E 1040 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.

| Check only | | | | ed filing separate | | _ | | | | spou | se (QSS |) | |
|---|----------|--|-------------------------------|--------------------|------------|--------------------------------|------------------------------------|--------------------------------|---------------------|--|------------|------------|--|
| one box. | | u checked the MFS box, enter the r on is a child but not your dependen | | our spouse. If y | ou cnec | rea the HOH of | QSS box | , ente | er the d | chilars | name it | ine c | qualitying |
| | | | | | | | Your social security number | | | | | | |
| | | | | | | | | | | 598-08-1895 | | | |
| If joint return, spouse's first name and middle initial Last name | | | | GARAM | | | | | _ | Spouse's social security number | | | |
| | | | | | | | | | - ' | 976-99-3122 | | | |
| | | | | | | | _ | Presidential Election Campaign | | | | | |
| | | | | | | | Check here if you, or your | | | | | | |
| City town or post office. If you have a foreign address, also complete spaces below. State | | | | | | | spouse if filing jointly, want \$3 | | | | | | |
| AUSTIN | | | | TX | | | 78729 | | | to go to this fund. Checking a box below will not change | | | |
| | | | Foreign province/state/county | | | Foreign po | stal co | | your tax or refund. | | | | |
| | | | | | | | | | | | You Spouse | | |
| Digital | At an | y time during 2022, did you: (a) rec | eive (as | a reward, award | l, or payı | ment for prope | rty or ser | vices); | or (b) | sell, | | | |
| Assets | | ange, gift, or otherwise dispose of | | | | | | | | | Yes | Σ | No |
| Standard | Som | eone can claim: | ependent | Your sp | ouse as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retu | rn or you | were a dual-sta | atus alier | า | | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, 1 | 1958 | Are blind | Spouse | : Was bo | n before | Janua | ry 2, 1 | 958 | ☐ Is b | olind | |
| Dependents | s (see i | instructions): | | (2) Social se | curity | (3) Relationsh | ip (4) Ch | neck th | e box i | f qualifi | es for (se | e inst | ructions): |
| If more | | rst name Last name | | number | | to you | | Child tax cred | | edit Credit for other depe | | dependents | |
| than four | ESH | HAN NAGARAM | | APPLIED FO | | Son | | | | | × | | |
| dependents, see instruction: | MAN | ANOGNA NAGARAM | | APPLIED FC | | Daughter | | | | | | X | |
| and check | | | | | | | | | | | | | |
| here \square | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) | | | | | | 1a | 1 | 15 | ,747. |
| | b | Household employee wages not reported on Form(s) W-2 | | | | | | | 1b | | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | 1c | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | | | |
| 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 W-2, see | h | Other earned income (see instructions) | | | | | | | | 1h | | | 0. |
| instructions. | i | Nontaxable combat pay election (see instructions) | | | | | | | | | 1 - | 5 4 F | |
| | <u>z</u> | Add lines 1a through 1h | · · · | | i | | | • | | 1z | 1 1 | 15 | ,747. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | | 1 | axable interes | | • | | 2b | | | |
| | 3a | Qualified dividends | 3a | | 1 | Ordinary divide | | • | | 3b | | | |
| | 4a | IRA distributions | 4a | | 1 | axable amoun | | | | 4b | | | |
| Standard Deduction for— | 5а 6а | Pensions and annuities Social security benefits | 5a 6a | | - | ¯axable amoun ¯axable amoun | | | | 5b 6b | | | |
| Single or | С | - | | method check h | | | | • | · . | OD | | | |
| Married filing separately, | 7 | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | 7 | | | |
| \$12,950 Married filing | 8 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | 8 | | | |
| jointly or | 9 | Other income from Schedule 1, line 10 | | | | | | | 9 | 1 | 15 | ,747. | |
| Qualifying surviving spouse, | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | 10 | | | , , 1 , . |
| \$25,900 Head of | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | 11 | 1 | 15 | ,747. |
| household, | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | 12 | 1 - | | , , , <u>, , , , , , , , , , , , , , , , </u> |
| \$19,400 If you checked | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | 13 | | | , , , , , , , |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 25 | ,900. |
| Deduction, | 15 | The state of the s | | | | | | | 15 | | | | |
| see instructions. | | | | | - | | | | | | | | |

| Form 1040 (2022 | 2) | | | | | | | | Page 2 | |
|---|----------|--|-------------------------|----------------------|---------------------------------|------------------------|--------------|--|---------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 10,996. | |
| Credits | 17 | Amount from Schedule 2, lin | ne 3 | | | | - | . 17 | | |
| | 18 | | | | | | | | 10,996. | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | . 19 | 1,000. | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | . 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | . 21 | 1,000. | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | . 22 | 9,996. | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | . 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | . 24 | 9,996. | |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| | а | Form(s) W-2 | 7. | | | | | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | . 25d | 12,907. | |
| | 26 | 2022 estimated tax paymen | ts and amount a | pplied from 20 | 21 return | | | . 26 | | |
| If you have a qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and ref | undable credit | s | . 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | . 33 | 12,907. | |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | ınt you overpai | d | . 34 | 2,911. | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | 35a | 2,911. | |
| Direct deposit? | b | 3 7 7 7 3 | | | | | | | | |
| See instructions. | d | Account number 1 8 2 3 7 7 8 9 2 6 9 6 | | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2023 estimate | ed tax | 36 | | | | |
| 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 | | | | | | | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Third Party | | you want to allow another | • | | | | | | | |
| Designee | ins | instructions | | | | | | | X No | |
| | De na | signee's me | Phone no. | | ersonal ide ımber (PIN | entification | | | | |
| Sign | | der penalties of perjury, I declare tief, they are true, correct, and com | | | , , , | | , | | , , | |
| Here | Yo | Your signature | | Date | te Your occupation | | | If the IRS sent you an Identity Protection PIN, enter it here | | |
| Joint return? | | | | SENIOR LEAD DE | | | VELOPER (see | | | |
| See instructions. Keep a copy for your records. | Sp | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation HOME MAKER | | | f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.) | | |
| | ——— | Phone no. (248)873-8788 Email | | | HOME MARKER | | | | | |
| | | eparer's name | o Preparer's signat | Email address ure | 11ayar allisile | Date | PTIN | | Check if: | |
| Paid | | I PRIYA RAM SAGAR GUPTA TALLAM | l | | מווסיים ייאו. דאו | | | 082703 | Self-employed | |
| Preparer | | | | MADAG PERM | GOLIA TADDAN | 1 02/24/202 | | | (678)965-9522 | |
| Use Only | | | | | | | | irm's EIN | 84-3171965 | |
| | 1 11 | m 3 address Z T J KOONE | IIII S LIIN | 0-1-21/1302 | | | | | | |