E1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		ırn 20	22	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 u checked the MFS box, enter the na on is a child but not your dependent	ame of y						spou	lifying surviving use (QSS) name if the qualifying		
Your first name and middle initial			Last name							Your social security number		
DAMODARAM			RAMINENI						***-**-9966			
If joint return, spouse's first name and middle initial			Last nar	Last name					Spouse'	s social security number		
BALAJYOTHI				ANDLURI					***_	**-1091		
Home address (number and street). If you have a P.O. box, see in				nstructions.				Apt. no.	Preside	ntial Election Campaign		
								IAJ OF		here if you, or your if filing jointly, want \$3		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below.	Sta	te	ZIP c	ode		this fund. Checking a		
LYNNWOOD				WA				87	box bel	ow will not change		
Foreign country name			Foreign province/state/county			ty	Foreign postal code yo			c or refund.		
										You Spouse		
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a								Yes X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	🗌 Your s	oouse as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate return	n or you	were a dual-st	atus alier	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor		ore January 2	,	Is blind		
Dependents				(2) Social se		(3) Relationsh	ip (4			fies for (see instructions):		
If more	(1) Fi	rst name Last name		number to you				Child tax cre	edit	Credit for other dependents		
than four dependents,	DHA	NVIK SAI RAMINENI		***_**_	0200	Son				<u> </u>		
see instructions												
and check							r					
here 🗌												
Income	1a	Total amount from Form(s) W-2, be		,	• • •	• • • •	• •		1a	1 2 2		
Attach Form(s)	b	Household employee wages not re	1b									
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							10			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
1099-R if tax	e	Taxable dependent care benefits f					• •		1e			
was withheld.	f	Employer-provided adoption bene		Form 8839, III	e 29 .		• •		1f			
lf you did not get a Form	g k	Wages from Form 8919, line 6 .		• • • •			• •		1g	-		
W-2, see	h ;	Other earned income (see instructi Nontaxable combat pay election (s		uctions)		· · · · ·			1h	0.		
instructions.	-		see insu						1z	121,170.		
Attach Sch. B	 2a	U U U U U U U U U U U U U U U U U U U	2a		 ьт	axable interes	• •		2b			
if required.	2a 3a	· · · ·	3a		-	ordinary divide			20 3b			
	4a		4a		-	axable amoun			4b			
Standard	5a		5a	>	-	axable amoun			5b			
Deduction for –	6a		6a		-	axable amoun			6b			
 Single or Married filing 	c	If you elect to use the lump-sum el		nethod, check l					1			
separately,	7	Capital gain or (loss). Attach Sched							7	-3,000.		
\$12,950Married filing	8	Other income from Schedule 1, lin							8	-12,799.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	105,401.		
surviving spouse,	10	Adjustments to income from Sche	10									
\$25,900 • Head of	11		ncome from Schedule 1, line 26 from line 9. This is your adjusted gross income						11			
household,	isehold, 12 Standard deduction or itemized deductions (from Schedule A)							12				
\$19,400 • If you checked	13	Qualified business income deducti				5-A			13			
any box under Standard	14								14			
Deduction,	15	Subtract line 14 from line 11. If zer			s is your t	taxable incom	ie .		15			
see instructions.												

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	9,132.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,132.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	8,632.
	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	8,632.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	10,193.
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	10,193.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,561.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,561.
Direct deposit? See instructions.	b	Routing number * * * 0 0 2 4 c Type: X Checking Savings		
	d	Account number * * * * * * * * * * 1 2 6 7		
	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	
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		_
Designee		structions		X No
	De nai	signee's Phone Personal iden number (PIN)	tification	
0:000		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t	to the bor	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 which		
Here	Yo	ur signature Date Your occupation If the	ne IRS se	nt you an Identity
				IN, enter it here
Joint return?		DI ENGINEER ,	e inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			e inst.)	
	Ph	one no. (470)263-0289 Email address RAMINENI.DAMODAR@GMAIL.COM		
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:
			*2703	Self-employed
				678)965-9522
			m's EIN	**-***1965
Go to www.irs.cr				Form 1040 (2022)
GO 10 W WW.113.90	5V/1 0/1	n1040 for instructions and the latest information. BAA REV 03/09/23 PRO		10m 10m (2022)

s.gov/Form1040 for instructions and t