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

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OMB No. 1545-0074

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

Filing Status Check only	X	ingle Married filing jointly	Married	filing separately	(MFS)	Head of	household (HOH)		alifying su ouse (QSS		
one box.		u checked the MFS box, enter the ron is a child but not your dependen		ur spouse. If you	check	ed the HOH or	QSS box, enter t				
Your first name	and mi	ddle initial	Last name	Э				Your s	Your social security number		
SWAPNIKA				PALLY				***-	***-**-4471		
If joint return, sp	first name and middle initial	Last name	name					Spouse's social security number			
Home address	numbe	r and street). If you have a P.O. box, see	e instruction	s.			Apt. no.	Presid	ential Elec	tion Campaign	
10410 GLENMERE CREEK CIR								Check here if you, or your			
City, town, or pe	e. If you have a foreign address, also co	omplete spa	ete spaces below. State			ZIP code		pouse if filing jointly, want \$3			
CHARLOTTE				NC					o go to this fund. Checking a lox below will not change		
Foreign country	name		Foreign province/state/county			y Foreign postal code		7	ax or refun		
									You	I Spouse	
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of								s 🛛 No	
Assets				Your spo			asset)? (See insti	uctions.		, 110	
Standard Deduction		eone can claim:				a dependent					
Age/Blindness	You:	Were born before January 2,	1958	Are blind S	pouse		n before January	121	☐ Is		
Dependents	(see	nstructions):		(2) Social secu	rity	(3) Relationsh	ip (4) Check the I	oox if qua	lifies for (se	ee instructions):	
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Credit for	other dependents	
than four dependents,											
see instructions											
and check	2										
here \square									1		
Income	1a	Total amount from Form(s) W-2, b						. 1		98,781.	
Attack Farms(a)	b	Household employee wages not reported on Form(s) W-2							b c		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							е		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							f		
If you did not	g	Wages from Form 8919, line 6.						. 1			
get a Form W-2, see	h	Other earned income (see instruc		7			1	. 1	h	0.	
instructions.	i	Nontaxable combat pay election	see instruc	ctions)		<u>1i</u>				00 701	
		Add lines 1a through 1h							Z	98,781.	
Attach Sch. B if required.	2a		2a			axable interest		. 2		19.	
	3a	Qualified dividends	3a			rdinary divider axable amount		. 3			
<u> </u>	4a 5a	Pensions and annuities	4a 5a			axable amount		. 5	60		
Standard Deduction for—	6a	Social security benefits	6a			axable amount		. 6			
Single or Married filing	C	If you elect to use the lump-sum e		athod check her							
separately,	7								,	-2,160.	
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								-9,109.	
jointly or Qualifying	9	The second secon						.		87,531.	
surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									
\$25,900 • Head of	11		e 10 from line 9. This is your adjusted gross income						0	87,531.	
household,	12	Standard deduction or itemized						. 1		12,950.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A						. 1		4.	
any box under Standard	14	Add lines 12 and 13						. 1		12,954.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							5	74,577.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12,024.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	12,024.		
	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	12,024.		
	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	12,024.		
Payments	25	Federal income tax withheld from:				
	a	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	15,753.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
qualifying child,	27	Earned income credit (EIC)	Y			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	1			
	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	15,753.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,729.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,729.		
Direct deposit?	b	Routing number ★ ★ ★ ★ ★ 0 3 5 8 c Type: ★ Checking Savings				
See instructions.	d	Account number * * * * * * * * * * 3 2 2 5				
	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 amount 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	elow.	⋉ No		
	De nar	signee's Phone Personal identif me no. number (PIN)	ication			
<u> </u>			41 1			
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		
	Tour digniture		Protection PIN, enter it here			
Joint return?		SOFTWARE DEVELOPER (see	inst.)			
See instructions. Keep a copy for	Sp			IRS sent your spouse an ty Protection PIN, enter it here		
your records.		(see	•	Ction Pily, enter it here		
	Ph	one no. (408)306-6621 Email address SWAPNIKA0710@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/03/2023 *****2	2703	Self-employed		
Preparer	17			e no. (678) 965-9522		
Use Only	-		m's EIN **-**1965			