E 1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		_{rn} 202	2	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple in this space.	
Filing Status Check only one box.	lf yo	Single \mathbf{X} Married filing jointly \mathbf{D} u checked the MFS box, enter the national statement on is a child but not your dependent	ame of yo	l filing separately (N ur spouse. If you cl	,				spoi	lifying surviving use (QSS) name if the qualifying	
Your first name and middle initial Last n				e	Your social security number						
HARSHA V	ARDI	IAN REDDY	MAREL	LA					***-**-4125		
If joint return, sp	ouse's	first name and middle initial	Last name	Last name					Spouse	s social security number	
ASHWINI			PAGOL	OLU					***_	**-6723	
Home address (numbe	r and street). If you have a P.O. box, see	instruction	IS.			A	Apt. no.	Preside	ntial Election Campaigr	
1071 LAK	AROLYN PKWY								nere if you, or your		
City, town, or post office. If you have a foreign address, also complete				e spaces below. State 2				ode		if filing jointly, want \$3	
IRVING				TX				39		this fund. Checking a ow will not change	
Foreign country name			Fo							our tax or refund.	
Digital	At an	y time during 2022, did you: (a) rece	eive (as a	reward award or	navr	ment for prope	rty or	services): or	(b) sell		
Assets		ange, gift, or otherwise dispose of a					· · · ·		• • •	Yes X No	
Standard		eone can claim: You as a de	-	Vour spouse							
Deduction		Spouse itemizes on a separate retur	•								
Age/Blindness	You:	Were born before January 2, 1	958 🗌	Are blind Spo	ouse	: 🗌 Was bo		ore January 2		Is blind	
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check the bo	ox if quali	fies for (see instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cr	edit	Credit for other dependents	
than four											
dependents, see instructions											
and check							>				
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					. 1a	248,093.	
	b	Household employee wages not re	eported or	n Form(s) W-2.		• • • •			. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a		· · · · · · · · · · · · · · · · · · ·					. <u>1</u> c		
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 f	rom F or m	2441, line 26 .					. 1e		
was withheld.	f	Employer-provided adoption bene	fits from F	Form 8839, line 29					. 1f		
lf you did not	g	Wages from Form 8919, line 6 .							. 1g		
get a Form	h	Other earned income (see instruction	ions) .	• • • • • •		· · · · ·	· ·		. 1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	ctions)		1 i					
	z	Add lines 1a through 1h	• • •						. 1z	248,093.	
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interes	t.		2b		
if required.	3a	Qualified dividends	3a	25.	b C	ordinary divide	nds .		. 3b	25.	
	4a	IRA distributions	4a	~	bΤ	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. 5b		
• Single or	6a	Social security benefits 6a b Taxable amount							6b		
Married filing separately,	С	If you elect to use the lump-sum e			•	,		· · · [
\$12,950	7	Capital gain or (loss). Attach Schee					• •	L		-1.	
 Married filing jointly or 	8	Other income from Schedule 1, lin					• •		8	-18,576.	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	9	229,541.							
\$25,900	10	Adjustments to income from Sche	10								
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income						11			
\$19,400	Standard deduction or itemized deductions (from Schedule A)						12				
 If you checked any box under 	13	Qualified business income deduction	ion from F	Form 8995 or Form	899	5-A			13		
Standard Deduction,	14		· · ·						14		
see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is y	our 1	axable incon	ne .		15	203,641.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	36,543.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	36,543.
	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	36,543.
	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	36,543.
Payments	25	Federal income tax withheld from:		
2	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	34,589.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)		-
attach Sch. 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	34,589.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
neiuna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	b	Routing number * * * X X X X C Type: Checking Savings		
	d	Account number * * * * * * * * * * * * * * * * * X X X X		
	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 amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,954.
	38	Estimated tax penalty (see instructions)		
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See		_
	ins	tructions		X No
	De nai	signee's Phone Personal ident ne no. number (PIN)	ification	
0:000		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	o the her	t of my knowlodgo and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		
Here	Yo	ur signature Date Your occupation If th	e IRS se	nt you an Identity
		Prot		IN, enter it here
Joint return?		SOFTWARE ENGINEER	e inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.)	
-	Ph			
Paid Preparer Use Only		one no. (816)286-9103 Email address harshareddym4@gmail.com eparer's name Preparer's signature Date PTIN		Check if:
		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/07/2023 *****	2702	Self-employed
				678)965-9522 **-***1965
			n's EIN	
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/24/23 PRO		Form 1040 (2022)

s.gov/Form1040 for instructions and t