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 🛛 Married filing jointly	Marrie	ed filing separately (M	(IFS	Head of	househ	old (HOH	l)		ying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you ch	necke	ed the HOH or	OSS b	ox. ente	r the c		se (QSS) name if the	e qualifying	
one box.		on is a child but not your dependent		our opouco. Il you or	ioone	,	QUU N	. O , O) I I I G	iamo ii iii	, quamying	
						Y	Your social security number						
			NNEKANTI						***-**-0036				
If joint return, spouse's first name and middle initial Last name										Spouse's social security number			
ALEKHYA DONEPU									- 1 '	***-**-7122			
								_	Presidential Election Campaign				
20964 GF	5 E. E.MI	NOOD CT								Check here if you, or your			
		ce. If you have a foreign address, also co	mplete sr	paces below.	State	e	ZIP co	de		spouse if filing jointly, want \$3			
LAKEVILLE				'			5504				to go to this fund. Checking a box below will not change		
							~~			your tax or refund.			
	,			0 1	,		J		4		You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward, award, or	navm	ent for prope	rty or s	ervices):	or (b)	sell			
Assets		ange, gift, or otherwise dispose of a									Yes	X No	
Standard		eone can claim: You as a de								,			
Deduction	_	Spouse itemizes on a separate return		•									
										050			
	_	Were born before January 2, 1	958 _	Are blind Spo	use:		1	$\overline{}$			∐ Is bli		
Dependents	,	•		(2) Social security		(3) Relationsh	ip (4)				,	nstructions):	
If more	(1) Fi	First name Last name		number		to you		Child tax c		it C	redit for oth	er dependents	
than four dependents,											L		
see instruction:	s ——										L		
and check	, —										L		
here						1		L					
Income	1a	Total amount from Form(s) W-2, be	,	,						1a	12	4,526.	
Attach Form(s)	b	Household employee wages not re								1b			
W-2 here. Also	С.	Tip income not reported on line 1a							•	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							1e				
was withheld.	f	Employer-provided adoption bene		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 instruction					 I			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>				4	1.0	4 506	
	<u>z</u>	Add lines 1a through 1h								1z	12	4,526.	
Attach Sch. B if required.	2a		2a			xable interest			•	2b			
	3a		3a			dinary divider xable amount			•	3b 4b		0.	
	4a		4a						•				
Standard Deduction for—	5a		5a 6a			xable amount xable amount				5b			
Single or	6a	If you elect to use the lump-sum e	_				ι		· i	6b			
Married filing separately,	C 7					•				7		-66.	
\$12,950 Capital gain of (loss). Attach Schedule L				•					ш	8			
Married filing jointly or	8 9	Other income from Schedule 1, line 10							9	1.0	1 160		
Qualifying surviving spouse,		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							•		12	4,460.	
\$25,900	d of Subtract line 10 from line 9. This is your adjusted gross income						•	10	1 0	1 160			
Head of household,								•	11		4,460.		
\$19,400	12 13			`	,				•	12	2	5,900.	
If you checked any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A							13		E 000		
Standard Deduction,	15	Add lines 12 and 13						14		5,900.			
see instructions.	10	Subtract line 14 from line 11. If Zer	o or less	s, citter -u IIIIs IS y	our t e	avanie ilicom			•	15	9	8,560.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12,921.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	12,921.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19			
	20	Amount from Schedule 3, line 8	20	12,921.		
	21	Add lines 19 and 20	21	12,921.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	0.		
	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	0.		
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	15,770.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
qualifying child, attach Sch. EIC.	27	Earned income credit (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	15,770.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	15,770.		
riorana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	15,770.		
Direct deposit?	b	Routing number * * * * * * 0 4 9 5 c Type: X Checking Savings				
See instructions.	d	Account number * * * * * * * * 6 2 9 2				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See	nelow.	X No		
200.900	De	signee's Phone Personal identi				
	na					
Sign	Un be	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	the bes	st of my knowledge and er has any knowledge.		
Here	Yo			nt you an Identity		
Joint return?			ection P inst.)	IN, enter it here		
See instructions.	Sp		If the IRS sent your spouse an			
Keep a copy for your records.			-	ection PIN, enter it here		
your records.		HOME MAKER	inst.)			
		one no. (603)867-8066 Email address PAVAN.KANN87@GMAIL.COM				
Paid		eparer's name Preparer's signature Date PTIN		Check if:		
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2023 *****		Self-employed		
Use Only				(678)965-9522		
· · · · · · ·	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***5487		