| 1040 | | artment of the Treasury—Internal Revenue Serv S. Individual Income Tax | | urn | 202 | 2 | OMB No. 1545 | -0074 | IRS Use Only | —Do not w | rite or staple | in this space. | |
|--|---------------|--|------------|-------------------------------------|---------------------------------------|------------|-----------------|------------------------|----------------|---------------------|--------------------------------|----------------|--|
| Filing Status Check only one box. | | Single | | Ũ | separately (N use. If you ch | , | | | | spo | use (QSS) | 0 | |
| | pers | on is a child but not your dependent | t: MC | UNIKA | KADEMPA | LLY | 7 | | | | | | |
| Your first name and middle initial Last n | | | | t name | | | | | | | Your social security number | | |
| | | | - | MACHA | | | | | | ***-**-6654 | | | |
| lf joint return, sp | oouse's | first name and middle initial | Last na | me | | | | | | • | | curity number | |
| | | | I | | | | | | | | **-029 | | |
| | | er and street). If you have a P.O. box, see | Instructio | ons. | | | | | Apt. no. | | ntial Election nere if you, | on Campaigr | |
| 765 MONT | | | manlata a | nana hal | | Cto | | ZIP c | ‡259 | | | ntly, want \$3 | |
| City, town, or post office. If you have a foreign address, also comp | | | | | | | | | | | | Checking a | |
| | | | | CA Foreign province/state/county | | | | | | | ow will not c or refund. | | |
| r oreign country name | | | | Toreign province/state/county | | | Ly | , oroign postal oble y | | | You | | |
| Digital | At an | ny time during 2022, did you: (a) rec | | a roward | award or i | navr | ment for prope | rty or | services); or | (b) sell | | | |
| Assets | | ange, gift, or otherwise dispose of a | | | • • • | | | | | | Yes | X No | |
| Standard | | eone can claim: You as a de | • | | | | a dependent | | | | | | |
| Deduction | _ | Spouse itemizes on a separate retur | • | | - | | • | | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are bl | ind Spo | use | : 🗌 Was bor | n befo | ore January 2 | 2, 1958 | 🗌 ls bl | ind | |
| Dependents | s (see | instructions): | | (2) S | Social security | | (3) Relationsh | ip (4 |) Check the bo | ox if quali | fies for (see | instructions): | |
| If more | (1) Fi | irst name Last name | | | number | | to you | | Child tax cr | redit | Credit for ot | her dependents | |
| than four | | | | | | | | | | | | <u> </u> | |
| dependents, see instructions | ; | | | | | | | | | | | | |
| and check | | | | | | | | > | | | | | |
| here | | | | | | | | | | | | <u> </u> | |
| Income | 1a | Total amount from Form(s) W-2, b | | | , | • | • • • • | • • | | . <u>1</u> a | | 31,868. | |
| Attach Form(s) | b | Household employee wages not re | • | | | • | • • • | • • | | . 1b | | | |
| W-2 here. Also | c | Tip income not reported on line 1a | | | · · · · · · · · · · · · · · · · · · · | | · · · · | • • | | . 10 | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | | ISTru | ictions) | • • | | . 1d | | | |
| 1099-R if tax | e | Taxable dependent care benefits t | | | | • | | • • | | . 1e | | | |
| was withheld. | f | Employer-provided adoption bene | | 1 Form 8 | 839, line 29 | • | | • • | | . 1f | | | |
| lf you did not get a Form | g h | Wages from Form 8919, line 6 . | | • • • | | • | | • • | | . <u>1g</u> . 1h | | 0. | |
| W-2, see | i | Other earned income (see instruct Nontaxable combat pay election (| | · · · · | • • • • | • | · · · · · | | | | 1 | 0. | |
| instructions. | z | Add lines 1a through 1h | See insu | uctions) | •••• | • | | | | . 1z | , 1 | 31,868. | |
| Attach Sch. B | 2a | J J | 2a | | | h Т | axable interes | · · | | . 12 . 2b | | <u>,,,,,,,</u> | |
| if required. | 3a | | 3a | | | | Ordinary divide | | | | | | |
| | 4a | | 4a | | | | axable amoun | | | . 4b | | | |
| Standard | 5a | | 5a | | | | axable amoun | | | . 5b | | | |
| Deduction for – | 6a | | 6a | | | | axable amoun | | | . 6b | | | |
| Single or Married filing | с | If you elect to use the lump-sum e | election r | nethod, | check here (| see | instructions) | | [| | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Sche | | | | | | | [| 7 | | | |
| Married filing | 8 | Other income from Schedule 1, lin | ne 10 | | | | | | | . 8 | - : | 11,500. | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | . 9 | | 20,368. | |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | . 10 | | | | | | | | | | |
| Head of | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | | 1: | 20,368. | |
| household, \$19,400 | 12 | 12 Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | | 12,950. | |
| If you checked | 13 | Qualified business income deduct | ion from | Form 8 | 995 or Form | 899 | 5-A | | | . 13 | | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | . 14 | | 12,950. | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or les | s, enter - | -0 This is yo | ourt | taxable incom | ie . | | . 15 | 1 | 07,418. | |
| | | | | | | | | | | | | | |

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 | 19,616. |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 19,616. |
| | 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 | 19,616. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 62. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 19,678. |
| 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 | 22,560. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | <i>•</i> |
| 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 | 22,560. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,882. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 2,882. |
| Direct deposit? | b | Routing number * * * * * 0 3 5 8 c Type: X Checking Savings | | |
| See instructions. | d | Account number * * * * * * * * * * 4 2 8 3 | | |
| | 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 amount you owe . | | |
| You Owe | 0. | For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| | 38 | Estimated tax penalty (see instructions) | | |
| Third Party | Do | you want to allow another person to discuss this return with the IRS? See | | |
| Designee | | structions | oelow. | X No |
| Ū | De | signee's Phone Personal identii | fication | |
| | nar | ne no. number (PIN) | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to | | |
| Here | | ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | |
| | Yo | | | nt you an Identity IN, enter it here |
| Joint return? See instructions. | | | inst.) | |
| | Sp | | IRS ser | nt your spouse an |
| Keep a copy for your records. | | | - | ection PIN, enter it here |
| your records. | | | inst.) | |
| | | one no. (818)259-0584 Email address MACHA.RAMU@YAHOO.COM | | |
| Paid Preparer | Pre | eparer's name Preparer's signature Date PTIN | | Check if: |
| | SYAM | I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2023 ***** | | Self-employed |
| Use Only | Fin | | ne no. (| 678)965-9522 |
| | Firi | m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm | 's EIN | **-**1965 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the latest information. BAA REV 02/10/23 PRO | | Form 1040 (2022) |

s.gov/Form1040 for instructions and t