1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly uchecked the MFS box, enter the nation is a child but not your dependent	ame of y	0	separately (N use. If you cl	,				spo	lifying sun use (QSS) s name if th	0
Your first name and middle initial Last name				me		Your social security number						
SAI KRISHNA REDDY NALL				A						***-**-7532		
If joint return, spouse's first name and middle initial Last name				me						Spouse	's social see	curity numbe
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Preside	ntial Election	on Campaigr
826 KENN	EY B	FORT XING								Check here if you, or your		
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode			ntly, want \$3
ROUND ROCK				TX			786	65		ow will not	Checking a change	
				oreign province/state/county				Foreig	in postal code		x or refund.	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	XNo
Standard		eone can claim: Vou as a de		-			a dependent					
Deduction	_	Spouse itemizes on a separate retur										
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	, 1958	Is bl	ind
Dependents	(see	instructions):		(2) S	Social security		(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name			number		to you		Child tax cr	edit	Credit for ot	her dependents
than four dependents,												
see instructions											l	
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b				•	• • • •	1	· · · ·	1a		51,192.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b		
W-2 here. Also	c	Tip income not reported on line 1a (see instructions)								10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	81 - 8		10		
1099-R if tax	e	Taxable dependent care benefits f				•••	• • • •			. 1e		
was withheld.	f	Employer-provided adoption bene		1 Form 8	839, line 29	·		• •		. 1f		
If you did not get a Form	g	Wages from Form 8919, line 6 . Other earned income (see instruct				•		•		1g		0.
W-2, see	h	Nontaxable combat pay election (s		· · ·			1i	ì.		. <u>1</u> h	1	0.
instructions.	z			uctions)		•	· · []			1z		51,192.
Attach Sch. B	2a	0	2a		···	ь. т	axable interest		· · · ·	26		<u>, , , , , , , , , , , , , , , , , , , </u>
if required.	3a		3a				rdinary divide			36		
	4a		4a				axable amoun			4b		
Standard	5a		5a				axable amoun			. 5b		
Deduction for—	6a	F	6a				axable amoun			6b		
 Single or Married filing 	c	If you elect to use the lump-sum e		nethod	check here							
separately,	7									7		
\$12,950Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8		0.	
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		<u>51,192.</u>		
surviving spouse,	10	Adjustments to income from Schedule 1, line 26										
\$25,900 • Head of	\$23,500)	51,192.
household, \$19,400	12	Standard deduction or itemized			-					12		12,950.
If you checked	13	Qualified business income deduct					5-A			13		
any box under Standard	14	Add lines 12 and 13								. 14	1	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	-0 This is y	our 1	axable incom	e.		15		38,242.
See manuellons.												

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	4,382.					
Credits	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	4,382.					
	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	4,382.					
	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	4,382.					
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2							
	b	Form(s) 1099							
	C	Other forms (see instructions)							
	d	Add lines 25a through 25c	25d	6,211.					
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)	\mathcal{D}						
	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 total payments	33	6,211.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,829.					
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,829.					
Direct deposit?	b	Routing number * * * 0 0 3 7 c Type: Checking Savings							
See instructions.	d	Account number * * * * * 3 5 2 3							
	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						
	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		X No					
	De	signee's Phone Personal identi me no. number (PIN)	fication						
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the ber						
Sign		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	e IRS ser	nt you an Identity					
		Prote		IN, enter it here					
Joint return? See instructions. Keep a copy for		PROTEKS STODENT	inst.)						
	Sp			nt your spouse an ection PIN, enter it here					
your records.			inst.)						
	Ph	one no. (512) 560-7469 Email address URSKRISHSAI@GMAIL.COM							
Paid Preparer Use Only	No. and a	eparer's name Preparer's signature Date PTIN		Check if:					
		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 *****.							
	-		ne no. (678) 965-9522						
			's EIN	**-**1965					
Go to wave in a				Form 1040 (2022)					
ao to www.iis.go	JVII OIII	n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form 1040 (2022)					

rs.gov/Form1040 for instructions and the