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.

| Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No   Standard   Someone can claim:   You as a dependent   Your spouse as a dependent   Deduction   Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness   You:   Were born before January 2, 1958   Are blind   Spouse:   Was Born before January 2, 1958   Is blind   Dependents   See instructions):   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   Child tax credit   Credit for other dependents   Hann four dependents, see instructions  | Check only                             |  |  |            | ed filing separately (N  |                  |                |                                 |                        | spou                           | fying surv<br>se (QSS) | · ·            |  |
|---|--|--|--|------------|--|------------------|----------------|---------------------------------|------------------------|--------------------------------|------------------------|----------------|--|
| ## Spouse's Series from the and streets (From Series (number and streets). If you have a P.O. box, see instructions.  ## WARKAREDDY  ## In part terrum, spouse's first name and middle initial spouse's first name and spouse's first name and spouse's spouse's first name and spouse's spouse's first name and spouse's spo  | one box.                               |  |  |            | our spouse. If you c   | Hecked           | i lile non or  | QSS DOX, em                     | er the C               | IIIIu S                        | name ii tii            | e qualifying   |  |
| Home address (number and street). If you have a P.O. box, see instructions.  2  | Your first name and middle initial Las |  |  |            | ne   |                  |                |                                 | Yo                     | Your social security number    |                        |                |  |
| If joint return, spouse's first name and middle initial   Last name   Apt. no.   2 MT.LLEDOB RD   Carty, trow, no post office. If you have a P.O. box, see instructions.   Apt. no.   2 MT.LLEDOB RD   Carty, trow, no post office. If you have a foreign address, also complete spaces below.   State   ZIP code   ZIP   | SUNEELA YAR                            |  |  |            | AREDDY   |                  |                |                                 | *                      | ***-**-3904                    |                        |                |  |
| 2   |  | first name and middle initial              |  |            |  |                  |                | Spouse's social security number |                        |                                |                        |                |  |
| 2   | Home address                           | (numbe                                     | r and street). If you have a P.O. box, see   | instructio | ons.   |                  |                | Apt. no.                        | Pr                     | Presidential Election Campaign |                        |                |  |
| BLOCMINGTON Foreign country name    Foreign province/state/county   Foreign province/state/cou  | 2 WILLEDOB RD                          |  |  |            | 12   |                  |                |                                 | CI                     | Check here if you, or your     |                        |                |  |
| Digital   At any time during 2022, did you; (a) receive (as a reward, award, or payment for properly or service); or (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)   Ves   No  | City, town, or p                       | ce. If you have a foreign address, also co | paces below.   | ZIP code   |  |                  |                |                                 |                        |                                |                        |                |  |
| At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes   No  | BLOOMINGTON                            |  |  |            | IL   |                  |                |                                 |                        |                                |                        |                |  |
| Digital Assets Braidard Deduction    Spouse itemizes on a separate return or you were a dual-status allen   Spouse itemizes on a separate return or you were a dual-status allen   Age/Blindness   | Foreign country name                   |  |  | F          | Foreign province/state/county  |                  |                |                                 | Foreign postal code yo |                                |                        |                |  |
| Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  |  |  |  |            |  |                  |                |                                 |                        |                                | You                    | Spouse         |  |
| Standard Deduction  | Digital<br>Assets                      |  |  |            |  |                  |                |                                 |                        |                                | Yes                    | ⊠ No           |  |
| Age/Blindness  You:   Were born before January 2, 1958   Are blind  Spouse:   Was born before January 2, 1958   Is blind  Dependents (see instructions): (2) Social security number   Child tax credit   Credit for other dependents than four dependents, see instructions and check here   Interest   I  |  |  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| Dependents   See instructions :   (2) Social security   (3) Relationship   (4) Check the box if qualifies for (see instructions):   Child tax credit   Credit for other dependents   Credit for other dependents   Child tax credit   | Deduction                              |  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| If more than four dependents, see instructions and check here   | Age/Blindness                          | You:                                       | Were born before January 2, 1  | 958        | Are blind Spo  | ouse:            | ☐ Was bor      | n before Janu                   | ary 2, 1               | 958                            | ☐ Is bli               | nd             |  |
| If more than four dependents, see instructions and check here   | Dependents                             | s (see                                     | instructions):   |            |  | /                | (3) Relationsh | ip (4) Check                    | he box it              | qualifi                        | es for (see            | instructions): |  |
| dependents, see instructions and check here   | If more                                | (1) Fi                                     | rst name Last name   |            | number   |                  | to you         | Child                           | ax credi               | t (                            | Credit for oth         | er dependents  |  |
