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	\mathbf{X}	Single Married filing jointly	Marrie	ed filing separately (M	(IFS)	Head of	house	hold (HOF	1)		fying surviv se (QSS)	/ing	
Check only one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you ch	necke	d the HOH or	QSS	box, ente	r the cl			qualifying	
		on is a child but not your dependen						,				, , ,	
Your first name and middle initial				Last name							Your social security number		
GOPINATH RAN				AMISETTY						***-**-5684			
If joint return, spouse's first name and middle initial Last name				name					Sp	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Pr	Presidential Election Campaign				
3200 PAY								221		Check here if you, or your			
		ce. If you have a foreign address, also co	paces below.	ces below. State ZIP			spouse			se if filing jointly, want \$3			
SAN JOSE				CA			95			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			~				or refund.	nango	
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) red	eive (as	a reward, award, or	payme	ent for prope	rty or	services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of									Yes	⊠ No	
Standard	Som	eone can claim: You as a de	ependent	t Your spouse	e as a	dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status a	alien								
Age/Blindness	You:	Were born before January 2,	1958	Are blind Spo	use:	☐ Was bor	n bef	ore Janua	ry 2, 1	958	Is blin	d	
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box if	qualifi	es for (see in	structions):	
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credit	t C	Credit for other dependents		
than four dependents,								· _				<u> </u>	
see instructions	. ——							L			L		
and check	3							L					
here								L]	
Income	1a	Total amount from Form(s) W-2, b			-				•	1a	6.5	9,040.	
Attach Form(s)	b	Household employee wages not r							•	1b	-		
W-2 here. Also	C		on line 1a (see instructions)							1c			
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
was withheld.	g	Wages from Form 8919, line 6.	Silto II OII	11 0111 0003, 1110 23						1g			
If you did not get a Form	h	Other earned income (see instructions)	tions)							1h		0.	
W-2, see	i	the state of the s	able combat pay election (see instructions)										
instructions.	z	Add lines 1a through 1h								1z	6:	9,040.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Tax	kable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b Ord	dinary divider	nds .			3b			
	4a	IRA distributions	4a		b Tax	kable amount	t			4b			
Standard	5a	Pensions and annuities	5a	· .	b Tax	kable amount	t			5b			
Deduction for— Single or	6a	Social security benefits 6a b Taxable amount						6b					
Married filing	C	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing jointly or	8	Other income from Schedule 1, line 10							8		6 , 539.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								10	62	2,501.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of household,	11	Subtract line 10 from line 9. This i								11		2,501.	
\$19,400	12	Standard deduction or itemized			,			* * *	•	12	1 12	2 , 950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		0.50	
Standard Deduction,	14	Add lines 12 and 13							14				
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									4 :	J, JJI.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	6,524.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	6,524.	
	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	6,524.	
	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	6,524.	
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	9,066.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (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	9,066.	
Refund Direct deposit? See instructions.	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,542.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,542.	
	b	Routing number * * * * * 0 3 5 8 c Type: X Checking Savings			
	d	Account number * * * * * * * * * * 1 5 8 1			
	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 Designee	Do	you want to allow another person to discuss this return with the IRS? See		_	
		tructions		X No	
	De nar	signee's Phone Personal identime number (PIN)	ication		
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bor	et of my knowledge and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo	ur signature Date Your occupation If the	IRS se	nt you an Identity	
		Prote		IN, enter it here	
Joint return?		TANI BERVICES	(see inst.)		
See instructions. Keep a copy for	Sp		f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.			inst.)	THE REPORT OF THE PROPERTY OF	
	Ph	one no. (657)363-9344 Email address GOPINATHRAMISETTY9@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/12/2023 *****	2703	Self-employed	
Preparer	T.			(678) 965-9522	
Use Only	-		Firm's EIN **-**5487		
		Set SIMPA			