total Ohio tax payme	ents (add lines 14, 15, 16 an	d 17)	18.
19. Amended return only	<u>v</u> – overpayment previously r	equested on original and/or amended return	19.
		e ine 24. OTHERWISE, continue to line 21.	20.
21. Tax due (line 13 minus	line 20). If line 20 is negativ	e, ignore the "-" and add line 20 to line 13	21.

21. Tax d 23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"...... AMOUNT DUE ▶ 23. 26. Original return only - portion of line 24 you wish to donate: a. Wildlife Species b. Military Injury Relief c. Ohio History Fund Total....26g. d. Nature Preserves/Scenic Rivers e. Breast/Cervical Cancer f. Wishes for Sick Children

27. REFUND (line 24 minus lines 25 and 26g)	YOUR REF	JND ▶ 27. 25	
Sign Here (required): I have read this return. Under penalties of pe and belief, the return and all enclosures are true, correct and complete.	erjury, I declare tha	t, to the best of my knowledge	If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Primary signature	Phone number	(330)422-9876	NO Payment Included – Mail to:
Spouse's signature Check here to authorize your preparer to discuss this return with the			Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679
Preparer's printed name SELF-PREPARED Preparer's TIN	Phone number_		Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



## 2022 Ohio Schedule of Credits Use only black ink. Use whole dollars only. Primary taxpayer's SSN 195 31 9231



3 Sequence No. 7

02 25 23

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

	Nonrefundable Credits	
1.	Tax liability before credits (from Ohio IT 1040, line 8c)1.	0
2.	Retirement income credit (include 1099-R forms)2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	
4.	Senior citizen credit (must be 65 or older to claim this credit)4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly8.	0
9.	Income-based exemption credit9.	20
10.	Total (add lines 2 through 9)10.	20
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)11.	0
12.	Joint filing credit (see instructions for table). % times line 11, up to \$650	0
13.	Earned income credit	72
14.	Home school expenses credit (include copies of all required documentation)14.	
15.	Scholarship donation credit (include copies of all required documentation)15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	
17.	Vocational job credit (include a copy of the credit certificate)17.	
18.	Ohio adoption credit	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)20.	
21.	Grape production credit	
22.	InvestOhio credit (include a copy of the credit certificate)	
23.	Lead abatement credit (include a copy of the credit certificate)	
24.	Opportunity zone investment credit (include a copy of the credit certificate)	



	Primary tax	,	22280233	
	195-3	1 9231	2220023	Sequence No. 8
25. Technology investment credi	it carryforward (include a copy of the cre	dit certificate)		
26. Enterprise zone day care & t	training credits ( <b>include a copy of the cr</b>	edit certificate)	26.	
27. Research & development cro	edit (include a copy of the credit certific	cate)	27.	
28. Nonrefundable Ohio historic	preservation credit (include a copy of th	e credit certificate)		
29. Total (add lines 12 through 2				72
30. Tax less additional credits (li	ne 11 minus line 29; if negative, enter zero	p)		0
Nonresident Credit				
Dates of Ohio residency	to	Other state of residency		
31. Nonresident Portion of Ohio Ohio IT NRC Section I, line	adjusted gross income - 18 ( <b>include a copy</b> )31.			
32. Ohio adjusted gross income	(Ohio IT 1040, line 3) 32.			
33a. Divide line 31 by line 32 (four if greater than 1, enter 1.0000	decimals; do not round; )			
33. Nonresident credit (line 30 ti	mes line 33a)			
Resident Credit				
34. Resident credit – Ohio IT RC	C, line 7 ( <b>include a copy</b> )			
35. Total nonrefundable credit	<b>s</b> (add lines 10, 29, 33 and 34; enter here	and on Ohio IT 1040, line 9)		92
	Defendeble Onedite			

### **Refundable Credits**

36.	Refundable Ohio historic preservation credit (include a copy of the credit certificate)	. 36.
37.	Refundable job creation credit & job retention credit (include a copy of the credit certificate)	.37.
38.	Pass-through entity credit (include a copy of the Ohio IT K-1s)	. 38.
39.	Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	. 39.
40.	Venture capital credit (include a copy of the credit certificate)	.40.
41.	Total refundable credits (add lines 36 through 40; enter here and on Ohio IT 1040, line 16)	.41.





