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

2022	
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OMB No. 1545-0074

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

_	s 🗌 s	Single Married filing jointly	Marrie	d filing separately (M	/IFS)	Head of	househo	ld (HOH)		alifying ouse (C		/ing		
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you ch	necke	d the HOH or	QSS bo	x. enter t		,	,	aualifvina		
		on is a child but not your dependent		NDHYA GADDAM				.,				-1		
Your first name and middle initial Last name						Your social security number								
SANDHYA			GADD	AM					***-**-7497					
If joint return, spouse's first name and middle initial				Last name				Spouse's social security number						
							***-**-7497							
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			Apt	. no.	Presid	Presidential Election Campaign				
14059 RI	[VER]	EDGE DRIVE					93	02		Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code						$\overline{}$				y, want \$3				
TAMPA			FL			3363				to go to this fund. Checking a box below will not change				
Foreign country name		Foreign province/state/county			Foreign	Foreign postal code you			our tax or refund.					
										ים	<b>Y</b> ou	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward, award, or	paym	ent for prope	rty or se	rvices); o	r (b) sell	,				
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	nteres	st in a digital	asset)?	See instr	uctions.	) 🗌 '	Yes	⊠ No		
Standard	Som	eone can claim:	pendent	Your spouse	e as a	dependent								
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien				,					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	Was bor	n before	January	2, 1958		ls blin	ıd		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) (	Check the b	oox if qua	alifies for	(see in	nstructions):		
If more	•	irst name Last name		number		to you		Child tax cre		Credit	for othe	er dependents		
than four												]		
dependents, see instructions												]		
and check	5 —						>					]		
here												]		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					. 1	а	4(	0,430.		
	b	Household employee wages not re	eported o	on Form(s) W-2					. 1	b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 1	С				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1	d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1	е				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1	lf				
If you did not	g	Wages from Form 8919, line 6 .							. 1	g				
get a Form	h	Other earned income (see instruction							. 1	h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<u>1i</u>								
	<b>Z</b>	Add lines 1a through 1h							. 1	z	4(	0,430.		
Attach Sch. B	<b>2</b> a		2a			xable interest			_	!b				
if required.	3a	Qualified dividends	3a		<b>b</b> Ord	dinary divider	nds .		. 3	b				
	4a		4a			xable amount			_	b				
Standard Deduction for—	5a		5a			xable amount			_	ib				
Single or	6a		6a			xable amount	t		. 6	b				
Married filing separately,	С _	you elect to use the lump-sum election method, check here (see instructions)												
\$12,950	7		ain or (loss). Attach Schedule D if required. If not required, check here							7				
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10							8		0.			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							_	9	4(	0,430.		
\$25,900	10	Adjustments to income from Schedule 1, line 26						<del></del>	0					
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•						_	1		0,430.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)							_	2	12	2,950.		
If you checked any box under	13								<del></del>	3				
Standard Deduction,	14								4		2,950.			
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								5		7,480.		

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	3,092.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	3,092.	
	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	3,092.	
	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	3,092.	
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	5,027.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
qualifying child,	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	5,027.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,935.	
11010111	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,935.	
Direct deposit? See instructions.	b	Routing number * * * * * 0 0 2 5 c Type: X 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 You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  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		by you want to allow another person to discuss this return with the IRS? See structions	oelow.	X No	
		signee's Phone Personal identi	ication		
	na				
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	Yo			nt you an Identity	
			ection P inst.)	IN, enter it here	
Joint return? See instructions.		SOFTWARE ENGINEER		et vour enquee en	
Keep a copy for your records.	Sp	lden	the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (816)944-9680 Email address PREM.KATPALLY@GMAIL.COM			
Daid	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 *****	2703	Self-employed	
Preparer			Phone no. (678)965-9522		
Use Only	Fir		's EIN	**-***1965	