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.

Check only		Single Married filing jointly	_	ed filing separately (M	, —	, ,	_ 5	spous	/ing survivi e (QSS)	Ü
one box.	-	u checked the MFS box, enter the none is a child but not your dependent	-	our spouse. It you ch	necked the HOH or	r QSS box, enter t	he ch	ild's n	ame if the	qualitying
Your first name			Last nar	me .			Vol	ır soci	al security r	umber
		udie ilitiai	1				Your social security number ***-**-4467			
NAVEEN F	100	s first name and middle initial	Last nar	AVUTURI				Spouse's social security number		
ii joint return, s	pouse s	s ilist riarrie ario miliodie iliitiai	Lastriai	ne			Spo	use s	social secur	ity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.		Apt. no.	Pre	sidenti	ial Election	Campaign
10357 SC	HTUC	WEEPING WILLOW DR							re if you, or	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	ZIP code			filing jointly nis fund. Ch	
SANDY					UT	84070			will not ch	
Foreign country name			F	Foreign province/state/o	Foreign postal code	code your tax or refund.			Ü	
]	You	Spouse
Digital		ny time during 2022, did you: (a) rec								
Assets	exch	ange, gift, or otherwise dispose of a		_		asset)? (See instr	uction	ns.) l	Yes	X No
Standard		eone can claim:			e as a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse: Was bo	rn before January	2, 19	58	Is blind	d _
Dependents	s (see	instructions):		(2) Social security	(3) Relationsh	nip (4) Check the	oox if o	qualifie	s for (see ins	structions):
If more	(1) Fi	rst name Last name		number	to you	Child tax	credit	Cr	edit for other	dependents
than four										
dependents, see instruction:	s									
and check	. —									
here										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)				1a	79	,763.
	b	Household employee wages not re	eported o	on Form(s) W-2				1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								
was withheld.	f	Employer-provided adoption bene	efits 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 instruct						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	<u>1</u> i	j				7.60
	Z	Add lines 1a through 1h						1z	79	,763.
Attach Sch. B	2a		2a		b Taxable interes			2b		
if required.	3a		3a		b Ordinary divide		• •	3b		
	4a		4a		b Taxable amoun			4b		
Standard Deduction for—	5a		5a		b Taxable amoun			5b		
Single or	6a		6a		b Taxable amoun	π	i l	6b		
Married filing separately,	c	If you elect to use the lump-sum e					片ㅣ	7	2	000
\$12,950	7	Capital gain or (loss). Attach Sche					┙┟	7		,000.
Married filing jointly or	8	Other income from Schedule 1, lin		This is your total inc				8		,522.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		15				9	80	,241.
\$25,900	10	Adjustments to income from Schedule 1, line 26						10	<i>C</i> 0	2/1
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income Standard deduction or itemized deductions (from Schedule A)								,241.
\$19,400 If you checked	12	Qualified business income deduct						12	12	<u>,950.</u>
any box under	13 14						•	13	10	050
Standard Deduction,	15	Add lines 12 and 13						14		<u>,950.</u>
see instructions.	13	Subtract line 14 Ironn line 11. Il Zen	O OI IESS	5, GILLET -U ITHS IS Y	our taxable illicoll			15	55	,291.

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,778.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	7,778.	
	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	7,778.	
	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	7,778.	
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	10,755.	
	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			
	31	Amount from Schedule 3, line 15	1		
	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	10,755.	
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,977.	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,977.	
Direct deposit?	b	Routing number * * * * * * 1 5 4 5 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * 1 0 3 8			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		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	ins	structions	oelow.	X No	
		signee's Phone Personal identi	fication		
	naı		100		
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				nt you an Identity	
	10			IN, enter it here	
Joint return?		APPLICATION DEVELOPER (see	inst.)		
See instructions.	Sp		the IRS sent your spouse an		
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here	
, ou. 1000.uo.			11131.)		
		one no. (385) 630-0228 Email address OM.NAVEENKUMAR@GMAIL.COM		Chook if:	
Paid		Preparer's signature Preparer's signature Date PTIN ONLY DRIVE DAY OF THE PRINT TH	0700	Check if:	
Preparer	17	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/10/2023 *****		Self-employed	
Use Only				(678) 965-9522	
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***5487	