1040	· ·	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 202	22	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or staple	in this space.	
Check only		Single Arried filing jointly	_	d filing separately				, ,	spor	lifying surv use (QSS)	-	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you	check	ked the HOH or	QSS	box, enter t	he child's	s name if th	ie qualifying	
Your first name and middle initial Last name			Last nam	me						Your social security number		
HARSHITH	A		THADE	KAPALLY						***-**-6496		
If joint return, spouse's first name and middle initial Last name				ne					Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructior	ins.				Apt. no.	Preside	Presidential Election Campaign		
8655 BRC	OKHO	DLLOW BLVD						204		here if you,		
City, town, or po	ce. If you have a foreign address, also co	baces below. State			ZIP c	ode			tly, want \$3 Checking a			
FRISCO				TX			750	34		ow will not		
Foreign country name F			Fo	oreign province/state/county			Foreign postal code your tax or refund.			Spouse		
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward, award, o	or pav	ment for prope	rtv or	services): o	r (b) sell.			
Assets		ange, gift, or otherwise dispose of a								Yes	X No	
Standard Deduction	_	eone can claim:										
		Were born before January 2, 1			pouse		n befo	ore January	2, 1958	Is bl	ind	
Dependents	(see	instructions):		(2) Social secur	ity	(3) Relationsh	ip (4) Check the I	oox if quali	fies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cre		Credit for ot	her dependents	
than four										[
dependents, see instructions										[
and check							•			[
here 🗌	0									[[
Income	1a	Total amount from Form(s) W-2, be				• • • •	<u>e</u> ~	· · ·	. 1a		86,499.	
Attach Form(s)	b	Household employee wages not re			· ·	· · ·	• •	· · ·	. 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 reported on Form(s) W-2 (see instructions)							. <u>1</u> d			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26 .							. 1e			
was withheld.	f				.9		• •	· · ·	. 1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .		\cdot	• •		•		. 1g		0.	
W-2, see	h i	Other earned income (see instructions)									0.	
instructions.	z				• •				. 1z		86,499.	
Attack Cab D	2a		2a		 Ь Т	axable interest		• • •	. 12		50,477.	
Attach Sch. B if required.	3a		2a 3a			Ordinary divider			. 20			
	4a		4a			axable amoun			. 4b			
Standard	5a		5a			axable amoun			. 5b			
Deduction for-	6a	-	6a			axable amoun			. 6b			
 Single or Married filing 	c	If you elect to use the lump-sum election method, check here (see instructions)								,		
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
\$12,950Married filing	Capital gain of (loss). Attach Schedule D if required, in not required, check here Section 2.1.1							. 8		-7,415.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9		79,084.	
Qualifying surviving spouse,	10	Adjustments to income from Sche	. 10		-,-01.							
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	. 11		79,084.							
household,	12	Standard deduction or itemized	. 12		12,950.							
\$19,400 • If you checked	13	Qualified business income deducti				95-A			. 13		,	
any box under Standard	14	Add lines 12 and 13							. 14		12,950.	
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	е.		. 15		66,134.	
see instructions.												

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	10,165.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,165.
	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	10,165.
	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	10,165.
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	11,532.
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	4	
	31	Amount from Schedule 3, line 15		
	32 33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	11,532.
	100.003	Add lines 25d, 26, and 32. These are your total payments	33	1,367.
Refund	34 35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 35a	1,367.
Direct deposit?	b soa	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	358	1,007.
See instructions.	b	Account number * * * * * * * * 7 5 8 9		
	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	57	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	elow.	X No
-		signee's Phone Personal identif	ication ,	
	na			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,
Here				nt you an Identity
	10			N, enter it here
Joint return?		JAVA FULL STACK DEVELOPER (See	nst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.		(see	-	ection PIN, enter it here
	Ph	one no. (682) 554-7230 Email address HARSHITHAV8646@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/24/2023 *****2	2703	Self-employed
Preparer				678) 965-9522
Use Only	-		s EIN	**-**5487
Go to www.irs.a		n1040 for instructions and the latest information. BAA REV 01/14/23 PRO		Form 1040 (2022)

rs.gov/Form1040 for instructions and the