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

2022

OMB No. 1545-007

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

Filing Status	<b>S X S</b>	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH	)		fying surv se (QSS)	iving	
Check only one box.		u checked the MFS box, enter the none is a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box, enter	the cl		` ,	e qualifying	
Your first name and middle initial Las			Last nar	ast name						Your social security number		
VENKATA BHARAT J			JOKA	JOKA					288-85-4562			
				ast name					Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.							Pro	Presidential Election Campaign				
2001 FALLS BLVD							343	S T S		Check here if you, or your pouse if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also co						ZIP code	to			Checking a		
QUINCY Foreign country na				MA					x belo	w will not	change	
			F	Foreign province/state/county			Foreign postal code yo		our tax or refund.  You Spouse			
 Digital	At an	y time during 2022, did you: (a) rec	eive (as a	a reward, award, o	r payn	nent for prope	rty or services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financia	l intere	est in a digital	asset)? (See ins	tructio	ns.)	☐ Yes	<b>⊠</b> No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur		_		a dependent						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	oouse	: Was bor	n before Januar	y 2, 19	958	☐ Is bli	ind	
Dependent				(2) Social securi	ity	(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see i	instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax cre		(	Credit for oth	ner dependents	
than four	_											
dependents, see instruction	s							]				
and check	,				·							
here	]									<u>L</u>		
Income	1a	Total amount from Form(s) W-2, b							1a	9	5,520.	
A44(-)	b	Household employee wages not re			•			•	1b 1c	-		
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	e	Taxable dependent care benefits from Form 2441, line 26							1e 1f	+		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								+		
If you did not	g	Wages from Form 8919, line 6 .		/				•	1g	+		
get a Form W-2, see	h	Other earned income (see instructions)							1h	_	0.	
instructions.	i										) E E O O	
AII	Z 200	Add lines 1a through 1h  Tax-exempt interest	2a		 Ь Т	axable interes		•	1z 2b	+ 3	300.	
Attach Sch. B if required.	2a 3a		3a			rdinary divide		•	3b	+		
	4a		4a			axable amoun			4b	+		
Standard	5a	Table 1	5a				t t		5b			
Standard Deduction for— Single or Married filing	6a		6a				t		6b	+		
	С	If you elect to use the lump-sum e	200,000	nethod, check here				$\Box$				
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	1		
\$12,950 Married filing	8	Other income from Schedule 1, lin						_	8	1	0.	
jointly or Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	ther income from Schedule 1, line 10							g	95,820.	
	10	Adjustments to income from Schedule 1, line 26							10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	g	95,820.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									2,950.	
If you checked any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A										
	14	Add lines 12 and 13							14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15		32 <b>,</b> 870.	
)												

Form 1040 (2022	2)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	13,850.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	13,850.	
	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	13,850.	
	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	13,850.	
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	11,398.	
16	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a 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	11,398.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34		
neruna	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a		
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings			
See instructions.	d	Account number   X   X   X   X   X   X   X   X   X			
	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 <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	2,452.	
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	elow.	X No	
		esignee's Phone Personal identifi me no. number (PIN)	cation	<del></del>	
			I I Second Lesson		
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		SOFTWARE ENGINEER (see in	nst.)		
See instructions.	Sp		f the IRS sent your spouse an		
Keep a copy for your records.		(see ii		ection PIN, enter it here	
		The state of the s			
		none no. (617) 528-8197 Email address BHARAT.JOKA@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:	
Paid			702	Self-employed	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2023 P02082			
Use Only				678) 965-9522	
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	i EIIV	84-3171965	