5 1040-X

(Rev. July 2021)

Carryback Claim

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Use this revision to amend 2019 or later tax returns.

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year (enter year) or fiscal year (enter month and year ended) 2022 Your first name and middle initial Last name Your social security number 689-62-4468 VENKATA DACHEPALLI If joint return, spouse's first name and middle initial Last name Spouse's social security number NAGA DEVI PRIYA NEELA 184-47-5406 Current home address (number and street). If you have a P.O. box, see instructions. Your phone number Apt. no. (609)401-1530 9515 MARY GENEVA LN City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. OWINGS MILLS MD 21117 Foreign country name Foreign province/state/county Foreign postal code Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date. ☐ Qualifying widow(er) (QW) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent A. Original amount B. Net change -Enter on lines 1 through 23, columns A through C, the amounts for the return C. Correct reported or as amount of increase year entered above. previously adjusted or (decrease)amount Use Part III on page 2 to explain any changes. (see instructions) explain in Part III **Income and Deductions** Adjusted gross income. If a net operating loss (NOL) carryback is 1 8,225 256,527. 264,752. 2 Itemized deductions or standard deduction 2 25,900. 0 25,900. 3 Subtract line 2 from line 1 3 230,627. 8,225. 238,852. 4a Reserved for future use . . 4a Qualified business income deduction . 4b 0. 5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, 5 230,627. 8,225. 238,852. Tax Liability Tax. Enter method(s) used to figure tax (see instructions): 6 43,021. 1,974. 44,995. 7 Nonrefundable credits. If a general business credit carryback is 7 2,000 0 2,000. 8 Subtract line 7 from line 6. If the result is zero or less, enter -0-8 41,021. 1,974. 42,995. 9 9 10 Other taxes 10 313. 77. 390. Total tax. Add lines 8 and 10 11 11 41,334. 2,051. 43,385. **Payments** 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) 12 56,081. 1,361. 57,442. 13 Estimated tax payments, including amount applied from prior year's return 13 0. 0. 14 14 0. 0. 15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 8885 8962 or other (specify): (the tredits from Schedule 3, Part II 15 0. Total amount paid with request for extension of time to file, tax paid with original return, and additional 16 16 Total payments. Add lines 12 through 15, column C, and line 16 17 17 57,442. **Refund or Amount You Owe** 18 14,747. 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 19 Subtract line 18 from line 17. (If less than zero, see instructions.) 19 42,695. 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference . . . 20 690. 21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return 21 22 Amount of line 21 you want refunded to you 0. 23 Amount of line 21 you want applied to your (enter year): estimated tax

Form **1040-X** (Rev. 7-2021)

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Part I	Dependents												
This would include a change in the number of dependents.							pinal number ependents orted or as usly adjusted	amou	let change — int of increase (decrease) C. Correct number				
24 Reser	ved for future use	·			24								
25 Your dependent children who lived with you							1		0				
	-	ren who didn't live w			25								
separa	•				26		0		0				
27 Other	dependents .				27		0		0				
	ved for future use				28								
29 Reser	ved for future use				29								
30 List Al	LL dependents (d	children and others) cla	aimed on this am	ended retu	rn.								
Dependents	(see instructions)):					(d)	√ if	qualifies for	(see insti	ructions):		
16			(b) Social s	,	(c) Relation			المائط	av avadit	Credit f	Credit for other		
If more than four _	(a) First name	Last nam	ne numb	er	τ	o you		Child tax credit		dependents			
dependents, Y	YASWANTH NAGA VENKATA K	UMAR DACHEPALLI	792-01-	-4480 S	on			×					
see instructions –]		
and check _]		
here ▶ 🔲											<u>] </u>		
Part II F	Presidential Ele	ection Campaign F	und (for the ret	urn year e	ntere	d at th	ne top of p	page) 1)				
		Changes. In the sparg documents and new					iling Form ⁻	1040)-X.				
Sign Here	Under penalties of and statements, an taxpayer) is based Your signatu	keep a copy of this f perjury, I declare that I have id to the best of my knowled on all information about whice ure anature. If a joint return, both	filed an original returr Ige and belief, this am ch the preparer has ar	n, and that I ha ended return i	is true, c			SOI You	aration of preparation of preparation of preparation FTWARE F	oarer (other	r than		
	Print/Type prepare	,, ,	Preparer's signature		Date	1	Date	Spo	use's occupat	DTIN			
Paid			'		ייגריי עיייט	. _{T 7334}		22	Check is self-employed	'.	000702		
Preparer	Firm's name	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/07/2023								Firm's EIN ► 84-3171965			
Use Only	Firm's name ►												
	1 11111 3 auditess	Firm's address ► 245 ROONEY CT E BRUNSWICK NJ 08816								Phone no. (678)965-9522			