E1040 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.	If yo	u checked the MFS box, enter the n	ame of y	d filing separately (Nour spouse. If you c				spo	alifying sur use (QSS) s name if t)		
		on is a child but not your dependen						1				
Your first name and middle initial				Last name						Your social security number		
SAKETH				MAMIDI					***-**-5571			
It joint return, s	pouse's	first name and middle initial	Last nar	ast name					Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Preside	Presidential Election Campaign			
5330 ARG	CHST	ONE DR						Check	here if you	i, or your		
City, town, or post office. If you have a foreign address, also com				nplete spaces below. State			ZIP code			ntly, want \$3		
TAMPA				FL			33634		o go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			Foreign postal code yo		our tax or refund.			
									You Spouse			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a							☐ Yes	⊠ No		
		eone can claim: You as a de				$\overline{}$	asset)! (See Illisti	uctions.)		<u> </u>		
Standard Deduction		Spouse itemizes on a separate return				ерепиетт		,				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	Was bor	n before January			olind		
Dependents	s (see	instructions):		(2) Social security		3) Relationsh	ip (4) Check the b	oox if qual	ifies for (see	e instructions):		
If more	(1) F	rst name Last name		number	to you		Child tax of	credit	Credit for o	ther dependents		
than four	9											
dependents, see instruction	s ——									<u> </u>		
and check										Ц		
here L									L,			
Income	1a	Total amount from Form(s) W-2, b				40		. 18	3	92,000.		
	b	Household employee wages not reported on Form(s) W-2						. 11)			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							k			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							9			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							f			
If you did not	g	Wages from Form 8919, line 6.						. 19				
get a Form W-2, see	h								1	0.		
instructions.	i	Nontaxable combat pay election (see instr	uctions)		. <u>1i</u>						
	Z	Add lines 1a through 1h						. 12		92,000.		
Attach Sch. B	2a		2a			able interest		. 21				
if required.	3a		3a	,		nary divider		. 31				
	4a		4a	-		able amount		. 41				
Standard Deduction for—	5a		5a				t	. 51				
Single or Married filing separately,	6a		6a			able amount		. 6l)			
	c	If you elect to use the lump-sum e		A CONTRACTOR OF THE PARTY OF TH	,	,		7				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
 Married filing jointly or 	8 9	Other income from Schedule 1, line 10								<u>-8,495.</u>		
Qualifying surviving spouse,				15				. 9		83,505.		
\$25,900	10	Adjustments to income from Schedule 1, line 26								02 505		
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income								83,505.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12,950.		
If you checked any box under	13 14	Qualified business income deduction from Form 8995 or Form 8995-A							1	12 050		
Standard Deduction,	15	Add lines 12 and 13								12,950.		
see instructions.	13	Cubilder inte 14 Holli lille 11. Il Ze	. 18		70,555.							

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,144.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	11,144.	
	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	11,144.	
	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	11,144.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	14,277.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)			
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	1		
	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	14,277.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,133.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,133.	
Direct deposit?	b	Routing number * * * * * 1 6 2 7 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * * 3 5 1 2			
	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 www.irs.gov/Payments 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	ins	structions	elow.	× No	
	De nar	signee's Phone Personal identif me no. number (PIN)	ication		
0:			the bee	t of my knowledge and	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, 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 the	IRS ser	nt you an Identity	
		Prote	ection P	N, enter it here	
Joint return?		SOFTWARE ENGINEER (see			
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here	
your records.		(see i	,	Section 1 inv, enter it here	
	Ph	one no. (323) 538-5678 Email address SAKETHMAMIDI256@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/13/2023 *****2	2703	Self-employed	
Preparer	(i)		one no. (678) 965-9522		
Use Only			Firm's EIN **-**5487		