E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the noon is a child but not your dependent	ame of	ied filing separately your spouse. If you	. ,	_		, ,	_		. , . ,	
Your first name and middle initial				ame					Your social security number			
SURESH			GANG	GULA					778-24-5080			
If joint return, spouse's first name and middle initial				ame					Spouse's social security number			
RAJITHA				GANGULA						790-08-7108		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Preside	ntial Electi	on Campaign	
10111 0W 1010111(1							Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete				lete spaces below. State			ZIP	code			ntly, want \$3 Checking a	
BEAVERTON				OR			97	006	_	ow will not	•	
Foreign country name				Foreign province/state/county F				Foreign postal code yo		or refund.		
At any time du	ring 20	021, did you receive, sell, exchange	or othe	erwise dispose of a	ny fina	ancial interest i	n an	y virtual currer	ncy?	Yes	⊠ No	
Standard Deduction	_	eone can claim:	•			•						
Age/Blindness	You:	☐ Were born before January 2, 1	957 [Are blind S	pouse	: Was bor	rn be	fore January 2	2, 1957	☐ Is bl	lind	
Dependents	•	instructions): irst name Last name	(2) Social security number		ity	(3) Relationship to you Daughter		(4) ✓ if qualif			uctions): ther dependents	
If more than four		SHITHA GANGULA		999-99-99				×				
dependents,	7757	DANSH GANGULA		123-45-12		Son		×				
see instructions and check	s <u>~ </u>	2711VB11	123 43 12		31 5011							
here ▶ □												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					. 1	2	<u> </u>	
Attach	2a		2a		h T	axable interes	t		2b			
Sch. B if required.	3a	· –	3a		b Ordinary divide				3b	,		
	4a	_	4a		b Taxable amount .				. 4b	,		
	5a	Pensions and annuities	5a		b Taxable amount .				. 5b	,		
Standard Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t.		. 6b	,		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
Single or Married filing	8	Other income from Schedule 1, line 10						. 8	-:	23 , 585.		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9		89,613.			
• Married filing jointly or Qualifying	10	Adjustments to income from Schedule 1, line 26							. 10)		
	11	Subtract line 10 from line 9. This is your adjusted gross income						11	1:	89,613.		
widow(er),	12a	Standard deduction or itemized deductions (from Schedule A) 12a 25,100.										
\$25,100 • Head of household, \$18,800	b	Charitable contributions if you take the standard deduction (see instructions) 12b 600.							٥.			
	С	Add lines 12a and 12b							. 120	c :	25,700.	
• If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13		·	
	14	Add lines 12c and 13							. 14	; ;	25 , 700.	
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0									63 , 913.	

1 1	16 17	Tax (see instructions). Check i	f any from Form/	o). 1 001.	4 0 0 4070	~ ¬			0.7	
1	17		I ally Holli I offin	S). I 💹 0014	4 2 4972	ა		16	27,	558.
		Amount from Schedule 2, line	3					17		
4	18	Add lines 16 and 17						18	27,5	558.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812								
2	20	Amount from Schedule 3, line						20		
2	21	Add lines 19 and 20						21		
2	22	Subtract line 21 from line 18.	If zero or less, e	enter -0				22	27,5	558.
2	23	Other taxes, including self-en	nployment tax, f	rom Schedule	2, line 21			23		50.
2	24	Add lines 22 and 23. This is your total tax							27,	608.
2	25	Federal income tax withheld from:							,	
	а	Form(s) W-2				25a 26	,321.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	,	,					25d	26,3	321.
	26	Add lines 25a through 25c							,	
if you have a —	27a	No I I								
attach Sch. EIC.		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least ag	satisfy all the	other requir	rements for					
	b	Nontaxable combat pay elec-	tion	. 27b						
	С	Prior year (2019) earned inco	me	. 27c						
2	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28								
2	29	American opportunity credit from Form 8863, line 8								
3	30	Recovery rebate credit. See instructions								
3	31	Amount from Schedule 3, line 15								
3	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits								
3	33	Add lines 25d, 26, and 32. Th	nese are your to t	tal payments			. ▶	33	26,3	321.
Refund 3	34	If line 33 is more than line 24,	, subtract line 24	from line 33.	This is the amou	nt you overpaid		34		
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □								
	►b	Routing number X X X X X X X X X X X X X X X X X X X								
See instructions.	►d	Account number X X X X X X X X X								
3	36	Amount of line 34 you want a	pplied to your 2	2022 estimate	d tax 🕨	36				
Amount 3	37	Amount you owe. Subtract I	ine 33 from line	24. For details	on how to pay,	see instructions	. ▶	37	1,2	287.
You Owe 3	38	Estimated tax penalty (see in:	structions) .		🕨	38				
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See structions								
Ü	Des	ignee's	Phone Personal				identification			
	nam	no. Inumber (PIN)					er (PIN)	•		
Sign		ler penalties of perjury, I declare the								
Here			of preparer (other than taxpayer) is based on all information of					,	Ü	
	You	Your signature		Date	Your occupation				nt you an Ident IN, enter it here	
Joint return?				SOFTWARE E	ENGINEER	I	(see inst.) ▶			
See instructions.	Spo	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupat					nt your spouse	
Keep a copy for your records.							l l	•	ection PIN, ent	er it here
your records.				SOFTWARE ENGINEER			(see II	nst.) 🕨		
		ne no. (310) 755-8266		Email address	SURESH5205	_				
Paid	Prep	parer's name	Preparer's signatu	ure Self-1	Prepared	Date	PTIN		Check if:	
Preparer -									Self-emp	loyed
Use Only								Phone no.		
,	Firm's address ► Firm						Firm's	s EIN 🕨	<u> </u>	