E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

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

Filing Status Check only		Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	☐ Head of	househol	(HOH)		alifying ouse (C		/ing
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	neck	ed the HOH or	r QSS bo	k, enter tl	ne child'	s name	if the	qualifying
Your first name and middle initial Last name					Your social security number							
BALWANTH KUMAR			MAHA	NKALI					871-85-3083			
			Last nar	me					Spouse's social security number			
SAISREVALLI			GAJJ.	ALA					738-93-5847			
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.						Presidential Election Campaign						
						Check here if you, or your						
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code						spouse if filing jointly, want \$3 to go to this fund. Checking a						
QUAKERTOWN				PA			18951			box below will not change		
Foreign country name			Foreign province/state/county			Foreign postal code yo		your ta	your tax or refund.			
								`		<u></u> □ \	ou ′	Spouse
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayn	nent for prope	rty or ser	vices); or	(b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial ir	ntere	est in a digital	asset)? (	See instri	uctions.)	יםו	/es	⊠ No
Standard	Some	eone can claim: 🗌 You as a de	pendent	Your spouse	as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: Was bo	rn before	January	2, 1958		ls blin	ıd
Dependents	(see i	nstructions):		(2) Social security		(3) Relationsh	ip (4) C	heck the b	ox if qua	lifies for	(see in	structions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax o	redit	Credit	for othe	er dependents
than four												]
dependents, see instructions												]
and check												]
here										<u> </u>		]
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)					. 1	а	176	<u>6,843.</u>
	b	Household employee wages not re	ported (	on Form(s) W-2					. 1	b		
Attach Form(s) W-2 here. Also	re Also					. 10	С					
attach Forms	d	Medicaid waiver payments not rep	d waiver payments not reported on Form(s) W-2 (see instructions)						. 10	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f							. 10	е		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f		
If you did not	g	Wages from Form 8919, line 6 .							. 19	g		
get a Form W-2, see	h	Other earned income (see instructi							. 1	h		0.
instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		<u>1</u> i						
	<b>Z</b>	Add lines 1a through 1h			٠				. 1:		_176	6,843.
Attach Sch. B	2a	'	2a			axable interes			. 2			
if required.	<u>3a</u>		3a			rdinary divide			. 3			
	4a -		4a			axable amoun			. 4			
Standard Deduction for—	5a		5a			axable amoun			. 5			
Single or	6a	Social security benefits 6a b Taxable amount							. 6	b		
Married filing separately, \$12,950							[	╡ ፫.				
								!	_   _ 7			
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line							. 8	_		2,645.
Qualifying surviving spouse,	9				ur <b>total income</b>				. 9		134	4,198.
\$25,900	10	Adjustments to income from Sche							. 10			4 100
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is							. 1			
\$19,400	12	Standard deduction or itemized		`	,				. 1:		2!	5,900.
If you checked any box under	13	Qualified business income deducti							. 1			
Standard Deduction,	14	Add lines 12 and 13						. 1			<u>5,900.</u>	
see instructions.	15	Subtract line 14 from line 11. If zer	o or iess	s, enter -u This is yo	our <b>t</b>	axable incom	ie		. 1	5	Τ08	8,298.

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	15,060.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	15,060.	
	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	15,060.	
	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	15,060.	
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	13,063.	
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 <b>total payments</b>	33	13,063.	
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		
neiulia	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 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	2,017.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	nelow.	X No	
200.900	De	signee's Phone Personal identif			
	na	me no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo			nt you an Identity IN, enter it here	
Joint return?		SOFTWARE ENGINEER (see			
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.			-	ection PIN, enter it here	
your rooordo.		SOFTWARE ENGINEER	11151.)		
		one no. (571)421-9658 Email address MBBK200@GMAIL.COM		Ob a alla ife	
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
Preparer		PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/20/2023 P0208		Self-employed	
Use Only			one no. (678)965-9522		
	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	84-3171965	