**hio** Department of Taxation

## 2022 Schedule of Ohio Withholding



22350133

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

195 31 9231

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies if necessary. **Place state copies of your income statements after the last page of your return.** 

#### Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 1.
 25

<u>Part B -</u> 1. P/S P	- <u>W-2s</u> Box b - EIN 316402079	Box 1 - Wages, tips, other compensation 3137	Box 2 - Federal income tax withheld 180
	Box 15 - Employer's Ohio ID number 51164429	Box 16 - Ohio wages, tips, etc. 3137	Box 17 - Ohio income tax 25
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax





|--|

Box 6 - Payer's Ohio number

# 2022 Schedule of Ohio Withholding Primary taxpayer's SSN 195 31 9231



22350233

uence No. 12

		195 31 9231	22350235
<u>Part C -</u> 1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution	Sequence No.       Total     Box 7 -       distribution     Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box 7 - distribution Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	TotalBox 7 -distributionDistribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	TotalBox 7 -distributionDistribution code
Dout D	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohio tax withheld
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal income tax withheld
Part F -	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohio income tax withheld
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal income tax withheld

Box 7 - State income

Box 5 - Ohio tax withheld



Filing Status X       Single	E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No. 1545	5-0074	IRS Use	Only-	–Do not v	vrite or staple	in this space.
SURYA TEJA         UPENDRAM         195-31-9231           Hjört futur, spouse's first name and middle initial         Last name         Spouse's social security number           Home address (number and street). Hyou have a foreign address, sile complete spaces below.         Apt no.         Presidential Election Campaign of the data of the security number and street). Hyou have a foreign address, sile complete spaces below.         State         Apt no.         Presidential Election Campaign optimization of the fund. Checking a box below will check below will check be box checking a box below will check be box below will checking a box box below will checking a box below will checking	Check only	lf yc	ou checked the MFS box, enter the n	ame of y	0.	,			,	,	spo	use (QSS)	0
SURVA TEJA         UPENDRAM         195-31-921           If joint return, spouse's first name and middle initial         Last name         Spouse's social security number           Home address (number and street), Hyou have a foreign address, also complete spaces below.         Apt no.         Apt no.           1340         Rhodes Rd         Bresidential Election Campaign         Greeton Campaign           Foreign country name         Foreign province/state/county         Foreign postal coor         Presidential Election Campaign           Digital         At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Last or refunction in the foreign non-neurophy as exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See Instructions)         Yes         No           Standard         Spouse itemizes on a separate return or you were a dual-status allen         Poreign country number         (b) Finit nume         Yes         No           Dependentis, see instructions;         (c) Spouse at dependent         (c) Relationable         (d) Check the boil multicities for less instructions;         (c) Relationable         (d) Check the boil multicities for less instructions;           If more different form         (f) Finit name         Last name         (c) Relationable         (d) Check the boil multicities for less instructions;           If more different form         (f) Finit name	Your first name	and m	iddle initial	Last na	me						Your so	cial securi	tv number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       3pt. 218-00         1840 Rhodes Rd       Check them of province street.       Batte       219 cods         Kent       Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, accelerate street.       Image: Check them of the street.       Image: Check them of the street.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, accelerate street.       Image: Check them of the street.       Image: Check them of the street.         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse: temizes on asparate return or you were a dual-status alien       Check the box if qualities for (sen instructions);       Image: Check the box if qualities for (sen instructions);         Incorner       1a       Total amount from Form(s) W-2, box 1 (see instructions);       Image: Check the box if qualities for (sen instructions);       Image: Check the box if qualities for (sen instructions);         Incorner       1a       Total amount from Form(s) W-2, box 1 (see instructions);       Image: Check the box if qualities of (sen instructions);       Image: Check the box if qua													-
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       369       369         1840. RNodes Rd       369       369       369       Check here if you, or your stress of thing printy, want 38         Kent.       OH       422.04807       Check here if you, or your stress of thing printy, want 38         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes X No         Standard       Someone can claim: (			s first name and middle initial										
