Filing Statue Gingle Married filing jointy Married filing separately (MFS) Head of household (HOH) Outsifying surviving goods (HS) One box Prove checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying persons is a child built on tyour dipendent. Your finance and middle initial Last name Your social security number DHARMA_REDDY THADI Hanne Secure's Social Beendry number Your social security number SHI VDANAGA_REKHA Cli IRLA Act no Prediation Election Gampaing 200_LEXEAVY DR Cli RUA Cli IRLA Act no Prediation IRL Beendry on the province the province the transment of the good province the pro	E 1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		rn 20	22	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple i	in this space.		
DHARMA REDDY THADI ++++++ 6042 If joint runn, spose's first name and middle initial Last name Spouse's social security number Spouse's social security number If joint runn, spouse's first name and middle initial Last name Apt. no. Prosidential Electric name and middle initial INTURNARGA REFNA CHERLA ++++++++++++++++++++++++++++++++++++	Check only	If yo	u checked the MFS box, enter the na	ame of yo	0. ,		, <u> </u>		. , .	spou	use (QSS)	Ũ		
IT joint refur, spouse's first name and middle initial Last name Sepouse's conditional provides and streed. Spouse's conditional provides and streed. Apt. no. 23 00 LEGACY DR 22 0 conditional provides and streed. Apt. no. 22 19 0 20 LEGACY DR 22 10 conditional provides and streed. State 22 10 conditional provides and streed. Predictical Science Filing Solutional provides and streed. Apt. no. 21 LEGACY DR Christian provides and streed. State Trx 75 00 23 Train provides and streed. Train provides and stree	Your first name	and mi	ddle initial	Last nam	Last name Ye							Your social security number		
SHIVANAGA REKHA CHIRLA ++++++2929 Home address (number and steed). If you have a P.O. box, see instructions. Apt. no. 2338 OB LEGACY DR CR.v. own, or post office. If you have a foreign address, also complete spaces below. State 20 LEGACY DR Foreign country name Foreign province/state/county Foreign postal cico. You Space Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self. You Space Standard Someone can claim: You as a dependent Yee No Standard Dependents (see instructions): Were born before danuary 2, 1958 Is blind Pocuse: Child tax credit	DHARMA R	EDDY	ζ	THADI	C					***-**-5042				
Home address (number and street). If you have a P.O. box, see instructions. 300 LROACY DR 210 LROACY DR 211 Choice times in point of the Program of	lf joint return, sp	ouse's	first name and middle initial	Last nam	ne					Spouse'	s social sec	urity number		
300 LEGACY DR 2338 Citer Cheme Ir you ary our of come if Hing playin, want 33 or your TX City, town, or post citics. If you have a foreign address, also complete spaces below. TX Zife come Ir You is observiting for the charge province/state/county Foreign country name Foreign postal does Foreign postal does You Space thing, playin, want 33 or your TX Digital Asset At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) self. You Space endities Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien You Signapping how playing (b) check the box of qualifies for fees instructions). Yes No Bependents See instructions): (1) First name Last name (1) Spouse (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) First name (2) Social security (1) Recent the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions): (1) Check the box of qualifies for fees instructions):	SHIVANAG	A RE	СКНА	CHIRLA					***.		*-**-4929			
DUD DUD DUD State Image: State Image	Home address (numbe	r and street). If you have a P.O. box, see	instruction	ns.			A						
Cury, town, to pice unice, input rate a foreign address, asol complete spaces dewit. Date 217 C0.28 TO Code	300 LEGA	CY I	DR											
PLANO TX 75023 box below will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/stat	City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ate	ZIP c	ode					
Digital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); of (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset); (Bee instructions). Ves No Standard Someone can claim: You as a dependent You response as a dependent You response as a dependent Ves No Age/Blindness You: Ware born before January 2, 1958 A re blind Spouse: Was born before dapuary 2, 1958 Is blind Dependents: (see instructions): (P) First name Last name (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): If more dependents: (as instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): If more dependents: (as instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if qualifies for fee instructions): (P) Check the box if	PLANO					T:	X	750	23	box bel	ow will not			
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); of (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Uves X No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were bom before January 2, 1958 Are blind Spouse: Was bom before dapuary 2, 1958 Is blind Dependents (see instructions): (i) First name Last name (ii) Power (iii) Power (iiii) Power (iiiii) Power (iiii) Power (iiii) Power (iiii) Power (iiiii)	Foreign country	name		Fo	oreign province/sta	te/coun	nty	Foreig	Foreign postal code your					
