E 1040 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.

Filing Status	<b>X</b> S	Single Married filing jointly	Marrie	d filing separately (	MFS)	Head of	household (H0	OH)		ying surviving		
Check only one box.		u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you o	checke	ed the HOH or	QSS box, en	ter the cl	•	e (QSS) name if the qualifying		
Your first name	Your first name and middle initial Last na				name							
AKSHITA CHOWDARY TRIP				IPURANENI					***-**-5724			
If joint return, spouse's first name and middle initial  Last name									Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ns.			Apt. no.	Pro	esident	ial Election Campaign		
1545 S 29TH BLVD								Ch	Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	spaces below. State 2			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
CORNELIUS				OR			97124			w will not change		
Foreign country name			F	Foreign province/state/county			Foreign postal			or refund.		
										You Spouse		
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a		at a serious real transfer contracts and						⊠ Yes □ No		
Standard		eone can claim: You as a de				a dependent			,			
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	n before Janu			☐ Is blind		
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relationsh	ip (4) Check	the box if	qualifie	es for (see instructions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child	tax credit	t C	redit for other dependents		
than four	9											
dependents, see instructions	s ——											
and check	n »					M OF		Ц		<u> </u>		
here	į.											
Income	1a	Total amount from Form(s) W-2, be		,				15 .50	1a	151,639.		
A.I. 1. F. (5)	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)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene		1f								
If you did not	g	Wages from Form 8919, line 6							1g 1h			
get a Form W-2, see	h	Other earned income (see instructions)								0.		
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<u>1i</u>				151 600		
		Add lines 1a through 1h							1z	151,639.		
Attach Sch. B if required.	2a		2a			axable interest			2b			
ii required.	3a		3a			rdinary divider			3b			
<u> </u>	4a		4a			axable amoun			4b			
Standard Deduction for—	5a		5a 6a			axable amoun axable amoun			5b 6b			
Single or     Magningle filling	6a	Social security benefits		acthod shock hara			l		OD			
Married filing separately,	С 7			AND A DESCRIPTION OF THE RESIDENCE OF THE RESIDENCE				. 📙	7	16		
\$12,950  Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8	16. -10,370.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								141,285.		
Qualifying surviving spouse,	10	Adjustments to income from Sche		10	171,203.							
\$25,900	11	Subtract line 10 from line 9. This is		11	141,285.							
<ul> <li>Head of household,</li> </ul>	12	Standard deduction or itemized		12	12,950.							
\$19,400 • If you checked	13	Qualified business income deducti		13	12,900.							
any box under	14		10	14	12,950.							
Standard Deduction,	15	Add lines 12 and 13							15	128,335.		
see instructions.		Table and Tribining Tribinity	2 0, 1000	,	, can u					120,000.		

Form 1040 (202	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	24,634.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	24,634.
	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	24,634.
	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	24,634.
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	26,312.
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	7	
	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	614.
	33	Add lines 25d, 26, and 32. These are your total payments	33	26,926.
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	2,292.
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,292.
Direct deposit?	b	Routing number * * * * * * * 0 2 7 7  c Type: X Checking Savings		
See instructions.	d	Account number   *   *   *   *   *   *   *   *   3   3		
	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 <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	oelow.	<b>X</b> No
Ü	De	signee's Phone Personal identi	fication	
	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				nt you an Identity
	YO			IN, enter it here
Joint return?		SITE RELIABILITY ENGINEER (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			11131.)	
		one no. (813) 585-4508 Email address AKSHITA2324@GMAIL.COM eparer's name Preparer's signature Date PTIN		Chook if:
Paid		The state of the s	2702	Check if:
Preparer	17	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/21/2023 *****		Self-employed
<b>Use Only</b>				(678) 965-9522 **-***1965
-	Fire	's FIN	**-*** 465	