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

OMB No. 1545-0074

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

_		Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	ehold (HOH)		ifying 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	neck	ed the HOH or	QS	S box, ente	r the c			qualifying	
		on is a child but not your dependent										. , ,	
Your first name and middle initial Last na				st name						Your social security number			
RAGHAVA DANW.				NWADA						***-**-1641			
If joint return, spouse's first name and middle initial Last name				t name						Spouse's social security number			
SOUMYA KAVUI				VULURI						***-**-6036			
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pr	Presidential Election Campaign			
										ere if you, o			
City, town, or post office. If you have a foreign address, also complete sp				e spaces below. State			ZIP			spouse if filing jointly, want \$3 to go to this fund. Checking a			
Loma Linda				CA			92			box below will not change			
Foreign country name			F	Foreign province/state/county			Foreign postal code y			your tax or refund.			
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayr	ment for prope	rty c	r services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	nter	est in a digital	asse	et)? (See ins	tructio	ns.)	☐ Yes	⊠ No	
Standard	Som	omeone can claim: You as a dependent Your spouse as a dependent											
Deduction		Spouse itemizes on a separate return or you were a dual-status alien											
Age/Blindness	Vou	Were born before January 2, 19	358 F	Are blind Spo	1160	• Was bor	n he	fore Januar	n/2 10	058	☐ Is blir	nd	
			JOO _	T .	usc	(3) Relationsh		(4) Check the	•				
Dependents		rst name Last name		(2) Social security number		to you	ID	Child ta		· 1	,	er dependents	
If more than four	HAV			***-**-8575		Con		×		. ,	orcan for othe	7	
dependents,	SIY			***-**-197		Son Son		X				<u></u>	
see instructions	SII	AN DANWADA										<u></u>	
and check here									1			<u></u>	
	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	18	5,117.	
Income	b	Household employee wages not re	,	,					Ċ	1b	1 10	3 / ± ± / •	
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6							1g				
get a Form	h	Other earned income (see instructions)								1h		0.	
W-2, see	i	Nontaxable combat pay election (see instructions)											
instructions.	z									1z	18	5,117.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest				2b			
if required.	3a	Qualified dividends	3a	1,594.	b 0	rdinary divider	nds			3b		1,594.	
	4a	IRA distributions ,	l a		b T	axable amount	t.			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amount	t.			5b			
Deduction for—	6a	Social security benefits	a l		b T	axable amount	t.			6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
Married filing	8	Other income from Schedule 1, line 10								8	-1	8,613.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	16	8,098.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	Subtract line 10 from line 9. This is your adjusted gross income								11	16	8,098.		
household, \$19,400	12	2 Standard deduction or itemized deductions (from Schedule A)									2	5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A											
any box under Standard	14	Add lines 12 and 13								14	== / = = =		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t	taxable incom	е			15	5 142,198.		
)													

Form 1040 (2022	2)			Page 2			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	22,406.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	22,406.			
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.			
	20	Amount from Schedule 3, line 8	20	1,190.			
	21	Add lines 19 and 20	21	5,190.			
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	17,216.			
	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	17,216.			
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	36,034.			
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	4				
	31	Amount from Schedule 3, line 15	<u>. </u>				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	_	739.			
	33	Add lines 25d, 26, and 32. These are your total payments		36,773.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	19,557.			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	19,557.			
Direct deposit? See instructions.	b	Routing number * * * * * 0 0 2 5 c Type: X Checking Savings	3				
See instructions.	d	Account number * * * * * * * 6 4 2 0					
	36	Amount of line 34 you want applied to your 2023 estimated tax					
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37				
	38	Estimated tax penalty (see instructions)					
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	e below.	⋉ No			
		signee's Phone Personal ide					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the bes				
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh					
Joint return? See instructions. Keep a copy for your records.	Yo			nt you an Identity IN, enter it here			
			ee inst.)				
	Sp		he IRS ser	nt your spouse an			
			dentity Protection PIN, enter it here				
		SIODENI	ee inst.)				
		one no. (224)213-1659 Email address DANWA.RAGS@GMAIL.COM		0			
Paid		eparer's name Preparer's signature Date PTIN		Check if:			
Preparer			*2703				
Use Only	Fire		none no. (ne no. (678)965-9522			

Firm's address

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's EIN