1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB No	o. 1545-00	174 IRS	Use Only	—Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly uchecked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separa vour spouse. If				usehold (ł SS box, e		spoi	lifying surv use (QSS) name if th	U
Your first name	and mi	ddle initial	Last na	me						Your so	cial securit	y number
REGHA			GUNA	SEKARAN						***-**-0249		
If joint return, spouse's first name and middle initial			Last 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	ntial Electio	on Campaigr
1420 HIA	LEAR	H DRIVE								Check I	nere if you,	or your
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZI	P code				tly, want \$3
LAS VEGAS				NV 89							ow will not	Checking a change
Foreign country name			F	Foreign province/state/county Foreign pos				al code				
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, awar	d, or payn	nent for	property	or servic	es); or	(b) sell,		
Assets		ange, gift, or otherwise dispose of a									Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 Your s	pouse as a	a depen	dent					
Deduction		Spouse itemizes on a separate retur			tatus alien							
Ago/Blindnoog	Vou	Were born before January 2, 1	050 [Are blind	Spouroe		ao horn k	pefore Ja	nuon (1050	Is bl	ind
			900	Ī	Spouse:					12 A		instructions):
Dependents		Instructions): irst name Last name		(2) Social so numbe			ationship you		ld tax cr	· · · ·		her dependents
lf more than four	(1) 1	Lasthame						Crilid tax		eun		
dependents,								T			[
see instructions	·										[<u> </u>
and check here											[
	1a	Total amount from Form(s) W-2, b	ov 1 (se	e instructions)						. 1 a	5	30,834.
Income	b				· · ·					. 1b		<i>J</i> 0 <i>,</i> 0 <i>J</i> 4.
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2								. 1c		
W-2 here. Also	d	Medicaid waiver payments not rep			(see instru	ctions)				. 1d		
attach Forms W-2G and	e	Taxable dependent care benefits f				0110110)				. 1e		
1099-R if tax	f	Employer-provided adoption bene								. 1f		
was withheld.	g	Wages from Form 8919, line 6 .								. 1g		
lf you did not get a Form	h	Other earned income (see instruct								. 1h		0.
W-2, see	i	Nontaxable combat pay election (s					1i					
instructions.	z	Add lines 1a through 1h								. 1z	8	30 , 834.
Attach Sch. B	2a		2a		b Ta	axable ir				. 2b		
if required.	3a	Qualified dividends	3a		b O	rdinary o	dividende	s		. 3b		
	4a	IRA distributions ,	4a		b Ta	axable a	mount .			. 4b	6	
Standard	5a	Pensions and annuities	5a		b Ta	axable a	mount .			. 5b	ù .	
Deduction for-	6a	Social security benefits	6a		b Ta	axable a	mount.			. 6b		
 Single or Married filing 	С	If you elect to use the lump-sum e	lection r	nethod, check	here (see i	instructi	ons) .		C			
separately, \$12,950	7	Capital gain or (loss). Attach Scher	dule D if	required. If no	t required,	check h	nere .		C	7		
Married filing	8	Other income from Schedule 1, line 10							. 8	-	7,368.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	and 8.	This is your to f	al income					. 9		73,466.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, l	ine 26		1				. 10	ii.	
Head of	11	Subtract line 10 from line 9. This is	s your a	djusted gross	income		. n n			. 11	1	73,466.
household, \$19,400	12	Standard deduction or itemized	deduct	ions (from Sch	edule A)					. 12		12,950.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or	Form 8998	5-A .				. 13		
any box under Standard	14		· ·							. 14		12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 Th	is is your t	axable	income		• •	. 15	(50,516.

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	8,933.					
Credits	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	8,933.					
	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	8,933.					
	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	8,933.					
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	10,458.					
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)	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	10,458.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,525.					
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,525.					
Direct deposit?	b	Routing number * * * 1 6 2 7 c Type: Checking X Savings							
See instructions.	d	Account number * * * * * 9 2 7 2							
	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		tructions		X No					
	De	signee's Phone Personal identii ne 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	t of my knowledge and					
Sign		ief, 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		IN, enter it here					
Joint return? See instructions. Keep a copy for		SOFTWARE ENGINEER	inst.)						
	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here						
your records.			inst.)						
	Ph	one no. (512)409-4100 Email address REGHAGUNASEKARAN@GMAIL.CON							
Paid Preparer Use Only	No. Con	eparer's name Preparer's signature Date PTIN		Check if:					
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/14/2023 *****:							
	-								
			's EIN **-**5487						
Go to wave in a				Form 1040 (2022)					
ao to www.iis.go	JVII OIII	n1040 for instructions and the latest information. BAA REV 01/09/23 PRO		Form 1040 (2022)					

rs.gov/Form1040 for instructions and the