E 1040 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.

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	househo	old (HOH	H)		ying survi se (QSS)	ving	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	d the HOH or	QSS b	ox, ente	er the c	•	` ,	qualifying	
	-	on is a child but not your dependent	-	,				•				. , ,	
Your first name	and mi	ddle initial	Last name							Your social security number			
PRATYUSHA PEI			PEDA	EDARLA							***-**-2726		
the state of the s			Last nar							Spouse's social security number			
VENKATA	NARI	ENDRA NAD	SURA	RAPANENI						***-**-0128			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	Pr	esiden	tial Election	n Campaign	
811 STON	NE CE	ELLAR						4			ere if you, o		
		ce. If you have a foreign address, also co	mplete sp	paces below.	State)	ZIP cod	de		The same of the sa	0,	ly, want \$3	
SAINT CHARLES				MO			6330				w will not o	Checking a change	
Foreign country name			F	Foreign province/state/county			Foreign postal code yo			your tax or refund.			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oaym	ent for prope	rty or s	ervices)	; or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial in	nteres	st in a digital	asset)?	(See in	struction	ons.)	X Yes	☐ No	
Standard	Som	eone can claim:	pendent	Your spouse	as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien		1/1						
Ago/Blindness	Varia	Were born before January 2, 1	050	Are blind Sno		☐ Was bor	rn bofor	o Janua	m, 2 1	050	☐ Is blir		
	_		936 _		use:		1	_	•			nstructions):	
Dependents				(2) Social security number		(3) Relationsh to you	lip (4)	Child ta		· I	,		
If more than four	(1) F	rst name Last name		Hamber	-	io jou		Child ta	T Credi	1	reall for othe	er dependents	
dependents,									┽	\rightarrow			
see instruction	s —							<u>L</u>		-			
and check here \Box	1 —					1			_	_		-	
	12	Total amount from Form(s) W-2, bo	ov 1 (co	o instructions)						12	1.0	1 007	
Income	1a b	Household employee wages not re								1a 1b	10	4,987.	
Attach Form(s)		Tip income not reported on line 1a								1c			
W-2 here. Also	C	The state of the s			· ·	tions)				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	-							1e			
was withheld.			iits iroiii	1 FOITH 6639, lifte 29									
If you did not get a Form	g	Wages from Form 8919, line 6. Other earned income (see instruction	onol .							1g		0.	
W-2, see	h					1 1i	ì			1h			
instructions.	i	Nontaxable combat pay election (s Add lines 1a through 1h	see msu	uctions)						4-	1.0	4,987.	
A#	Z		2a		h To	 xable interest				1z 2b	10	275.	
Attach Sch. B if required.	2a 3a		3a			dinary divider				3b		95.	
	4a	And the second s	4a			xable amoun				4b			
Manualand	5a		5a			xable amoun			• •	5b			
Standard Deduction for—	6a		6a			xable amoun				6b			
Single or Married filing	C	If you elect to use the lump-sum e								OD			
separately,	7	Capital gain or (loss). Attach Scheo							· 📙	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin		· · · · · · · ·					. Ш	8		9,515.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		5,842.	
Qualifying surviving spouse,	10									10	9	J, U4Z.	
\$25,900	11	Adjustments to income from Schedule 1, line 26								11	0	5 0/12	
Head of household,	12									12		5,842.	
\$19,400	13	Standard deduction or itemized deductions (from Schedule A)								13	2	5,900.	
If you checked any box under	14	Add lines 12 and 13									2	5 900	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	1	5,900.	
see instructions.	10	Subtract line 14 HOTH line 11. If Zer	o or iess	5, GITTOT -U ITHS IS YO	Jui ta	INGDIE IIICUII				15	0	9,942.	

Form 1040 (2022	2)			Page 2			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,974.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	7,974.			
	19	Child tax credit or credit for other dependents from Schedule 8812	19				
	20	Amount from Schedule 3, line 8	20	390.			
	21	Add lines 19 and 20	21	390.			
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,584.			
	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	7,584.			
Payments	25	Federal income tax withheld from:					
	a	Form(s) W-2					
	b	Form(s) 1099					
	С	Other forms (see instructions)					
	d	Add lines 25a through 25c	25d	11,961.			
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26				
	27	Earned income credit (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	1				
	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	11,961.			
Defend	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,377.			
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,377.			
Direct deposit?	b	Routing number * * * * * * 0 0 1 7 c Type: X Checking Savings					
See instructions.	d	Account number * * * * * * * * 2 1 3 4					
	36	Amount of line 34 you want applied to your 2023 estimated tax					
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	Do	you want to allow another person to discuss this return with the IRS? See					
Designee	ins	structions	oelow.	X No			
			Personal identification				
	naı						
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which					
Here				nt you an Identity			
	10			IN, enter it here			
Joint return?		SOFTWARE ENGINEER (see	(see inst.)				
See instructions. Keep a copy for	Sp			nt your spouse an			
your records.			dentity Protection PIN, enter it here see inst.)				
,		SOFTWARE ENGINEER					
		one no. (312) 725-4356 Email address PRATYUSHA.PEDARLA@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:			
Paid		The state of the s	2702	Self-employed			
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 *****					
Use Only	0		hone no. (678) 965-9522				
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	Firm's EIN **-**1 <u>965</u>				