1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	2	OMB No.	1545-00)74 IF	IS Use Or	ily—Do r	not wri	te or staple in	this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of y	-	eparately (N se. If you ch					· · ·	s	spou	fying surviv se (QSS) name if the	0
Your first name		, ,	Last na	me							You	r soc	ial security	number
SHOURYA				SHETT	Y							652-13-9519		
-	pouse's	s first name and middle initial	Last na		±						-		social secu	ritv number
j , -														
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt.	no.	Pres	siden	tial Election	Campaign
1319 W J	JAVE	LINA DR									Che	eck he	ere if you, o	r your
-		ce. If you have a foreign address, also co	mplete s	paces belo	w.	State	e	Z	IP code				f filing jointly	
CHANDLER			AZ				8				to go to this fund. Checking a box below will not change			
Foreign country	y name		F	Foreign pro	ovince/state/c	ounty		F	oreign po	stal code	you	r tax	or refund.	-
													You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward,	, award, or I	baym	ent for pr	roperty	or serv	vices); c	or (b) s	ell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital	asset (or	a financial i	ntere	st in a dig	gital as	set)? (S	See inst	ruction	ns.)	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 🔪	our spouse	as a	depende	ent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	lual-status a	alien								
Age/Blindness	s You:	Were born before January 2, 1	958	Are blir	nd Spo	use:	🗌 Was	s born l	before .	January	2, 19	58	Is blin	d
Dependent	s (see	instructions):		(2) So	(2) Social security		(3) Relati	onship	(4) Check the		box if c	qualifi	es for (see in	structions):
If more		irst name Last name	number			to you			C	hild tax	credit	C	r dependents	
than four	_]
dependents, see instruction									~					J
and check														I
here 🗌]]
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruct	ions)					• •	•	1a	119	9,080.
	b	Household employee wages not re									•	1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a					V			· ·	•	1c	<u> </u>	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						•	1d	<u> </u>				
W-2G and 1099-R if tax	e	Taxable dependent care benefits f							• •	• •		1e		
was withheld.	f	Employer-provided adoption bene				•					-	1f		
If you did not	g	Wages from Form 8919, line 6 .				•			• •		·	1g		
get a Form W-2, see	h i	Other earned income (see instructi Nontaxable combat pay election (s		· · ·				1i		· .		1h		0.
instructions.	-	Add lines 1a through 1h		uctions)			· ·				-	1z	110	9,080.
Attach Sch. B	2a		2a		· · · ·		 xable inte				·	2b		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
if required.	3a		3a				dinary div		• • •			3b	-	
	4a		4a				xable am				: F	4b	<u> </u>	
Standard	5a		5a	2			xable am					5b		
Deduction for –	6a		6a				xable am				.	6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection r	method, c	heck here (see ir	nstructior	ns) .						
apparentally.				lle D if required. If not required, check here								7		
 Married filing 	8	Other income from Schedule 1, line 10								8		0.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. [9	119	9,080.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	line 26								10		
Head of Subtract line 10 from line 9. This is year			your a	/our adjusted gross income								11	119	9,080.
household, \$19,400	12	Standard deduction or itemized				,						12	12	2,950.
 If you checked any box under 	13	Qualified business income deduct	on from	Form 89	95 or Form	8995	-A		• •		•	13		
Standard Deduction,	14	Add lines 12 and 13 .								14		2,950.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -(J This is ye	our ta	axable in	come	• •	· ·		15	106	5,130.
/														

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page 2			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	19,307.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	19,307.			
	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	19,307.			
	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	19,307.			
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	18,810.			
	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	4				
	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	18,810.			
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	United by			
Refund	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 C Type: Checking Savings					
See instructions.	d						
	36	Amount of line 34 you want applied to your 2023 estimated tax 36					
Amount	37	Subtract line 33 from line 24. This is the amount you owe .					
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	497.			
	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	tructions	below.	X No			
		signee's Phone Personal ident	tification				
	nai						
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic					
Here				nt you an Identity			
	10	5	Protection PIN, enter it here				
Joint return?		SOFTWARE ENGINEER (see	(see inst.)				
See instructions.	Sp			nt your spouse an			
Keep a copy for your records.			ntity Prote e inst.)	ection PIN, enter it here			
,	Db						
		Done no. (602) 475-5295 Email address SHOURYA.MADISHETTY@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:			
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/07/2023 P0208	20702	Self-employed			
Preparer							
Use Only				678) 965-9522			
-			n's EIN	84-3171965			
GO IO WWW.II'S.go	JVIFOM	n1040 for instructions and the latest information. BAA REV 02/24/23 PRO		Form 1040 (2022			