E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	d filing separately (N	/IFS)	☐ Head of	household (H	OH)		ifying sun	viving	
Check only one box.	-	u checked the MFS box, enter the n	-	our spouse. If you cl	necke	d the HOH or	QSS box, er	nter th		ise (QSS) name if th	ne qualifying	
		on is a child but not your dependent	1					- 1				
Your first name		ddle initial		Last name						Your social security number		
ANU SUSHIK				KOMARAGIRI					***-**-3808			
If joint return, s	first name and middle initial	me					Spouse's social security number					
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	tions. Apt. no.					Presidential Election Campaign			
6400 OHIO DRIVE				2					Check h	ere if you,	or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	e spaces below. State Z			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a		
PLANO				TX						oox below will not change		
Foreign country name			Foreign province/state/county			Foreign postal		ur tax or refund.				
										You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	a reward, award, or	paym	ent for prope	rty or service	es); or	(b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial i	nteres	st in a digital	asset)? (See	instru	ctions.)	Yes	⋈ No	
Standard	Som	eone can claim:	pendent	☐ Your spouse	e as a	dependent						
Deduction		Spouse itemizes on a separate retur			alien		111					
		☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jan		·	☐ Is b		
Dependent				(2) Social security		(3) Relationsh			° 1		instructions):	
If more	(1) F	rst name Last name		number		to you	Child	tax cr	edit	Credit for ot	her dependents	
than four	9							<u>Ц</u>			<u></u>	
dependents, see instruction	s											
and check												
here L]											
Income	1a	1a Total amount from Form(s) W-2, box 1 (see instructions)							1a	1.	55,508.	
	b	Household employee wages not re	eported o	on Form(s) W-2		V			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							1e			
was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6										
get a Form	form h Other earned income (see instructions)		ions) .						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		1i						
	Z	Add lines 1a through 1h							1z	1	55,508.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t		2b			
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds		3b			
	4a	IRA distributions	4a		b Ta	xable amoun	t		4b			
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t		5b			
Deduction for—	6a	Social security benefits	6a		b Ta	xable amoun	t		6b			
 Single or Married filing 	С	If you elect to use the lump-sum e	election n	nethod, check here	(see ir	nstructions)		. [
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired,	check here		. [7			
Married filing	8							8	-:	13,455.		
jointly or Qualifying	9								9		42,053.	
surviving spouse,	10								10			
\$25,900 • Head of	11								11	1.	42,053.	
household, \$19,400	12										12,950.	
If you checked	13											
any box under Standard	14								13		12,950.	
Deduction,	15	Subtract line 14 from line 11. If zer							15		29,103.	
see instructions.										-		

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	24,820.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	24,820.	
	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	24,820.	
	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	24,820.	
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	22,156.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)	Y		
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	22,156.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
	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 X C Type: Checking Savings			
	d	Account number * * * * * * * * *			
	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 amount you owe .			
		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	2,664.	
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	elow.	× No	
	De	signee's Phone Personal identi- me no. number (PIN)	ication		
<u> </u>		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bee	t of my knowledge and	
Sign	bel	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.	
Here				nt you an Identity	
		Prote		N, enter it here	
Joint return?	_	SOLIWARE ENGINEER	inst.)		
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here	
your records.			inst.)	Section 1 inv, enter it here	
	Ph	one no. (734)306-9343 Email address SUSHIK.KOMARAGIRI@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 01/21/2023 *****	2703	Self-employed	
Preparer	19		ne no. (678) 965-9522		
Use Only			Firm's EIN **-**5487		