<b>1040</b>		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No	o. 1545-0074	4 IRS Us	se Only—[	Do not w	rite or staple i	in this space.	
Filing Status Check only one box.	lf yo	Single $X$ Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	0	eparately ( ise. If you o	,		ead of hous OH or QS		,	spou	lifying surv use (QSS) name if th	U	
Your first name	and mi	ddle initial	Last nar	ne						Y	our so	cial securit	y number	
KARTHIK KUMAR REDDY			NAGA	NAGA							***-**-9299			
			Last nar	Last name						S	pouse'	se's social security number		
SRIBHAVA KAK				ANI						*	**_	*-**-9435		
	7.52	r and street). If you have a P.O. box, see	instructio	ons.					Apt. no.	P	reside	ntial Electio	on Campaigr	
		S PARK BLVD							5218			nere if you,		
City, town, or post office. If you have a foreign address, also complete			mplete si	ete spaces below. State Z								spouse if filing jointly, want \$3		
ORLANDO												to go to this fund. Checking a box below will not change		
Foreign country name			F						~			your tax or refund.		
0 ,				5								You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rece	eive (as	a reward	award o	navn	nent for	property o	rservice	s); or (b	) sell			
Assets		ange, gift, or otherwise dispose of a										X Yes	No	
Standard		eone can claim: Vou as a de	-		Your spou			-	3.1					
Deduction		Spouse itemizes on a separate return	n or you											
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Sp	ouse:	W:	as born be	fore Jan	uary 2,	1958	Is bl	ind	
Dependents	(see	instructions):		<b>(2)</b> S	ocial securit	y		ationship	(4) Check	the box	if qualit	fies for (see	instructions):	
If more	(1) Fi	rst name Last name			number		to	you	Child	tax crec	lit	Credit for oth	her dependents	
than four												[		
dependents, see instructions											[			
and check												[		
here 🗌												[		
Income	<b>1</b> a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	tions) .		••••				1a	17	70,652.	
moonio	b	Household employee wages not re	ported	on Form	(s) W-2 .					· •	1b	1		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								· ·	1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s	W-2 (see	instru	ctions)				1d			
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29	).					1f			
If you did not	g	Wages from Form 8919, line 6 .								12 123	1g			
get a Form	h	Other earned income (see instructi	ons) .								1h	1	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)				<b>1</b> i						
	z	Add lines 1a through 1h									1z	17	70,652.	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable ir	terest			2b	6		
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary o	dividends			3b	6		
	4a	IRA distributions	4a			b Ta	axable a	mount .		· .	4b			
Standard	5a	Pensions and annuities	5a	6		b Ta	axable a	mount.			5b			
Deduction for—	6a	Social security benefits	6a			b Ta	axable a	mount.			6b			
Single or Married filing	С	If you elect to use the lump-sum el	ection r	nethod.	check here	(see	nstructio	ons) .		. П				
separately,	7	Capital gain or (loss). Attach Sched									7		-3,000.	
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, line									8		9,876.	
jointly or Add lines 1 = 2h 2h 4h 5h 6h 7 and 9. This is used to										9		57,776.		
surviving spouse, 10 Adjustments to income from Schedule 1 line 26											10		, , , , , , ,	
<ul> <li>Subtract line 10 from line 9. This is your a</li> </ul>											11		57,776.	
household, 12 Standard deduction or itemized deductions (from											12		25,900.	
\$19,400 • If you checked	13	Qualified business income deducti					5-A				13			
any box under	14										14		25,900.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer		enter -	0- This is	 Vour <b>†</b>	 axahle i	ncome			15		31,876.	
see instructions.				, 01101 -	0 1 1110 10	Jour				• •	15		, 070.	

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

Form 1040 (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	20,247.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	20,247.
	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	20,247.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	20,247.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	23,784.
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	23,784.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,537.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,537.
Direct deposit?	b	Routing number     *     *     *     X     X     X     X     C Type:     C Checking     Savings		
See instructions.	d	Account number * * * * * * * * * * * * * * * * * * *		
	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 <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
Third Party Designee	38	Estimated tax penalty (see instructions)		
		by you want to allow another person to discuss this return with the IRS? See		
		structions		X No
	nar	signee's Phone Personal identif me no. Personal identif	Ication	
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of my knowledge and
Sign		ief, 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? See instructions.		SAT FUNCTIONAL CONSULTANT	,	
Keep a copy for	Sp			nt your spouse an action PIN, enter it here
your records.		SOFTWARE ENGINEER (see	-	
	Ph	one no. Email address KARTHIKNAGA32@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2023 *****2	2703	Self-employed
Preparer	-			678) 965-9522
Use Only	-		s EIN	**-***1965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form <b>1040</b> (2022)

irs.gov/Form1040 for instructions and t