

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

| | | |
|--|-------------------------------|---|
| Your first name and middle initial SUSMITHA S | Last name NAMBUTHIRI | Your social security number 407-65-4952 |
| If joint return, spouse's first name and middle initial SURENDRAN K | Last name NAMBOOTHIRI | Spouse's social security number 406-71-3842 |
| Home address (number and street). If you have a P.O. box, see instructions. 5126 SLATE COURT SE | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. OLYMPIA | State WA | |
| Foreign country name | Foreign province/state/county | |
| ZIP code 98501 | | Foreign postal code |

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 ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ 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): If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name SRUTHI | Last name NAMBOOTHIRI | (2) Social security number 404-71-8659 | (3) Relationship to you Daughter | (4) Check the box if qualifies for (see instructions): Child tax credit <input checked="" type="checkbox"/> | Credit for other dependents <input type="checkbox"/> |
| | SREEHARRY | NAMBOOTHIRI | 848-71-9886 | Son | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under Standard Deduction, see instructions.

| | |
|---|--------------------------|
| 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a 164,460. |
| b Household employee wages not reported on Form(s) W-2 | 1b |
| c Tip income not reported on line 1a (see instructions) | 1c |
| d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d |
| e Taxable dependent care benefits from Form 2441, line 26 | 1e |
| f Employer-provided adoption benefits from Form 8839, line 29 | 1f |
| g Wages from Form 8919, line 6 | 1g |
| h Other earned income (see instructions) | 1h 0. |
| i Nontaxable combat pay election (see instructions) | 1i |
| z Add lines 1a through 1h | 1z 164,460. |
| 2a Tax-exempt interest | 2a |
| 3a Qualified dividends | 3a |
| 4a IRA distributions | 4a |
| 5a Pensions and annuities | 5a |
| 6a Social security benefits | 6a |
| b Taxable interest | 2b |
| b Ordinary dividends | 3b |
| b Taxable amount | 4b |
| b Taxable amount | 5b |
| b Taxable amount | 6b |
| c If you elect to use the lump-sum election method, check here (see instructions) | <input type="checkbox"/> |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | 7 -3,000. |
| 8 Other income from Schedule 1, line 10 | 8 |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 161,460. |
| 10 Adjustments to income from Schedule 1, line 26 | 10 |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 161,460. |
| 12 Standard deduction or itemized deductions (from Schedule A) | 12 25,900. |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 |
| 14 Add lines 12 and 13 | 14 25,900. |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 135,560. |