E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only	s 🗌 s	Single Married filing jointly	Marrie	d filing separately	(MFS)	Head of	household (HC)H)		ifying surv se (QSS)	viving	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you KATA HEMANTH			QSS box, ent	er the c			e qualifying	
Your first name							Y	Your social security number				
VIDYA DHARY G				GOPARAJU					***-**-2088			
				st name					Spouse's social security number ***-**-0263			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ins.			Apt. no.		Presidential Election Campaign			
4963 LAF										here if you, or your		
City, town, or post office. If you have a foreign address, also complete spaces below.					Sta	te	ZIP code	de spou		ouse if filing jointly, want \$3		
YPSILANTI				MI					to go to this fund. Checking a box below will not change			
Foreign country name			Foreign province/state/county					your tax or refund.				
										You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as a	a reward, award,	or payn	nent for prope	rty or services	s); or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a		the state of the s						Yes	X No	
Standard		eone can claim:				a dependent						
Deduction		Spouse itemizes on a separate retur			us alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	n before Janu	ary 2, 1	958	Is bli	ind	
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	ip (4) Check	the box i	f qualifi	es for (see	instructions):	
If more		rst name Last name		number		to you	Child	tax credi	it (Credit for oth	ner dependents	
than four												
dependents, see instructions												
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .					1a	8	34,218.	
	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)										
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 benefits from Form 8839, line 29								-		
If you did not	g	Wages from Form 8919, line 6 .						121	1g			
get a Form W-2, see	h	Other earned income (see instruct			* *				1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<u>1i</u>						
	Z	Add lines 1a through 1h							1z	1 8	34,218.	
Attach Sch. B	2a		2a			axable interest			2b		214.	
if required.	3a	The state of the s	3a			rdinary divider			3b			
	4a		4a			axable amoun			4b			
Standard Deduction for—	5a		5a			axable amoun			5b			
Single or	6a		6a			axable amoun			6b	_		
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)							_			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	-		
Married filing jointly or	8		ther income from Schedule 1, line 10						8		7,791.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	1	76,641.	
\$25,900	10	Adjustments to income from Schedule 1, line 26								-	76 611	
 Head of household, 	11		•						11		76,641.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								1	L2,950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								-		
Standard Deduction,	14	Add lines 12 and 13							15		L2,950.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								1 6	53,691.	

Form 1040 (202	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,626.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,626.
	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	9,626.
	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	9,626.
Payments	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	11,301.
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 total payments	33	11,301.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,675.
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,675.
Direct deposit?	b	Routing number * * * * * * 0 3 3 9 c Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * *		
	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 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	elow.	⋉ No
_		signee's Phone Personal identit	ication	
	nai		Section 100	
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 which		
Here				nt you an Identity
	YO			IN, enter it here
Joint return?		SOFTWARE DEVELOPER (see	inst.)	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here
you. recorder			1131.)	
		one no. (314) 793-5690 Email address VIDYADHARY5B1@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
Paid			2702	
Preparer	1			Self-employed
Use Only	-			(678) 965-9522 **-**5487
	FIL	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	^ ^ - ^ ^ ^ 548 /