E1040		artment of the Treasury-Internal Revenue Servi		m 20 2	2	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of you	filing separately (N ur spouse. If you cl IDHYA GADDAM	heck				spo	lifying sun use (QSS) s name if th	U	
Your first name and middle initial Last name			Last name	Э	Your social security number							
PREM KUMAR KATP			KATPA	PALLY						***-**-3222		
If joint return, spouse's first name and middle initial Last name				ne					Spouse's social security number			
Home address	r and street). If you have a P.O. box, see	instruction	s.			A	vpt. no.	Preside	ntial Electi	on Campaign		
14059 RIVEREDGE DRIVE							9			here if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spa	baces below. State			ZIP c	ode	spouse if filing jointly, want \$3 to go to this fund. Checking a			
ТАМРА				FL			336	37		box below will not change		
Foreign country name			For	Foreign province/state/county			Foreign postal code yo			k or refund.		
										🗌 You	Spouse	
Digital	At an	ny time during 2022, did you: (a) rece	eive (as a	reward, award, or	payr	nent for prope	rty or	services); or	(b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital as	set (or a financial i	ntere	est in a digital	asset)	? (See instru	ictions.)	Yes	🗙 No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spouse	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you w	vere a dual-status	alien	l i						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax c	redit	Credit for ot	her dependents	
than four												
dependents, see instructions												
and check							,					
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see i	instructions)					. 1a	ı 14	45,609.	
moonio	b	Household employee wages not re	eported or	n Form(s) W-2 .					. 1b)		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						. 10	;			
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)			. 1d	I		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f			• •				. 1e	•		
was withheld.	f	Employer-provided adoption bene	fits from F	Form 8839, line 29	•				. 1f			
If you did not	g	Wages from Form 8919, line 6 .			• •				. 1g	ı		
get a Form W-2, see	h	Other earned income (see instructi			• •	· · · ·	· ·		. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)	• •	<u>1</u> i						
	Z	Add lines 1a through 1h	• • •		• •		• •		. 1z		45,609.	
Attach Sch. B	2a		2a			axable interest			. 2b			
if required.	<u>3a</u>		3a	-		ordinary divide			. 3b			
	4a		4a			axable amoun			. 4b			
Standard Deduction for –	5a		5a			axable amoun			. 5b			
Single or	6a		6a			axable amoun	· · ·	· · ·	. 6b	•		
Married filing separately,	с _	If you elect to use the lump-sum e		-	•	,	• •	· · · L	-			
\$12,950	7	Capital gain or (loss). Attach Scher					• •	· · · L				
 Married filing jointly or 	Add lines to Ok Ok Ak Ek Ck Z and O This is usual to be income						. <u>8</u> . 9		<u>15,004.</u> 20 605			
Qualifying surviving spouse,	9 10				30,605.							
\$25,900	10	Adjustments to income from Sche	. 10									
 Head of household, 	I1 Subtract line 10 from line 9. This is your adjusted gross income							. <u>11</u> . 12		<u>30,605.</u> 12,050		
\$19,400 • If you checked	400 12 Standard deduction or itemized deductions (from Schedule A)						· 12 · 13		12,950.			
any box under	13 14	Add lines 12 and 13		0111 0333 01 FUIII	099	J-A	• •		. 13		12 050	
Standard Deduction,	14	Subtract line 14 from line 11. If zer	 	\cdot	 our •	axable incom	 e		. 14		<u>12,950.</u> 17 655	
see instructions.			0 01 1000,	6 1 1 1 1 5 1 5 Y	Juil				. 15	<u> </u>	17,655.	

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 . .	16	22,073.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	22,073.						
	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	22,073.						
	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	22,073.						
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	25,788.						
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	1							
	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	25,788.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,715.						
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,715.						
Direct deposit? See instructions.	b	Routing number * * * 0 0 2 5 c Type: Checking Savings								
See instructions.	d	Account number * * * * * * * * * 8 8 3 0								
	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		by you want to allow another person to discuss this return with the IRS? See								
Designee		structions		X No						
	De nai	signee's Phone Personal identif ne no. Personal identif	cation							
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						
		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 sent you an Identity							
			Protection PIN, enter it here (see inst.)							
Joint return? See instructions.		SOFTWARE ENGINEER	,							
Keep a copy for	Sp		IRS sent your spouse an tity Protection PIN, enter it here inst.)							
your records.		(see i								
	Ph	one no. (816)944-9680 Email address PREM.KATPALLY@GMAIL.COM								
Delet	Pre	eparer's name Preparer's signature Date PTIN	Check if:							
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/05/2023 *****2	2703 Self-employed							
Preparer			e no. (678)965-9522						
Use Only	Fir		sEIN **-***1965							
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 02/24/23 PRO Form 1040 (2022)										

irs.gov/Form1040 for instructions and the