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves No Standard Someone can claim: You as a dependent You repouse as a dependent You souce a dual-status alien Age/Blindness You: Were born before January 2, 1958 A souce itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 A souce itemizes on a separate return or you were a dual-status alien Dependents (see instructions): (i) First name Last name You is a dependent (a) First name Last name number (a) Child tax credit Credit for other depandent (a) First name Last name number (b) Child tax credit Credit for other depandent (b) First name Last name number (b) Child tax credit Credit for other depandent (a) Child tax credit Credit for other depandent (c) Child tax credit Credit for other depandent (b) First name Last name for there instructions) 1a 270, 306. (b) First name Tax tax degendent care benefits from Form (80; W-2; tox 1) 1a 270, 306. (b) Chard na											You	Spouse		
Standard Deduction Someone can claim: You as a dependent: Your spouse as a dependent: Age/Blindness You: Were born before January 2, 1958 A re blind Spouse: Was Born before January 2, 1958 Is blind Age/Blindness You: Were born before January 2, 1958 A re blind Spouse: Was Born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name number Ordek the tox if quillifes for (see instructions): GAUTHAM R THADI ***-**-7503 Som Id Credit for other dependents and check											_			
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1958 A re blind Spouse: Was born before dapuary 2, 1958 Is blind Dependents (a) Enstructions): (a) Executive transme (b) Relationship (b) Child tax credit (c) Child tax credit Credit for the dependents dependents GAUTHAM T HADI ***-**-7503 Son Son Credit for the dependents see instructions	Assets			-	<u> </u>			asset)	? (See instrue	ctions.)	Yes	X No		
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before Uapuary 2, 1958 Is blind Dependents (see instructions): (2) Social security (a) Relationship (d) Check the box if qualifies for (see instructions): If more than four dependents (a) This name Last name (a) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependent (a) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependent Age instructions Image: Social security (b) Relationship (d) Check the box if qualifies for (see instructions): Image: Social security (a) Check the box if qualifies for (see instructions): Income Image: Social security Image: Social security (a) Relationship Image: Social security Image: Social security <td></td> <td>Som</td> <td>eone can claim: 🗌 You as a de</td> <td>pendent</td> <td>Your spo</td> <td>use as</td> <td>a dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td>		Som	eone can claim: 🗌 You as a de	pendent	Your spo	use as	a dependent							
Dependents (see instructions): (2) Social security number (a) Relationsho (b) Relationsho (c) Check the box if qualifies for (see instructions): If more dependents, see instructions (1) First name Last name ****-**-7503 Son Child tax credit Credit for other dependents and check and check in the second	Deduction	<u> </u>	Spouse itemizes on a separate return	n or you v	were a dual-statu	us alier	n							
Dependents (see instructions): (2) Social security number (a) Relationsho (b) Relationsho (c) Check the box if qualifies for (see instructions): If more dependents, see instructions (1) First name Last name ****-**-7503 Son Child tax credit Credit for other dependents and check and check in the second	Age/Blindness	You:	Were born before January 2, 1	958	Are blind	pouse	e: 🗌 Was bo	rn befo	ore January 2	, 1958	Is bli	ind		
If more than four dependents. (1) First name Lat name number to you Child tax credit Credit for other dependents dependents, see instructions and check here Image: see instructions here see sector see sector see sector see sector here see instructions here see instructions here see sector here see instructions here see sector here see instructions														
In Horse dependents, see instructions and check here GAUTHAM R THADI ***-**-7503 Son X Income here Image: Comparison of the structure of t	•				.,	iity		"P		· · ·				
dependents, see instructions					***_**_75	03	Son	T	X		[<u> </u>		
and check					15	.05	DON				[
here Image: state of the state state of the state state of the state of the									<u> </u>		[5		
Itechnic b Household employee wages not reported on Form(s) W-2. 1b Attach Form(s) c Tip income not reported on line 1a (see instructions) 1c W-2 here.Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 here.Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 area. f Employer-provided adoption benefits from Form 8839, line 26 1f If you did not g Wages from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1i 1 y-2, see in Nontaxable combat pay election (see instructions) 1i 1z 270, 306. Attach Sch. B 2a Tax-exempt interest 2b 94. 3b 213. Beduction for - - - b Taxable amount 4b 5b Beduction for -											[Ξ		
Itechnic b Household employee wages not reported on Form(s) W-2. 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c W-2 here.Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and Taxable dependent care benefits from Form 2441, line 26 1d Wages from Form 8919, line 6 1g get a Form H Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1h v-2, see is Nontaxable combat pay election (see instructions) 1i 1z 270, 306. Attach Sch, B 2a Tax-exempt interest 2b 94. b Ordinary dividends 3b 213. Beduction for Fore parsions and annutifes 5a b Taxable amount 4b 5b Beductin for Fore parsions and annutifes 6a b Taxable amount 6b Married filing separately, 812,950 r Capital gain or (loss), Attach Schedule D if required. If not required, check here 7 -866. Married filing separately, 19, 9000e Add lines 1z, 2b, 3	Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .					1a	27	70,306.		
