1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No.	1545-0	074 II	RS Use On	ly—Do no	t write	or staple in t	his space.	
Filing Status Check only one box.	lf yo	Single Arried filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of y	-	eparately (N se. If you ch					,	sp	ouse	ring surviv e (QSS) ame if the	0	
Your first name	· ·	, ,	Last na	me							Your	socia	al security i	number	
VIVEK					т						Your social security number 732-35-1343				
If joint return, spouse's first name and middle initial			GARIKAPATI Last name							Spouse's social security number					
												No serie report autoria e la contra en la			
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.					Apt.	no.	Presi	denti	al Election	Campaign	
		RBRUSH LN											e if you, or		
		ce. If you have a foreign address, also co	mplete s	paces belo	w.	State	e	Z	IP code				filing jointly		
AUSTIN				TX				5				to go to this fund. Checking a box below will not change			
Foreign country name			Foreign province/state/			county		F					r refund.	ango	
									l I	You	Spouse				
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward,	, award, or p	baym	ent for p	roperty	/ or ser	vices); c	r (b) sel	H,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital	asset (or	a financial i	ntere	st in a di	gital as	set)? (See instr	uctions	s.) [Yes	X No	
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 \	our spouse	as a	depend	ent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	lual-status a	alien									
Age/Blindness	You:	Were born before January 2, 1	958 [Are blir	nd Spo	use:	□ Wa	s born	before	January	2, 1958	3	Is blind	 L	
Dependents			L	1	ocial security		(3) Relat						s for (see in	-	
If more		irst name Last name		number to y						Child tax	credit	redit Credit for other dependent			
than four															
dependents,															
see instructions and check	s ——														
here								*							
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	ions)			• • •				1a	164	,498.	
moome	b	Household employee wages not re	eported	on Form(s) W-2						- L	1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								- 1	1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								- L	1d				
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, I	line 26 .			• •				1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits fron	n Form 88	339, line 29							1f			
lf you did not	g	Wages from Form 8919, line 6 .				•				· ·	× []	1g			
get a Form W-2, see	h	Other earned income (see instruct						$1 \cdot 1$		• •	· []	1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			· ·	1 i							
	Z	Add lines 1a through 1h			· · · ·				• •			1z	164	,498.	
Attach Sch. B	2a		2a				xable int			• •		2b			
if required.	<u>3a</u>		3a				dinary di		S		_	3b			
	4a		4a	>			xable an					4b			
Standard Deduction for —	5a		5a				xable an					5b			
 Single or 	6a	Social security benefits 6a b Taxable amount								Η̈́	6b				
Married filing separately,	tely, 7 Capital gain or (loca) Attach Schedule D if required If not required shack here								7						
\$12,950Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								8					
jointly or	9	Other income from Schedule 1, line 10 . . .								9	161	0.			
Qualifying surviving spouse,	9 10	Adjustments to income from Schedule 1, line 26										9 10	104	, 790.	
\$25,900	11	Subtract line 10 from line 9. This is your adjusted gross income									_	11	161	,498.	
household, 12 Standard deduction or itemized dedu											_	12		,490. 2,950.	
\$19,400 • If you checked	13	Qualified business income deduct									_	13		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
any box under Standard	k under							-	14	12	,950.				
Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income						icome				15		,548.			
see instructions.	-											-		, 0 10 .	

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	30,207.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	30,207.		
	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	30,207.		
	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	30,207.		
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	28,332.		
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	28,332.		
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?	b	Routing number X				
See instructions.	d	Account number X X X X X X X X X X X X X X X 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	1,875.		
	38	Estimated tax penalty (see instructions)				
Third Party Designee		you want to allow another person to discuss this return with the IRS? See		_		
		tructions		× No		
	Den	signee's Phone Personal identif ne no. Pursonal identif	ication			
0.		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		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	IRS ser	t you an Identity		
		Prote	ection PI	N, enter it here		
Joint return?		SOFTWARE DEVELOPER (see	· · ·			
See instructions. Keep a copy for	Sp			t your spouse an		
your records.		ident (see		ection PIN, enter it here		
	Dh					
		Done no. (618) 409-5224 Email address GARIKAPATI.VIVEK@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/18/2023 P02082	2702	Self-employed		
Preparer						
Use Only				678) 965-9522		
			s EIN	84-3171965		
GO TO WWW.Irs.go	ov/Forn	1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form 1040 (2022)		