## 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.

	$\mathbf{X}$	Single   Married filing jointly	Marrie	ed filing separately (N	MFS)	Head of	househ	old (HOH	H) [		fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	your spouse. If you o	hackar	the HOH or	r 088 k	nov ente	r tha		se (QSS) name if th	e aualifyina
OTIC BOX.		son is a child but not your dependent		our spouse. If you of	TICCKCC		QOOL	ox, crite	i tiic	Offilia 3	name ii tir	c qualifying
Your first name and middle initial			Last name							Your social security number		
ABHINAV GU				APUNENI					,	***-**-6033		
	oouse's	s first name and middle initial	Last nar						_	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			А	pt. no.	F	Presiden	tial Election	n Campaign
2612 MOSSBERG CT								Ch		Check here if you, or your		
City, town, or post office. If you have a foreign address, also comple				plete spaces below. State Z								tly, want \$3
SAINT CHARLES				MO						to go to this fund. Checking a box below will not change		
Foreign country name			F	oreign province/state/	county F		Foreig				or refund.	· ·
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payme	ent for prope	erty or s	ervices)	; or (b	o) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial i	interes	t in a digital	asset)	(See in	struct	tions.)	Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spous	e as a	dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	You	Were born before January 2, 1	958	Are blind Spo	ouse:	Was bor	rn befo	re Janua	rv 2	1958	☐ Is bli	nd
Dependents				(2) Social security		(3) Relationsh	100	_	•			instructions):
If more		irst name Last name		number		to you		Child tax cred		T		ner dependents
than four	-						7				Γ	7
dependents,	9								_		Ī	<u> </u>
see instructions and check						402	>					<u> </u>
here	9											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	9,814.
moome	b	Household employee wages not re	eported (	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep	icaid 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	fits from	Form 8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruct	ions) .				, .			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i	i					
	Z	Add lines 1a through 1h								1z	9	9,814.
Attach Sch. B	2a		2a			cable interest				2b		
if required.	3a	A SOCIAL CONTROL OF A STATE OF A	3a			dinary divide			•	3b		
	4a		4a	-		able amoun				4b		
Standard Deduction for—	5a		5a			able amoun				5b	,	
Single or	6a		6a			able amoun				6b		
Married filing separately,	c	If you elect to use the lump-sum e						•	. 님	-		
\$12,950	7	Capital gain or (loss). Attach Sche						• •	. Ш	7		0 520
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10								8		8,530.
Qualifying surviving spouse,	9			15						10	+ 9	1,284.
\$25,900	10	Adjustments to income from Schedule 1, line 26									-	1 204
<ul> <li>Head of household,</li> </ul>	11 12	Subtract line 10 from line 9. This is your adjusted gross income								11		2 050
\$19,400 • If you checked	13	Qualified business income deduct			,					13	1 1	2,950.
any box under	14									14	1	2,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		78,334.
see instructions.		Captaot into 14 noin line 11. Il 26	O OI 1033	5, 5/1101 0 11113 15 y	Jui ta	AGDIC IIICUII				13	/	0,004.

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	12,849.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	12,849.		
	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	12,849.		
	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	12,849.		
Payments	25	Federal income tax withheld from:				
. ayoo	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	14,829.		
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	4			
	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	14,829.		
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	1,980.		
neiulia	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,980.		
Direct deposit?	b	Routing number   *   *   *   *   *   4   8   0   8   c Type:   Checking   Savings				
See instructions.	d	Account number * * * * * * * * 5 8 5 9				
	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 <b>amount you owe</b> .  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		structions	below.	X No		
Ü	De	signee's Phone Personal identi	ification			
	nai	me no. number (PIN)				
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 whic				
Here						
	Yo		f the IRS sent you an Identity Protection PIN, enter it here			
Joint return?			inst.)			
See instructions.	Sp		e IRS sei	IRS sent your spouse an		
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here		
your rooordo.	-		irist.)			
		one no. (618) 401-7712 Email address ABHINAV.GUNDAPUNENI@GMAIL.COM				
Paid		eparer's name Preparer's signature Date PTIN		Check if:		
Preparer	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2023 *****		Self-employed		
Use Only			one no. (678) 965-9522			
<b>y</b>	Fir	's FIN	SEIN **-**5487			