W-2 here. Also attach Forms Implification for regorded on finite a (see instructions) Implification for regorded on form(s) Implification form(s) Implification for regorded on form(s) Implifi	income	b			,					1b				
attach Forms d Medicaid waiver payments not reported on Form (S) W-2 (see instructions) 1d W-2G and 109-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e 11 Mages from Form 8919, line 6 1f W-2G and get a Form Wages from Form 8919, line 6 1f W-2, see instructions. Nontaxable combat pay election (see instructions) 1i W-2, see instructions. Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a 2a b Add lines 1a through 1h 3a 213. b Attach Sch. B 2a b Ordinary dividends 3b Attach Sch. B a Qualified dividends 3a 213. B Pensions and annuitifes 5a b Taxable amount 4b Standard Social security benefits 6a b Taxable amount 6b Social security benefits 6a 6a b Taxable amount 7 -866. Social security benefits 6a 6a b Taxable amount 6b 5b Deduc		с	Tip income not reported on line 1a	(see inst	tructions)					1c	:			
W-26 and 1099-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form g Wages from Form 8919, line 6 1g If you did not get a Form h Other earned income (see instructions) 1h 0. V-2; see instructions. i Nontaxable combat pay election (see instructions) 1i 1z 270, 306. Z Add lines 1a through 1h . . . 1z 270, 306. Attach Sch. B 2a Data Tax-exempt interest . 2a b Data able interest 2b 94. 4a IRA distributions . 4a b Drawable amount 4b 5b Deduction for- 6a Social security benefits . 6a b Taxable amount . 6b Single or Married fling separately, Standard Other income from Schedule D if required. If not required, check here <t< td=""><td></td><td>d</td><td>Medicaid waiver payments not rep</td><td>orted on</td><td>Form(s) W-2 (se</td><td>e instr</td><td>uctions)</td><td></td><td></td><td>1d</td><td></td><td></td></t<>		d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (se	e instr	uctions)			1d				
was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a form m Wages from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1z 270, 306. yet a Form Add lines 1a through 1h 1 1z 270, 306. 2b 94. Attach Sch. B 2a Tax-exempt interest 2a 2b 94. 3b 213. Attach Sch. B 2a Qualified dividends 3a 213. b Taxable amount 4b Standard 5a Pensions and annuitfes 5a b Taxable amount 5b Deduction for- 6a Social security benefits 6a b Taxable amount 5b Single or If you elect to use the lump-sum election method, check here (see instructions) 7 -866. Married filing spearately, S12,950 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 268,030. 10 Subtract line 10 from	W-2G and	е	Taxable dependent care benefits f	rom Forn	n 2441, line 26					1e				
If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z Z Add lines 1a through 1h 1z 270,306. Attach Sch. B a Qualified dividends 2a 4a Tax-exempt interest 2a 2a 4a IRA distributions 4a b 5a Pensions and annuities 5a 6a Social security benefits 6a b Taxable amount 5b 6a C If you elect to use the lump-sum election method, check here (see instructions) Married filing geparately, S12,850 8 Married filing gourting spouse, S22,900 9 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 268, 030. 11 20. 20. 11 268,030. 12 25,900. 13 Qualified ductor or itemized deduction (from Schedule 1, line 26 22,900 11 21 25,900. 14 25,900. 15 242,130		f	Employer-provided adoption bene	fits from	Form 8839, line :	29 .				1f				
get a Form W-2, see instructions. h Other earned income (see instructions) 1h 0. W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i 1h 0. Attach Sch. B 2a Add lines 1a through 1h 1 2b 94. Attach Sch. B 3a Qualified dividends 3a 213. b Tax-exempt interest 2b 94. Marked Deduction for- Deduction for- Single or Married filing separately, \$12,950. Fandard Deduction for- 6a 5a b Taxable amount 5b Get a form Married filing separately, \$12,950. Fandard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Get a form Married filing jointly or Qualifying Surviving spouse, \$25,900. Other income from Schedule 1, line 10 5b 5b 6b Married filing jointly or Qualifying Surviving spouse, \$25,900. Other income from Schedule 1, line 10 7 -866. 8 -1,717. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 12 268,030. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 268,030. 12		g	Wages from Form 8919, line 6 .							1g				
Instructions. Image: Nontaxable combat pay election (see instructions) Image: Nontaxable combat pay election (see	get a Form	h	Other earned income (see instructi	ions) .						1h		0.		
