E 1040 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	<b>X</b> 5	Single Married filing jointly	Marrie	d filing separately (N	/IFS)	Head of	household	(HOH)		ifying surviv ıse (QSS)	ing	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If you cl	hecked	I the HOH or	QSS box	, enter th	e child's	name if the	qualifying	
Your first name and middle initial La				ast name						Your social security number		
SAMRAJYAM SII				INGU						***-**-8096		
If joint return, sp	oouse's	first name and middle initial	Last nar	name					Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. r	10.	Presidential Election Campaign			
7000 DEE	LAN	JE		720					Check here if you, or your			
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State Z						if filing jointly		
MALVERN			PA				19355			this fund. Ch		
Foreign country name										your tax or refund.		
							You Spou					
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								☐ Yes [	⊠ No	
Standard		eone can claim: You as a de										
Deduction	_	Spouse itemizes on a separate retur										
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before			Is blind		
Dependents				(2) Social security	'   '	(3) Relationsh			1	ies for (see ins		
If more	<b>(1)</b> Fi	rst name Last name		number		to you	C	hild tax cr	edit	Credit for other	dependents	
than four dependents,				2								
see instructions	. ——											
and check						A O E						
here L												
Income	1a	Total amount from Form(s) W-2, b						2 2 2	1a	78	<u>,960.</u>	
	b	Household employee wages not reported on Form(s) W-2							1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6 .						T T I	1g			
get a Form W-2, see	h	Other earned income (see instruct					Y * *	* * *	1h	_	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>l 1i</u>						
	Z	Add lines 1a through 1h							1z	78	3,960.	
Attach Sch. B	2a	The state of the s	2a		<b>b</b> Tax	able interest	·		2b		1.	
if required.	3a	Qualified dividends	3a		<b>b</b> Orc	linary divider	nds	* * *	3b			
	4a	IRA distributions	4a		<b>b</b> Tax	able amoun	t		4b			
Standard Deduction for—	5a		5a			able amoun			5b			
• Single or	6a		6a			able amoun	t		6b	_		
Married filing separately,	C	If you elect to use the lump-sum e										
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not requ	uired, c	heck here		L	J 7		126.	
Married filing jointly or	8	Other income from Schedule 1, lin									<u>,1</u> 81.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		15	come				9	70	906.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26										
Head of     household	11	Subtract line 10 from line 9. This is						w m n	11		,906.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									2 <b>,</b> 950.	
If you checked any box under	13	Qualified business income deduct						2 2 2	13			
Standard	14	Add lines 12 and 13							14		2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									7 <b>,</b> 956.	

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	8 <b>,</b> 372.	
Credits	17	Amount from Schedule 2, line 3	17	0.	
	18	Add lines 16 and 17	18	8,372.	
	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	8,372.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,372.	
<b>Payments</b>	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	12,263.	
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	4		
	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	12,263.	
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	3,891.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,891.	
Direct deposit?	b	Routing number ★ ★ ★ ★ ★ 0 3 3 9 c Type: ★ Checking Savings	3		
See instructions.	d	Account number *   *   *   *   *   *   *   *   *   2   1   4   2			
	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		
	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	signee's Phone Personal ider me no. number (PIN)			
Ciara		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and		t of my knowledge and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi			
Here	Yo			nt you an Identity	
				N, enter it here	
Joint return?		BOTTWARE DEVELOTER	ee inst.)		
See instructions. Keep a copy for	Sp		the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.			(see inst.)		
	Ph	one no. (690) 907-3040 Email address SAMRAJYAMSINGU@GMAIL.COM			
Deid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2023 ****	*2703	Self-employed	
Preparer	2			678) 965-9522	
Use Only	Ø		rm's EIN	**-***1965	
				1010	