E 1040 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 Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		ed filing separately (I						spou	fying surv se (QSS) name if th	Ü	
		on is a child but not your dependen										- 4	
Your first name and middle initial				Last name							Your social security number		
NAGA SESHU BABU				EDE						629-77-5678			
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. P										Presidential Election Campaign			
										ere if you,	or your tly, want \$3		
City, town, or post office. If you have a foreign address, also cor				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			zip code to					Checking a	
IRVING			TX				750	39	box	box below will not change			
Foreign country name			Foreign province/state/county			у	Foreign postal code yo			your tax or refund.			
	- 2					7.2					You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			Dire	☐ Yes	⊠ No	
Standard	Som	eone can claim: You as a de	pendent	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	: Was bo	rn bef	ore January	2, 19	58	☐ Is bli	ind	
Dependent	s (see	instructions):		(2) Social security	/	(3) Relationsh	nip (4	4) Check the	oox if	qualifi	es for (see	instructions):	
If more	(1) F	irst name Last name		number		to you		Child tax cre		(Credit for oth	ner dependents	
than four													
dependents, see instruction	s												
and check	,												
here													
Income	1a	Total amount from Form(s) W-2, b							•	1a	10	08,357.	
	b	Household employee wages not reported on Form(s) W-2							•	1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	-		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene				v				1f			
If you did not	g	Wages from Form 8919, line 6 .		/				* * *	•	1g			
get a Form W-2, see	h	Other earned income (see instruct				1 1 1	. i .		•	1h	-	0.	
instructions.	i	Nontaxable combat pay election (see instri	uctions)		<u>1</u> i				4_	1.0	00 057	
	<u>z</u>	Add lines 1a through 1h	0-		 ь т.				•	1z	+ 10	08,357.	
Attach Sch. B if required.	2a		2a 3a			axable interes rdinary divide			•	2b 3b			
	3a 4a	_	4a			axable amoun			•	4b	1		
24	4 а 5а	THE STATE OF THE S	5a			axable amoun			•	5b			
Standard Deduction for— Single or	6a		6a			axable amoun				6b			
	C		2007-007-0	nethod check here			и		$\dot{\Box}$	OD			
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7	1			
\$12,950 Married filing	8 Other income from Schedule 1, line 10						_	8	1	0.			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	1.0	08,357.		
Qualifying surviving spouse,	10	Addustments to income from Schedule 1, line 26									+ +	,	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									1.0	08,357.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								11		L2,950.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	†			
any box under Standard	14	Add lines 12 and 13							14	1	L2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		95,407.	
		▼											

Form 1040 (2022	2)			Page 2						
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	16,738.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	16,738.						
	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	16,738.						
	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	16,738.						
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	9,904.						
If	26	2022 estimated tax payments and amount applied from 2021 return	26							
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (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	9,904.						
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 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 X X X X X X X X X X								
	36	Amount of line 34 you want applied to your 2023 estimated tax								
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	6,834.						
	38	Estimated tax penalty (see instructions)								
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See structions	olow	X No						
		signee's Phone Personal identii		Z NO						
	nai		ication							
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here				nt you an Identity						
		Prote	ection P	IN, enter it here						
Joint return?		SOFTWARE ENGINEER (see	inst.)							
See instructions. Keep a copy for your records.	Sp	Ident	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)							
	Ph	one no. (682)716-5071 Email address NAGASESHUBABUEDE@GMAIL.COM								
	Pre	eparer's name Preparer's signature Date PTIN		Check if:						
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2023 P0208:	2703	Self-employed						
Preparer			Phone no. (678) 965-9522							
Use Only	Fir		Firm's EIN 84-3171965							