z Add lines 1a through 1h 1z 270,306. Attach Sch. B 2a Tax-exempt interest 2a b 7ax-exempt interest 2b 94. if required. 3a Qualified dividends 3a 213. b Ordinary dividends 3b 213. 4a IRA distributions 4a b Ordinary dividends 4b 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$12,950 F Capital gain or (loss), Attach Schedule D if required. If not required, check here 7 -866. Married filing pouse, \$25,900 Other income from Schedule 1, line 10 7 -866. 8 -1,717. 9 268,030. 11 268,030. 10 11 268,030. 19 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 268,030. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 268,030.		i	Nontaxable combat pay election (s	see instru	ictions)		1 i	i						
if required. 3a 213. b Ordinary dividends 3b 213. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 5b 6a Social security benefits 6a b Taxable amount 5b 5b 6a Social security benefits 6a b Taxable amount 5b 5b 6a Social security benefits 6a b Taxable amount 5b 5b 6a Social security benefits 6a b Taxable amount 5c 5b 6a Social security benefits 6a b Taxable amount 5c 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -866. 8 -1,717. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 11 268,030. 10 Adjustments to income from Schedu		z	Add lines 1a through 1h							1z	27	10,306.		
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 9 Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -866. 8 Other income from Schedule 1, line 10 6 7 -866. 9 268,030. 9 268,030. 9 268,030. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 268,030. 10 9 268,030. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 268,030. 11 268,030. 19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 14 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900. 14	Attach Sch. B	2 a	Tax-exempt interest	2a		b٦	Taxable interes	t.		2b		94.		
Standard Deduction for- 5a Pensions and annuities	if required.	3a	Qualified dividends	3a	213.	b (Ordinary divide	nds .		3b		213.		
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 1f you elect to use the lump-sum election method, check here (see instructions) 1 7 -866. • Married filing jointly or Qualifying surviving spouse, \$25,900 0 Other income from Schedule 1, line 10 1 8 -1,717. • Mad lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 268,030. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 268,030. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 14 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • If you checked any box under Standard 14 25,900. 13 14 25,900.		4a	IRA distributions	4a	-	b٦	Faxable amoun	t		4b				
 Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse. Married filing jointly or Qualified business income from Schedule 1, line 26 Head of household, \$19,400 Standard deduction or itemized deductions (from Schedule A) Married filing 12 and 13 Married filing 24,2,130 	Standard	5a	Pensions and annuities	5a		b٦	Faxable amoun	t		5b				
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a						t	· · · _	6b				
\$12,950 7 Capital gain of (loss). Attach Schedule D if required, theor required, check here 1 7 -866. Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 268,030. 10 Adjustments to income from Schedule 1, line 26 10 11 268,030. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 268,030. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 25,900.	Married filing	С				•	,		L					
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9268, 030.10Adjustments to income from Schedule 1, line 261010• Head of household, \$19,40012Standard deduction or itemized deductions (from Schedule A)11268, 030.12Standard deduction or itemized deductions (from Schedule A)1225, 900.12• If you checked any box under Standard13					required. If not re	equirec	l, check here		L	7				
Qualifying surviving spouse, \$25,900 9 Add lines 12, 20, 30, 45, 55, 65, 7, and 8. This is your total income 9 268, 030. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 268, 030. 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25,900. 14 268,030. 14 25,900. 14 25,900. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15														
\$25,900 10 Adjustments to income from Schedule 1, line 20 11 10 • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 11 268,030. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • If you checked any box under Standard 14 25,900. 13 14 25,900. • If you checked any box under Standard 14 25,900. 13 14 25,900. • If you checked any box under Standard 15 242,130 15 242,130	Qualifying				2	incom	е					58,030.		
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13 14 Add lines 12 and 13 14 25,900. 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 242,130	\$25,900			-										
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 25,900. • Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 242,130					-									
any box under Standard14Add lines 12 and 13131425,900Deduction,15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15242,130	\$19,400					,						<u>25,900.</u>		
Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 242.130				on from I	Form 8995 or Fo	rm 899	95-A							
	Standard			••••				• •						
		15	Subtract line 14 from line 11. If zer	o or less,	, enter -0 This is	s your	taxable incon	1e .		15	24	12,130.		

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	45,763.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	45,763.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	43,763.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	275.
	24	Add lines 22 and 23. This is your total tax	24	44,038.
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	33,946.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	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	33,946.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
norana	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number * * * X X X C Type: Checking Savings		
See instructions.	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	10,117.
	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 identii me no. Personal identii number (PIN)	fication	
0:000		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bor	t of my knowlodge and
Sign		lief, 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	e IRS ser	nt you an Identity
				IN, enter it here
Joint return?		IECHNOLOGI SPECIALISI ,	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.)	
	Ph	one no. (469)347-4288 Email address DREAMS.DHARAM@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/29/2023 *****:	2703	Self-employed
Preparer				678)965-9522
Use Only			i's EIN	**-**1965
Go to www.irs.cr				Form 1040 (2022)
GO 10 W WW.113.90		m1040 for instructions and the latest information. BAA REV 03/18/23 PRO		(2022)

rs.gov/Form1040 for instructions and t