1840 Rhodes Rd       369       Ordecknet if you any or your         City, tow, or post office, if you have a foreign address, also complete spaces below.       State       2/P code         Foreign country name       OII       442.404807       brows left ling journess or rolund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Deckneting       Somece can climic       You as a dependent       You       Spouse         Deckneting       Spouse itemizes on a separate return or you were a dual-status alien       You       Spouse       Yes       No         Dependents       See instructions):       (1) First name       Last name       (2) Social security       (P) Relationship       (P) Check the box if qualifies for fees instructions):       1a       3, 137.         Hores       To busehold employee wages not reported on Form(s) W-2, box 1 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household e	3												
1840 Rhodes Rd       369       Ordecknet if you any or your         City, tow, or post office, if you have a foreign address, also complete spaces below.       State       2/P code         Foreign country name       OII       442.404807       brows left ling journess or rolund.         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       You       Spouse         Deckneting       Somece can climic       You as a dependent       You       Spouse         Deckneting       Spouse itemizes on a separate return or you were a dual-status alien       You       Spouse       Yes       No         Dependents       See instructions):       (1) First name       Last name       (2) Social security       (P) Relationship       (P) Check the box if qualifies for fees instructions):       1a       3, 137.         Hores       To busehold employee wages not reported on Form(s) W-2, box 1 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household employee wages not reported on Form(s) W-2 (see instructions)       1a       3, 137.         Household e	Home address	(numbe	er and street). If vou have a P.O. box. see	instructio	ons.				Apt. no.		Preside	ntial Electi	on Campaigr
City, own, or post office. If you have a foreign address, also complete spaces below.       State       2P code OH       44 24 04 08 07         Foreign country name       Foreign province/state/country       Foreign province/state/country <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td>									•				
Kent       OH       442404807       to got this fund. Checking a box below with act Arage your tax or refund.         Digital Asset is exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (or goveen exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) (See instructions.)       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       You see as dependent       Yes       No         Age/Bindness       You.       Ware born borns       (Q) Social security       (Q) Relationship       (Q) Creationship       (Q) Relationship       (Q) Relationship <td< td=""><td></td><td></td><td></td><td>mplete s</td><td>paces below.</td><td>Sta</td><td>te</td><td>1 1</td><td></td><td></td><td></td><td></td><td></td></td<>				mplete s	paces below.	Sta	te	1 1					
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Image: Comparison of the c			,,	1						7	•		0
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes X No         Standard Deduction       Someone can claim:   You as a dependent   Your spouse as a dependent   Deduction       Someone can claim:   You as a dependent   Your spouse as a dependent   Deduction       Yes X No         Age/Blindness You:   Were born before January 2, 1958       Are blind       Spouse:   Was born before January 2, 1958       Is blind         Dependents, see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for fise instructions):         If more dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for fise instructions)         If more dependents, see instructions       1       1       1       1       1         It control       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1       1       1         V20 and no dependents, see instructions       1       1       1       1       1       1       1       1         It contain form Form(s) W-2, box 1 (see instructions)       1       1       1       1       1       <	-	/ name		F	oreian province	-		-					0
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Uves X No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       (g) Social security       (a) Relationality       (b) Relationality       (c) Credit for other dependent         Innone       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       3, 137.         Innone       1a       Total amount from Form(s) W-2, box 1 (see instructions).       1a       3, 137.         Instructions       d       1a       3, 137.       1a       3, 137.         Instructions       1a       3, 137.       1a       3, 137.         Instructions <td>· · · · g. · · · · · ,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td>5  </td> <td></td> <td>5</td> <td>_</td> <td>_</td>	· · · · g. · · · · · ,						,		5		5	_	_
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Secial security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         dependents,   <												Yes	
Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (a) Flastionship       (a) Flastionship       (b) Flasting       (c) Flasti	Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 Your s	spouse as	a dependent						
Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Child tax credit       Credit for other dependent         and check	Deduction		Spouse itemizes on a separate retur	n or you	i were a dual-s	tatus alien							
Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Child tax credit       Credit for other dependent         and check	Age/Blindness		Were born before January 2, 1	958 F	Are blind	Snouse	Was bo	rn hef	ore Janua	arv 2	1958	🗌 ls h	lind
Dependents       (b) First name       (c) First					1					-			
If more       (1) M value       Lex. Name       Image of the second of	-										•	ı `	,
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check here       Image: see instructions       Image: see		(1) 1	Lasthame			-					cuit		
and check									[	=			
here       Image: structure in the ima		s ——							[	-			
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       3,137.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       c       Tip income not reported on Iine 1a (see instructions)       1c         W-28 ref. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-28 ref. Also       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-28 ref. Also       d       Medicaid waiver payments not reported on Form 839, line 29       1d         W-28 ref. Also       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g       1g         get a Form       h       Other eamed income (see instructions)       1l       1         v-2, see       instructions.       1a       3, 137.         Attach Sch. B       2a       Add lines 1a through 1h       1       1z       3, 137.         Attach Sch. B       2a       Gualified dividends       5a       b       5b       5b         Deduction for       Fensions and annuities       5a       b       Taxable amount       4b </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>[</td> <td>-</td> <td></td> <td></td> <td></td>									[	-			
Itechnologies       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1e         109-R1 itax       mass withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a form       m       Other earned income (see instructions)       1a       1g         get a form       h       Other earned income (see instructions)       1h       0.         v-2, see       instructions       1i       int       0.         z       Add lines 1a through 1h       1z       3, 137.         Attach Sch. B       a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard       Deduction for       5a       Pensions and annuities       5a       b       Taxable amount       6b         Maried filing separately, S12,950       r       Gail security benefits       6a       b       Taxable amount       6b         Maried filing separately, S12,950		10	Total amount from Form(a) W(2, b)	ov 1 (00	 				L		10		2 1 2 7
Attach Form(s) W-2 here. Also dtatch Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also dtatch Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       g       Wages from Form 8919, line 6       1f         get a Form W-2, see       h       Other earned income (see instructions)       1i         www.stitheld.       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         ad lines 1a through 1h       1z       3, 137.         Attach Sch. B       2a       Tax-exempt interest       2b         da       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b       5b         Deduction for- single or Married filing separately.       6a       b       Taxable amount       6b         Standard Deduction for- Single or Married filing separately.       8       Other income from Schedule 1, line 10       7         struetoring <t< td=""><td>Income</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>• •</td><td></td><td>_</td><td>3,137.</td></t<>	Income									• •		_	3,137.
W-2 here. Also attach Forms       Implification for reported on hine raisee instructions)       Implification for reported on hine raisee instructions)       Implification for reported on hine raisee instructions)       Implification for reported on Form (s)       Implification for form (s)       Implification for form (s)       Implification for form (s)       Implification for for form (s)       Implification for for for for form (s)       Implification for for for form (s)       Implification for for for form (s)       Implification for for for for	Attach Form(s)			•						• •		_	
W-2G and 1999-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         199-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld.       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         w2-2, see instructions.       z       Add lines 1a through 1h       1z       3,137.         Attach Sch. B       2a       b       b       Tax-exempt interest       2b         4a       IRA distributions       4a       b       Ordinary dividends       3b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5b       Deduction for- 6a       Social security benefits       6a       b       Taxable amount       5b         6a       if you elect to use the lump-sum election method, check here (see instructions)       7       7          7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       3,137.       10       3,137.       13,137.         19.00       Uher income from Schedule 1, line 26       10       3,137.	W-2 here. Also							• •		• •		_	
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       11         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       11       12       3,137.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Maried fling eparately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       7          • Maried fling pointly or Qualifying Surving spouse.       0       Other income from Schedule 1, line 10       10        3,137.         19,400       11       Subtract line 10 from line 9. This is your adjusted gross incom								• •		• •			
