E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you ch	,	☐ Head of I		•	,	spou	fying surv se (QSS) name if th	J	
		on is a child but not your dependent											
Your first name and middle initial				Last name						Your social security number			
				ALAPALLI						714-41-0899			
If joint return, s	pouse's	first name and middle initial	Last nar	ne					Sp	ouse's	s social sec	urity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt	. no.	Pı	esiden	tial Electio	n Campaign	
8354 EVE	MEADOWS DR	4						ere if you,					
		ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	e	ZIP code	e 💧				tly, want \$3	
MEMPHIS				TN			3812				to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county						your tax or refund.			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	a reward, award, or p	oaym	ent for proper	rty or se	rvices);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial i	ntere	st in a digital a	asset)? (See ins	structi	ons.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	☐ Your spouse	as a	dependent		V/				_	
Deduction		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	Janua	ry 2, 1	958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationshi	ip (4) C	heck th	e box i	f qualifi	es for (see i	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t (Credit for oth	er dependents	
than four													
dependents, see instructions	s												
and check													
here \square													
Income	1a	1a Total amount from Form(s) W-2, box 1 (see instructions)							• •	1a	21	8,713.	
	b	Household employee wages not re	eported o	on Form(s) W-2						1b		_	
Attach Form(s) W-2 here. Also	C	c Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								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 8839, line 29		V				1f		_	
If you did not	g	Wages from Form 8919, line 6 .								1g		_	
get a Form	h	Other earned income (see instruct	ions) .			, .	,			1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>							
	Z	Add lines 1a through 1h								1z	21	8,713.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest			•	2b			
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds .			3b			
	4a	IRA distributions	4a		b Ta	xable amount	t		.1	4b		_	
Standard	5a	Pensions and annuities	5a	H	b Ta	xable amount	t			5b			
Deduction for— Single or	6a	Social security benefits	6a	l)	b Ta	xable amount	t			6b		_	
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here (see i	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired,	check here				7		-1.	
Married filing	8	Other income from Schedule 1, lin	e 10 .						*	8		_	
jointly or Qualifying	9									9	21	8,712.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	21	8,712.	
household, \$19,400									12	1	2,950.		
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							• 1	14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t a	axable incom	е.		•	15	20	5,762.	

Form 1040 (2022	2)			Page 2						
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	46,075.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	46,075.						
	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	46,075.						
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	233.						
	24	Add lines 22 and 23. This is your total tax	24	46,308.						
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	41,772.						
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26							
If you have a 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	7							
	30	Reserved for future use	1							
	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	41,772.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34							
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a							
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings								
See instructions.	d	Account number X X X X X X X X X								
	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 www.irs.gov/Payments or see instructions	37	4,536.						
	38	Estimated tax penalty (see instructions)								
Third Party	Do	you want to allow another person to discuss this return with the IRS? See								
Designee	ins	structions	oelow.	X No						
		signee's Phone Personal identi	fication							
	nai									
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here				nt you an Identity						
	10	9		IN, enter it here						
Joint return?		SOFTWARE ENGINEER (see	inst.)							
See instructions. Keep a copy for your records.	Sp	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)							
		1								
		one no. (716) 253-1344 Email address CHAITANYAV3366@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:						
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2023 P0208	2702	Self-employed						
Preparer	-		hone no. (678) 965-9522							
Use Only		A STATE SEC. OF DEPOSIT SEC. A STATE OF SECRET SECRET SEC. AND SEC	Firm's FIN 84-3171965							