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

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OMB No. 1545-0074

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

Filing Status	\mathbf{X}	Single Married filing jointly	Marrie	d filing separately (I	MFS)	☐ Head of	household (НОН)		ying surviv	/ing	
Check only one box.		u checked the MFS box, enter the n on is a child but not your dependent	-	our spouse. If you c	hecke	ed the HOH or	QSS box,	enter the		se (QSS) name if the	qualifying	
Your first name	Your first name and middle initial Last no							1	Your social security number			
VAMSHI KUMAR BOG				JU				1.	***-**-7158			
If joint return, s	first name and middle initial	ame					Spouse's social security number					
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no). I	residen	tial Election	Campaign	
701 122N	ID A	/E NE		:					Check he	heck here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	plete spaces below. State Z					spouse if filing jointly, want \$3			
BELLEVUE				WA			98005		o go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county					our tax or refund.			
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a		The state of the s						Yes	⊠ No	
Standard		eone can claim: You as a de				$\overline{}$			<u> </u>			
Deduction		Spouse itemizes on a separate retur			alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before Ja	V		☐ Is blin		
Dependents	(see	instructions):		(2) Social security	y	(3) Relationsh	ip (4) Che	ck the box	if qualifie	es for (see in	structions):	
If more	(1) Fi	rst name Last name		number		to you	Ch	ild tax cre	dit C	redit for othe	r dependents	
than four]	
dependents, see instructions	s ——]	
and check]	
here L	,					7-]	
Income	1a	Total amount from Form(s) W-2, b	•						1a	201	1,205.	
	b	Household employee wages not reported on Form(s) W-2							1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments 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										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6.				7 10 10 11	V .		1g			
get a Form W-2, see	h	Other earned income (see instructions)							1h		0.	
instructions.	i	Nontaxable combat pay election (see instru	uctions)		<u>1i</u>				0.00		
	Z	Add lines 1a through 1h							1z	20.	1,205.	
Attach Sch. B	2a		2a			xable interest			2b			
if required.	3a	And the second s	3a			dinary divider			3b			
	4a		4a			xable amoun			4b			
Standard Deduction for—	5a		5a			xable amoun xable amoun			5b			
• Single or	6a	Social security benefits	6a	anthod abank have					6b			
Married filing separately,	С 7	Capital gain or (loss). Attach Sche		and the second s	,	,			7			
\$12,950 Married filing	8	Other income from Schedule 1, lin		· · · · ·					8			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	201	1,205.	
Qualifying surviving spouse,	10	Adjustments to income from Sche		(E)					10	20.	1,200.	
\$25,900	11	Adjustments to income from Schedule 1, line 26									1,205.	
 Head of household, 	12	Standard deduction or itemized deductions (from Schedule A)									2,950.	
\$19,400 • If you checked	13		12	1	<u>., 900.</u>							
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A								1 1	2,950.	
Standard Deduction,	15										3,255.	
see instructions.		SEE STAND I FIROTTI III O TT. II ZOI	5 0, 1000	., 5	J G 1 66				15	1 100	,,200.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	40,473.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	40,473.		
	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	40,473.		
	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	40,473.		
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	33,475.		
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				
	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	33,475.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
11010110	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a			
Direct deposit? See instructions.	b	Routing number * * * * * X X X X C Type: Checking Savings				
	d	Account number * * * * * * * * *				
	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	7,116.		
	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	below.	⋉ No		
	De nai	signee's Phone Personal identi me no. number (PIN)	ification			
<u> </u>		der penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to				
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 whic		,		
Here				nt you an Identity		
		Prot	ection P	IN, enter it here		
Joint return?		SOFTWAKE ENGINEER .	inst.)			
See instructions. Keep a copy for	Sp			IRS sent your spouse an ty Protection PIN, enter it here		
your records.			inst.)	Socion in in, cinci it noic		
	Ph	one no. (240)413-1285 Email address VAMSHIKUMAR0401@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 01/25/2023 *****	2703	Self-employed		
Preparer	T.			e no. (678) 965-9522		
Use Only			ı's EIN	**-***5487		