Was withined.       Wages from Form 8919, line 6       1         If you did not       9       Wages from Form 8919, line 6       1         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3a         4a       IRA distributions       4a       b       Drdinary dividends         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       Deduction for-       6a       b       Taxable amount       6b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or       Married fling separately, \$12,950       Y       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Varied fling polity or       Qualifying surving spouse.       9       3,137.       10       3,137.         10       Subtract line 10 from line 9. This is your adjusted gross income       11 <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td>• •</td> <td></td> <td>• •</td> <td></td> <td>_</td> <td></td>			•					• •		• •		_	
In you do floit       0       0       0       0         W-2, see instructions.       i       Nottaxable combat pay election (see instructions)       1i       0         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       0         Attach Sch. B       2a       b       Tax-exempt interest       1z       3,137.         Attach Sch. B       2a       a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Defunction         4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Beduction for-       6a       Social security benefits       6a       b       Taxable amount       6b       5c         Single or       If you elect to use the lump-sum election method, check here (see instructions)       7       7       7         Standard fling separately, sing spouse, strasse income from Schedule 1, line 10       7       8       0       9       3,137.         12,5900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11	was withheld.				,			• •	• •	• •			
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b         Attach Sch. B if required.       3a       b       Tax-exempt interest       2b         4a       Ba       Qualified dividends       3a       b       Dottionary dividends       3b         5a       Qualified dividends       5a       b       Taxable amount       4b       5b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         512,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         7       Capital gain or (loss). Attach Schedule 1, line 10       8       0ther income from Schedule 1, line 26       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       11       3, 137.         10       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.       11       3, 137.         10       Subtract line 10 from line 9. This is your adjusted gross income       1			6					• •	• •	• •			0
Instructions.       z       Add lines 1a through 1h       1z       3,137.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       D Taxable interest       2b         4a       IRA distributions       4a       b       D Taxable amount       3b       4b         5a       Pensions and annuities       5a       Pensions and annuities       5a       D Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       6a       D Taxable amount       6b         Single or Married filing separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse. \$25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         Head of Industrict line 10 from line 9. This is your adjusted gross income       11       3, 137.       12       12, 12, 950.         Head of Industrict line 10 from line 9. This is your adjusted gross income       11       3, 137.       12       12, 12, 950.         Head of any box under Standard       12       Standard deduction or itemized deduc			· ·	,			1		• •	• •		1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Qualifying spouse, \$25,900       8       Other income from Schedule 1, line 10       7       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3,137.       9         10       11       Subtract line 10 from line 9. This is your adjusted gross income       11       3,137.         11       13,137.       11       3,137.       12       12,950.         14       Add lines 12 and 13       12       12,950.       13       <	,	•		see instr	uctions)						-		2 1 2 7
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       5b         • C       If you elect to use the lump-sum election method, check here (see instructions)       1       6b       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       7         • Married filing jointly or pointly or Standard       9       A, 1377.       8         • Head of household, \$19,400       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       3,137.         12       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       12,950.         15       Subtract line				· · ·					• •	• •			5,157.
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Social security benefits       6a       b       Taxable amount       7         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b       Taxable amount       7         • C       If you elect to use the lump-sum election method, check here (see instructions)       0       7       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       0       Other income from Schedule 1, line 10       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       3, 137.         • Head of huosehold, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         • If deduction, beduction,       14       12, 950.						-			• •	• •			
Standard Deduction for-       5a       5a       b       Taxable amount									• •	• •		_	
