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			_	ed filing separately (M	·	<del>_</del>	·		spou	se (QSS)	
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	QSS box, er	ter the	child's	name if the	e qualifying
Vour firet name		, ,	Last nar	me.					Vour soc	sial security	, number
									Your social security number 784-32-5391		
			GADI Last nar						Spouse's social security number		
, , , , , , , , , , , , , , , , , , , ,				ast name ADIPUDI					014-45-8196		
		r and street). If you have a P.O. box, see					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								ly, want \$3			
Aurora			'			60504	0 = 0 4		o go to this fund. Checking a ox below will not change		
			IF	Foreign province/state/county					your tax or refund.		
,				<b>.</b>		,				You	Spouse
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, or r	oavr	ment for prope	rty or service	s): or (	b) sell.		
Assets		ange, gift, or otherwise dispose of a	•		-			, .		Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spouse	as	a dependent		7			
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 bor	n before Jan	uary 2,	1958	☐ Is blir	nd
Dependents	s (see i	nstructions):		(2) Social security		(3) Relationsh	ip (4) Check	the bo	x if qualifi	es for (see i	nstructions):
If more		rst name Last name		number		to you	Child	tax cre	edit (	Credit for oth	er dependents
than four	NITY	A CHOWDARY GADIPUDI		963-99-7898	3	Daughter				X	
dependents, see instructions	DHA	ANVITHA GADIPUDI		963-99-7945	5	Daughter				>	<
and check	,										
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					1a	26	1,045.
	b	Household employee wages not re	ported o	on Form(s) W-2					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	o income not reported on line 1a (see instructions)						1c		
attach Forms	d	Medicaid waiver payments not rep	ments 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	fits from	Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6						1g			
get a Form W-2, see	h	Other earned income (see instruction	ons) .						1h		0.
instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		<u>1i</u>					
	<b>Z</b>	Add lines 1a through 1h							1z	26	1,045.
Attach Sch. B	<b>2</b> a	'	2a			axable interest			2b		
if required.	<u>3a</u>		3a			rdinary divide			3b		390.
	4a		4a			axable amoun			4b		
Standard Deduction for—	5a		5a			axable amoun			5b		
Single or	6a		6a			axable amoun	t		6b		
Married filing separately,	c	If you elect to use the lump-sum e		•		•			}		2 000
\$12,950	7	Capital gain or (loss). Attach Scheo						. L	7		3,000.
Married filing jointly or	8	Other income from Schedule 1, lin							8		3,700.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	22	4,735.
\$25,900	10	Adjustments to income from Schedule 1, line 26							10		4 505
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>						11		<u>4,735.</u>	
\$19,400	12								12	$\frac{1}{1}$	<u>5,900.</u>
If you checked any box under	13								13	+	F 000
Standard Deduction,	14 15							14			
see instructions.	15	Subtract line 14 from line 11. If zer	o or iess	s, enter -u This is yo	Jur 1	axable incom			15	1 19	8,835.

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	35,357.	
Credits	17	Amount from Schedule 2, line 3	17		
0.00.10	18	Add lines 16 and 17	18	35,357.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	1,000.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	34,357.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	248.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	34,605.	
Payments	25	Federal income tax withheld from:			
. ayınıcınıc	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	35,142.	
If	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	7		
	30	Reserved for future use	1		
	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	35,142.	
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	537.	
neiulia	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	537.	
Direct deposit?	b	Routing number 0 8 1 9 0 4 8 0 8 c Type: X Checking Savings			
See instructions.	d	Account number 2 9 1 0 1 8 9 7 8 5 4 8			
	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 <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	<b>⋉</b> No	
	De nai	signee's Phone Personal ident no. number (PIN)	ification		
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the her	et 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 th	e IRS se	nt you an Identity	
			tection P	IN, enter it here	
Joint return?	ID SOFTWARE ENGINEER				
See instructions. Keep a copy for	Sp		the IRS sent your spouse an lentity Protection PIN, enter it here		
your records.			inst.)		
	——Ph	one no. (312)316-1309 Email address SREENIVASULUG549@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/03/2023 P0208	2703	Self-employed	
Preparer			none no. (678)965-9522		
Use Only			Firm's FIN 84-3171965		