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 Check only	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	house	ehold (HOF	l)		fying surv se (QSS)	iving		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	necke	ed the HOH or	r QSS	box, ente	r the c	hild's	name if th	e qualifying		
Your first name and middle initial				Last name							Your social security number			
TARUN				KADUKUNTLA							***-**-8181			
If joint return, spouse's first name and middle initial Las				ast name						Spouse's social security number				
Home address (number and street). If you have a P.O. box, see ins				ons.				Apt. no.	Pr	Presidential Election Campaign				
627 ORLANDO AVE				3				303	CI	Check here if you, or your				
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State			ZIP					tly, want \$3		
NORMAL			IL			61			o go to this fund. Checking a box below will not change					
Foreign country name			Foreign province/state/county			/	Foreign postal code y		de yo	ur tax	or refund.			
											You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes	⊠ No		
Standard		eone can claim: You as a de								,				
Deduction	_	Spouse itemizes on a separate return												
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Janua	ry 2, 1	958	ls bli	nd		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check th	e box it	qualifi	es for (see	instructions):		
If more	(1) Fi	rst name Last name		number		to you		Child ta	x credi	t (Credit for oth	ner dependents		
than four														
dependents, see instruction	s ——													
and check						V OP	P .							
here						10								
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)	-				-	1a	7	71,247.		
	b	Household employee wages not re				V				1b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a							•	1c				
attach Forms	d	Medicaid waiver payments not rep			nstruc	ctions)			•	1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	4							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		\cdot \cdot \cdot \cdot \cdot \cdot		1 1 1	. 1			1h		0.		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	•	<u>1</u> i				4	-	71 017		
		Add lines 1a through 1h			. T-					1z	- '	71,247.		
Attach Sch. B if required.	2a		2a 3a			axable interest				2b				
	3a 4a		4a			rdinary divide axable amoun				3b 4b				
Standard	5a		5a			axable amoun				5b				
Deduction for—	6a		6a			axable amoun				6b				
Single or Married filing	С									OD				
separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7					
\$12,950 Married filing	8	Other income from Schedule 1, lin			,					8		8,124.		
jointly or Qualifying	9	Other income from Schedule 1, line 10							9		53,123.			
surviving spouse,	10	Adjustments to income from Sche		•						10				
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	6	53,123.		
household, \$19,400	12	Standard deduction or itemized								12		12,950.		
If you checked	13	Qualified business income deducti			,	5-A				13				
any box under Standard	14									14	1	2,950.		
Deduction, see instructions.	15									15		50,173.		
See monuchons.				-										

Form 1040 (202	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	6,656.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	6,656.	
	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	6,656.	
	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	6,656.	
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	8,442.	
	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)	Y		
	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	8,442.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,786.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,786.	
Direct deposit? See instructions.	b	Routing number * * * * * * * 0 6 5 9 c Type: X Checking Savings			
	d	Account number * * * * * 5 0 2 4			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
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		structions	oelow.	X No	
		signee's Phone Personal identi	fication		
	nai		Sedena Cas		
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	
	YO			IN, enter it here	
Joint return?		EMBEDDED SW ENGINEER (see	inst.)		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.			itity Prote inst.)	ection PIN, enter it here	
your records.			11151.)		
		one no. (203) 414-5546 Email address TKADUKUNTLA@GMAIL.COM		Ob a placific	
Paid		eparer's name Preparer's signature Date PTIN	0700	Check if:	
Preparer	17	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/18/2023 *****		Self-employed	
Use Only		The second secon	Phone no. (678) 965-9522		
- ,	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	's FIN	**-***1965	