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       3, 137.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12, 950.         • If you checked any box under Standard       14       12, 950.       14       12, 950.       15	<b>.</b> )								• •	• •			
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$12,950</li> <li>Head of household, \$12,900</li> <li>Head of household, \$12,900</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>His you checked any box under standard</li> <li>If you checked any box under standard</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> <li>If you checked any box under standard</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> <li>If you checked any box under standard</li> <li>Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income</li> </ul>									• •	• •		_	
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       3,137.       9       3,137.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       3,137.         • If you checked any box under Standard Business income deduction from Form 8995 or Form 8995-A       13       12       12,950.         • If you checked any box under Standard Deduction, Deduction, Deduction,       13       14       12,950.       14         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	<ul> <li>Single or</li> </ul>				nothed share			ιι	• •	· ·		•	
\$12,950       7       Capital gain or (loss). Attach Schedule D if required, theor required, check here       1       7         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3,137.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       3,137.         • If you checked any box under Standard       12       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         • If you checked any box under Standard       15       0       14       12,950.       14			, ,		-		,	• •		· _			
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       3, 137.         10       Adjustments to income from Schedule 1, line 26       10       10         11       3, 137.       10         12       Standard deduction or itemized deductions (from Schedule A)       11       3, 137.         13       Qualified business income deduction from Form 8995 or Form 8995-A       12       12, 950.         14       12, 950.       14       12, 950.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       0	\$12,950							• •		. L			
surviving spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       3,137.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       12,950.         14       12,950.       14       12,950.       14       12,950.	jointly or							• •					2 1 2 1
\$25,900       10       Adjustments to income nom obligating in the form obligating in th	Qualifying									• •			3,137.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       12,950.       14       12,950.       14       12,950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	\$25,900								• •	• •			
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0									• •				
any box under Standard       14       Add lines 12 and 13       14       12,950         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income       15       0	\$19,400					,			• •				12,950.
Standard         14         Add lines 12 and 13         14         12,950           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         0									• •				
	Standard												
		15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 Th	nis is your <b>i</b>	axable incom	ne.			15	)	0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16		0.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18		0.
	19	Child tax credit or credit for			19					
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	If zero or less,	enter -0				22		0.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is	your total tax					24		0.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	180	.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,					25d	]	180.
	26	2022 estimated tax payment						26		
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27	239			
	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31		-		
	32	Add lines 27, 28, 29, and 31.					<b>.</b>	32		239.
	33	Add lines 25d, 26, and 32. These are your total payments					33		419.	
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>					34		419.	
	35a	Amount of line 34 you want					_	35a		419.
Direct deposit? See instructions.	b	Routing number 0 4 1					] Savings			
		Account number 4 1 8 4 1 5 3 0 7 6								
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .						_		
You Owe	51	For details on how to pay, go to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see instructions)					0.			
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See								
		nstructions						below.	× No	
	De	esignee's Phone Personal identifi								
	nar	me		no.		nu	mber (PIN)			
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a								
Here	bel	elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which					,	0		
	Yo	ur signature	Date	te Your occupation				nt you an Id		
Joint return?				Student			(see inst.)		PIN, enter it here	
See instructions.	Sp	ouse's signature. If a joint return, b	Date	Spouse's occupation			ne IRS se	nt your spou	use an	
Keep a copy for your records.	op	Identit							ection PIN, e	
		(see i				e inst.)				
	Ph	one no. (330)422-9876	5	Email address						
Daid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid									Self-e	employed
Preparer Use Only	Firi	Firm's name Self-Prepared Phone					one no.			
		Firm's address Firm'								
	Fin	m's address					Firr	n's EIN		