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

2022

OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status Check only							household (HOH)	spous	ying surviv se (QSS)	Ü	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		spouse.	If you checke	ed the HOH or	QSS box, enter t	he child's r	name if the	qualifying	
Your first name	and mi	ddle initial	Last name						al security		
PRANAV KUM								367 87 8667			
If joint return, spouse's first name and middle initial Last name								1 .	,	ırity numbeı	
						111	111 55 3906				
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				Apt. no.	1	Presidential Election Campaig		
JEGI COMMIN MCKINNOI LIMMWII							Check here if you, or your spouse if filing jointly, want \$3				
to City, town, or post office. If you have a foreign address, also complete spaces below.						1 '	to go to this fund. Checking a				
MCKINNEY			TX 75070					┑ .	w will not c	hange	
Foreign country name			Foreign province/state/county Foreign postal code					your tax o	_		
.	A 1	Live de de 2000 di de 2000						(la) a a II	You	Spouse	
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	`				,.	. , .	Yes	X No	
Standard	Som	eone can claim:	pendent	You	r spouse as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you wer	e a dual	-status alien						
Age/Blindnes	s You:	☐ Were born before January 2, 1	958 🗌 Aı	e blind	Spouse:	☐ Was bor	n before January	2, 1958	☐ Is blin	ıd	
Dependent	s (see i	nstructions):			l security	(3) Relationsh	ip (4) Check the b	oox if qualifie	es for (see in	structions):	
f more	(1) Fi	rst name Last name		nun	nber	to you	Child tax of	credit C	redit for othe	er dependents	
than four dependents,]	
see instruction	s ——							V 4			
and check	, —										
nere								<u> </u>			
Income	1a	Total amount from Form(s) W-2, bo	`		•			. 1a	98	3,800.	
Attack Farms(a)	b	Household employee wages not re						. 1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a						. 1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.		Employer-provided adoption benefits from Form 8839, line 29						. 1f			
f you did not get a Form	9	Wages from Form 8919, line 6						. 1g			
W-2, see	h	Other earned income (see instructions)						. 1h			
nstructions.	7	Add lines 1a through 1h	see mstruction) (3)		· · · <u> </u>		. 1z	98	3,800.	
Attach Sch. B	z 2a		2a		 h Та	axable interest		. 2b	70	,,ooo.	
f required.	3a		3a			rdinary divide		. 3b			
	4a		4a			axable amoun		. 4b			
tandard	5a		5a		4	axable amoun		. 5b			
eduction for—	6a		6a			axable amoun		. 6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)									
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								0.	
\$12,950 Married filing	8	Other income from Schedule 1. line 10						. 8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							98	3,800.	
surviving spouse,	10	Adjustments to income from Sche						. 10		0.	
\$25,900 Head of	11	Subtract line 10 from line 9. This is						. 11	98	3,800.	
household, \$19,400	12	Standard deduction or itemized		-				. 12		5,900.	
If you checked	13	Qualified business income deducti		`	,	5-А		. 13			
any box under Standard	14	Add lines 12 and 13							25	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						. 14		2,900.	
See IIISH UCHONS.	J				-						

Form 1040 (2022) PR	ANAV KUMAR & NA	VYA SRI	BANDREDD'	Y		367	7-87	-8667 Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 8814	2 4972	3 🗌		16	8,340.
Credits	17	Amount from Schedule 2, lir	ne 3					17	0.
	18	Add lines 16 and 17						18	8,340.
	19	Child tax credit or credit for	other dependent	ts from Schedule	8812			19	
	20	Amount from Schedule 3, lir	ne 8		,			20	0.
	21	Add lines 19 and 20			,			21	0.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,340.
	23	Other taxes, including self-e	mployment tax,	from Schedule 2	, line 21			23	
	24	Add lines 22 and 23. This is						24	8,340.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25 a 14	1,533		
	b	Form(s) 1099			Y	25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	14,533.
If you have a	26	2022 estimated tax paymen	ts and amount a					26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T						33	14,533.
Refund	34	If line 33 is more than line 24						34	6,193.
	35a								6,193.
Direct deposit?	b	Routing number X X X			c Type:		Savings		
See instructions.	d	Account number X X X				XX			
	36	Amount of line 34 you want	applied to your	2023 estimated	tax	36	<u> </u>		
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	_			4 1		37	0.
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•						∇ N.
Designee		structions		Phone		. Yes. C			X No
		signee's me		no.			sonal identi ber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare	hat I have examine	ed this return and a	ccompanying sch	edules and stateme	ents, and to	the bes	st of my knowledge and
Here	bel	lief, they are true, correct, and com	plete. Declaration of	of preparer (other th	an taxpayer) is ba	ased on all informati	on of which	prepar	er has any knowledge.
пеге	Yo	ur signature		Date Y	our occupation				nt you an Identity
								ection P inst.)	IN, enter it here
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign. Date			SOFIWARE DEVELOPER				nt your spouse an
Keep a copy for	lden				tity Protection PIN, enter it here				
your records.				ט	NEMPLOYED)	(see	inst.)	
	Phone no. Email address								
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
			SELF-PREP	ARED			<u> </u>		Self-employed
Preparer Use Only	Firm's name Phone							ne no.	
OSE OILLY	Firm's address Firm's							's EIN	