| see instructions and check here   |  |  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| Income In  |  | s ——                                       |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| Income  1a Total amount from Form(s) W-2, box 1 (see instructions)  | and check                              |  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Taxable dependent care benefits from Form 2441, line 26  Employer-provided adoption benefits from Form 8839, line 29  Mages from Porm 8919, line 6  Mages from Household, see instructions)  Add lines 1 a through 1h  Attach Sch. B Tax-exempt interest  Add lines 1 a through 1h  Attach Sch. B Tax-exempt interest  Add lines 1 a through 1h  A landard Deduction for Single or Married filing separately, \$12,950  Married filing separately, \$12,950  Married filing separately, \$12,950  Married filing separately, \$12,950  Married filing source, \$25,900  Married filing separately, \$12,950  Married filing source, \$25,900  Married fili              | here                                   | ļ  |  |            |  |                  |                |                                 |                        |                                | L                      |                |  |
| Attach Forms W-2 here. Also attach Forms W-2 for and 1099-Ri ft ax was withheld.  If you did not get a Form W-2, see instructions.  If required.  Attach Sch. B a through 1h  Attach Sch. B a landard Deduction for Married filing separately. \$12,890  To Married filing separately. \$12,890  Married filing separately. \$13,940  Married filing separately. \$14,000  Married filing separately. \$15,940  Married filing separately. \$15, | Income                                 | 1a   |  |            | and the second s |                  |                |                                 | 4 4                    | 1a                             | 9                      | 9,402.         |  |
| W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W2 yes a form Form 8919, line 6 If you did not get a Form W2 yes instructions.  W-2, See instructions.  Attach Sch. B If required.  Attach Sch. B If required.  Attach Sch. B If required.  Attach Sch. B If you did ines ta through 1h If you did in  | A44(-)                                 | b  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| W-2G and 1099-R if tax was withheld. If you did not get a Form Ways a yithheld. If you did not get a Form W-2, see instructions.  Ye2, see instructions.  Attach Sch. B aif required.  Attach Sch. B according to the form of the see instructions and annuities.  Attach Sch. B according to the form of the see instructions and annuities.  Attach Sch. B according to the form of the see instructions and annuities.  Attach Sch. B according to the form of the see instructions and the see instructions are seen at the see instructions and the see instructions are seen at the see instructions and the see instruction are seen at the see instructions and the see instruction are seen at the seen are seen at the seen and the seen are seen at the seen are seen at the seen are seen at the seen at th  |  | С  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| 1099-Rif tax was withheld.  If you did not get a Form W-2, see instructions.  W-2, see instructions.  I Nontaxable combat pay election (see instructions).  I Nontaxable combat pay election (see instructions).  I Nontaxable combat pay election (see instructions).  I I Jay 99, 402.  Attach Sch. B diffrequired.  Attach Sch. B data diffiling separately. Siz,950  Married filing separately. Siz,950  Married filing sourving spouse, surviving spouse, surviving spouse, surviving spouse, surviving spouse, siz,950  Mean of the document of the diffiling surviving spouse, siz,950  Mean of the diffiling surviving spouse, surviving spouse, siz,950  Mean of the diffiling surviving spouse, surviving spouse, surviving spouse, siz,950  Mean of the diffiling surviving spouse, surviving spouse, surviving spouse, surviving spouse, siz,950  Mean of the diffiling surviving spouse,   |  |  |  |            |  |                  |                |                                 |                        |                                | -                      |                |  |
| was withheld. If you did not get a Form by Wages from Form 8919, line 6   |  |  |  |            |  |                  |                |                                 |                        |                                | -                      |                |  |
| Standard   Peduction for Single or Married filing separately, \$12,950   Married filing jointly or Qualifying Surviving spouse, \$25,900   Head of household, \$19,400     |  |  |  |            |  |                  |                |                                 |                        |                                | -                      |                |  |
| W-2, see instructions.  I Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Add lines 1a through 1h  Tax-exempt interest  Bara-exempt interest  Bara-e  |  | _  |  | . ///      |  |                  |                |                                 |                        |                                |                        |                |  |
| Instructions.  Z Add lines 1a through 1h  |  |  |  |            |  |                  |                |                                 |                        | 1h                             | -                      | <u> </u>       |  |
| Attach Sch. B if required.  3a Qualified dividends . 3a b Ordinary dividends . 3b  4a IRA distributions . 4a b Taxable amount . 4b  Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying spouse, \$25,900  Head of household, \$19,400  15 Subtract line 10 from line 9. This is your adjusted gross income  16 Subtract line 12 and 13  Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  15 D Taxable interest . 2b  b Taxable interest . 2b  b Taxable interest . 2b  b Taxable amount . 4b  b Taxable amount . 5b  c b Taxable amount . 66b  C If you elect to use the lump-sum election method, check here (see instructions)   |  |  |  | see instri | uctions)   |                  | 11             |                                 |                        | 4_                             |                        | 102            |  |
| If required.  3a Qualified dividends  | AII 1 0 1 5                            |  |  | 00         |  | <br><b>b</b> Tox |                |                                 |                        |                                | 3                      | 79,402.        |  |
| Aa IRA distributions  |  |  |  |            |  |                  |                |                                 |                        |                                | +                      |                |  |
| Standard Deduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying souse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$200 check and possible and  |  |  |  |            |  |                  |                |                                 |                        | 1000000                        | 1                      |                |  |
| Comparison of the distriction   | Standard                               |  |  |            |  |                  |                |                                 |                        | 20000                          |                        |                |  |
| Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of Household, \$19,400  If you checked any box under <i>Standard Deduction</i> , \$20,000  Add lines 12 and 13  C If you elect to use the lump-sum election method, check here (see instructions)  C Apital gain or (loss). Attach Schedule D if required. If not required, check here  7  8 Other income from Schedule 1, line 10  8 —7, 666.  9 91, 736.  10 Subtract line 10 from line 9. This is your total income  11 91, 736.  12 Standard deduction or itemized deductions (from Schedule A)  13 Qualified business income deduction from Form 8995 or Form 8995-A  14 Add lines 12 and 13  15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  | Deduction for— Single or               |  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| separately, \$12,950  8 Other income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15 7  7 Capital gain or (loss). Attach Schedule D if required. If not required, check here  7  |  |  |  |            | nethod check here  |                  |                |                                 |                        | 0.0                            |                        |                |  |
| Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 9 91, 736.  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 9 91, 736.  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 9 91, 736.  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 9 91, 736.  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 9 91, 736.  Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 9 91, 736.  Married filing jointly or Qualifying source 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Qualifying 10 9 9 91, 736.  Married filing jointly or Quali  | separately,                            |  |  |            |  |                  |                |                                 |                        | 7                              | 1                      |                |  |
| jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income  |  |  |  |            |  |                  |                |                                 | 0.000                  |                                | 7.666.                 |                |  |
| surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under standard Deduction, Paduction, Paduct  | jointly or                             |  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| Head of household, \$19,400  If you checked any box under Standard Deduction, \$12 and 13   | surviving spouse,                      |  |  |            |  |                  |                |                                 |                        |                                |                        |                |  |
| household, \$19,400  If you checked any box under Standard  Add lines 12 and 13   | \$25,900<br>• Head of                  | 11   |  |            |  |                  |                |                                 |                        | 11                             | 9                      | 1,736.         |  |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A  | household,                             | 12   | Standard deduction or itemized   | deducti    | ons (from Schedule   | (A)              |                |                                 |                        | 12                             |                        |                |  |
| Standard 14 Add lines 12 and 13   | If you checked                         | 13   | Qualified business income deduct   | ion from   | Form 8995 or Form  | 8995-            | Α              |                                 |                        | 13                             |                        |                |  |
|   |  | 14   | Add lines 12 and 13  |            |  |                  |                |                                 |                        | 14                             | 1                      | 2,950.         |  |
|   |  | 15   | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income |            |  |                  |                |                                 |                        |                                | 7                      | 8,786.         |  |

| 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                        | 12,948.                                     |  |
| Credits  | 17  | Amount from Schedule 2, line 3   | 17                        |   |  |
|  | 18  | Add lines 16 and 17  | 18                        | 12,948.                                     |  |
|  | 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                        | 12,948.                                     |  |
|  | 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                        | 12,948.                                     |  |
| Payments   | 25  | Federal income tax withheld from:  |                           |   |  |
| . ayo  | а   | Form(s) W-2  |                           |   |  |
|  | b   | Form(s) 1099   |                           |   |  |
|  | C   | Other forms (see instructions)   |                           |   |  |
|  | d   | Add lines 25a through 25c  | 25d                       | 14,502.                                     |  |
| 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)   | Y                         |   |  |
|  | 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 <b>total payments</b>  | 33                        | 14,502.                                     |  |
| 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                        | 1,554.                                      |  |
|  | 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here   | 35a                       | 1,554.                                      |  |
| Direct deposit?                                  | b   | Routing number * * * * * * 1 8 9 1 c Type: X Checking Savings  |                           |   |  |
| See instructions.                                | d   | Account number   *   *   *   *   *   4   3   5   6   |                           |   |  |
|  | 36  | Amount of line 34 you want applied to your 2023 estimated tax 36   |                           |   |  |
| Amount   | 37  | Subtract line 33 from line 24. This is the <b>amount you owe</b> .   |                           |   |  |
| You Owe  |     | For details on how to pay, go to www.irs.gov/Payments or see instructions  | 37                        |   |  |
|  | 38  | Estimated tax penalty (see instructions)   |                           |   |  |
| <b>Third Party</b>                               | Do  | you want to allow another person to discuss this return with the IRS? See  |                           |   |  |
| Designee   | ins | elow.  | X No                      |   |  |
|  |     | signee's Phone Personal identif<br>me no. number (PIN)   | ication                   |   |  |
|  | nai | Una lawa   | t of more leaves lead and |   |  |
| Sign   | bel | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to<br>lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | prepare                   | er has any knowledge and                    |  |
| Here   |     |  |                           | nt you an Identity                          |  |
|  |     | Prote  | ection P                  | N, enter it here                            |  |
| Joint return?                                    |     | SOFTWARE DEVELOPER. (see   | nst.)                     |   |  |
| See instructions.<br>Keep a copy for             | Sp  |  |                           | nt your spouse an ection PIN, enter it here |  |
| your records.                                    |     | (see i   | ,                         | ection First, enter it here                 |  |
|  | Ph  | one no. (309) 444-6930 Email address SUNEELARDY@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 02/02/2023 *****2   | 2703                      | Self-employed                               |  |
| Preparer   | 10  |  | e no. (678) 965-9522      |   |  |
| Use Only   | -   |  | m's EIN **-**5487         |   |  |