## E 1040 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 X Married filing jointly	Marrie	ed filing separately (M	IFS)	Head of	household (HC	OH)		ifying survi ıse (QSS)	ving	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of v	our spouse. If you ch	eck	ed the HOH or	QSS box, en	ter the		` ,	e qualifying	
		on is a child but not your dependent		,							. , ,	
Your first name and middle initial			Last na	Last name						Your social security number		
SRIHARI			NUTH	NUTHIKATTU						832-48-0523		
If joint return, spouse's first name and middle initial			Last na	Last name						Spouse's social security number		
SINDOORI			NUTH	NUTHIKATTU						260-99-8435		
						Presidential Election Campaign						
1324 S E	INLE	EY ROAD					3N		Check here if you, or your spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete spaces below.				paces below.	w. State ZIP code					it filing joint this fund. C		
LOMBARD			IL			60148			w will not			
Foreign country name			Foreign province/state/county			Foreign postal	Foreign postal code your to		tax or refund.			
										You	Spouse	
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayn	nent for prope	rty or services	s); or (b	o) sell,	_		
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial ir	ntere	est in a digital	asset)? (See i	nstruct	tions.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	t Your spouse	as	a dependent						
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 Janu	iary 2,	1958	☐ Is blir	nd	
Dependents				(2) Social security		(3) Relationsh	ip (4) Check	the box	if qualif	ies for (see i	nstructions):	
If more		rst name Last name		number	4	to you		tax cred	dit	Credit for other	er dependents	
than four	AVA	NI NUTHIKATTU		962-95-5126	5	Daughter				>	<u> </u>	
dependents,												
see instructions and check	S											
here	]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					1a	18	0,616.	
meome	b	Household employee wages not re	ported	on Form(s) W-2					1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	(see ins	structions)	٠.				1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	stru	ctions)			1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29				7 10	1f			
If you did not	g	Wages from Form 8919, line 6 .					$\epsilon = \kappa - \epsilon - \epsilon$		1g			
get a Form	h	Other earned income (see instruction	ons) .						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		<u>l 1i</u>						
	Z	Add lines 1a through 1h							1z	18	0,616.	
Attach Sch. B	2a		2a			axable interest			2b		1.	
if required.	3a		3a			rdinary divider			3b			
	4a	The state of the s	4a	,		axable amoun			4b	-		
Standard Deduction for—	5a		5a			axable amoun			5b	-		
Single or	6a		6a			axable amoun	t		6b	-		
Married filing separately,	C	If you elect to use the lump-sum e				51		• 📙				
\$12,950	7	Capital gain or (loss). Attach Scheo						. Ц	7	+	3,000.	
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin							9	100	0.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								1.7	7,617.	
\$25,900	10								10	1.5	7 (17	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	•						11		7,617.	
\$19,400	12	Standard deduction or itemized			,	 E A			12		<u>5,900.</u>	
If you checked any box under	13	Qualified business income deducti							13		- OOO	
Standard Deduction,	14 15	Add lines 12 and 13							14		5,900.	
see instructions.	13	Subtract line 14 HOITI line 11. II Zer	o or lest	s, enter -u This is yo	Jui l	avanie IIICOIII			15	1 12	1,717.	

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	24,612.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	24,612.							
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.							
	20	Amount from Schedule 3, line 8	20								
	21	Add lines 19 and 20	21	500.							
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	24,112.							
	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	24,112.							
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2									
	b	Form(s) 1099									
	C	Other forms (see instructions)									
	d	Add lines 25a through 25c	25d	19,636.							
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	19,636.							
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								
riciana	35a	Amount of line 34 you want <b>refunded to you</b> . 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 X X X X X X X									
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X									
	36	Amount of line 34 you want applied to your 2023 estimated tax 36									
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	4,476.							
	38	Estimated tax penalty (see instructions)									
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See									
Designee	ins	structions		× No							
	De nai	signee's Phone Personal identifine no. Personal identifine number (PIN)	ication								
Ciara		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the hes	t of my knowledge and							
Sign		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	Yo	ur signature Date Your occupation If the	IRS se	nt you an Identity							
		Prote	ection P	N, enter it here							
Joint return?	_	SOFTWARE ENGINEER (see i									
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here							
your records.		HOME MAKER (see i		The second secon							
	Ph	one no. (770)309-6418 Email address SRIHARI.NUTHIKATTU@GMAIL.COM									
		eparer's name Preparer's signature Date PTIN		Check if:							
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2023 P02082	2703	Self-employed							
Preparer			one no. (678) 965-9522								
Use Only			Firm's EIN 84-3171965								