1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Ta		$ \mathbf{rn} 20$	22	OMB No. 1545	5-0074	IRS Use Only	—Do not w	rite or staple in this space.	
Check only				d filing separately		, <u> </u>		· · · ·	spou	lifying surviving use (QSS)	
one box.	,	u checked the MFS box, enter the n on is a child but not your dependent	,	our spouse. If you	ı checl	ked the HOH o	r QSS	box, enter th	e child's	name if the qualifying	
Your first name and middle initial Last name				ne						Your social security number	
KRANTHIKUMAR PARU				PALLY					***-**-3478		
If joint return, spouse's first name and middle initial Last name				ne					Spouse'	s social security number	
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Preside	ntial Election Campaigr	
1021 HOC	PER	STREET								nere if you, or your	
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code								ode		if filing jointly, want \$3 this fund. Checking a	
SOMERSET				NJ			088	08873		ow will not change	
Foreign country name Fe				preign province/state/county			Foreig	Foreign postal code you		or refund.	
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes X No	
Standard		eone can claim: You as a de	-			a dependent	23301)				
Deduction		Spouse itemizes on a separate retur									
		Were born before January 2, 1	958	Are blind S	pouse			ore January 2	·	Is blind	
Dependents				(2) Social secu number	rity	(3) Relations to you	nip (4		· · ·	fies for (see instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for other dependents	
than four dependents,	-										
see instructions	s ——										
and check					-						
here		T : : : : : : : : : :		· · · · ·							
Income	1a	Total amount from Form(s) W-2, b		,			• •		. <u>1a</u>		
Attach Form(s)	b	Household employee wages not re	. 1b								
W-2 here. Also	C d	Tip income not reported on line 1a (see instructions)							. <u>1c</u> . 1d		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
1099-R if tax	e f	Employer-provided adoption bene					• •		. <u>1e</u> . 1f	-	
was withheld.		Wages from Form 8919, line 6.			29 .		• •				
lf you did not get a Form	g h	Other earned income (see instruct		\cdot	• •		• •		. <u>1g</u> . 1h	-	
W-2, see	i	Nontaxable combat pay election (s		ictions)	• •				. 111	0.	
instructions.	z	Add lines 1a through 1h	See mon		• •				. 1z	92,213.	
Attach Sch. B	2a	u de la constante de	2a	· · · · i	 . h Т	axable interes	 t		. 2b		
if required.	3a		3a			Ordinary divide			. 26		
	4a		4a			faxable amour			. 4b		
Standard	5a		5a			axable amour			. 5b		
Deduction for-	6a	Social security benefits 6a b Taxable amount							. 6b		
 Single or Married filing 	С	If you elect to use the lump-sum e		ethod. check he				[7		
separately,	7		7								
\$12,950Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. 8	-9,100.	
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	83,113.		
surviving spouse,	10	Adjustments to income from Sche	. 10								
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	. 11								
household, \$19,400								. 12			
If you checked	13	Qualified business income deduct				95-A			. 13		
any box under Standard	14	Add lines 12 and 13							. 14	12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less,	, enter -0 This is	s your	taxable incor	ne.		. 15	· · · · ·	
See instructions.											

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

Form **1040** (2022)

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . . <th .<="" th="" tht<=""><th>16</th><th>11,056.</th></th>	<th>16</th> <th>11,056.</th>	16	11,056.
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	11,056.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	11,056.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	11,056.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	13,489.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,489.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,433.	
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,433.	
Direct deposit?	b	Routing number * * * X X X X C Type: Checking Savings			
See instructions.	d	Account number * * * * * * * * * * * * * * * * * X X X X			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions		X No	
	De nai	signee's Phone Personal identii me no. Personal identii number (PIN)	lication		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the hes	t of my knowledge and	
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity	
				N, enter it here	
Joint return?		SOFTWARE ENGINEER	inst.)		
See instructions. Keep a copy for	Sp			nt your spouse an action PIN, enter it here	
your records.			inst.)		
	Ph	one no. Email address			
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/11/2023 *****:	2703	Self-employed	
Preparer				678)965-9522	
Use Only			's EIN	**-**1965	
Go to www.irs.ou		m1040 for instructions and the latest information. BAA REV 02/05/23 PRO		Form 1040 (2022)	
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Go to *www.irs.gov/Form1040* for ins st information. >

BAA