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

2022

OMB No. 1545-0074

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

	<b>X</b> S	Single Married filing jointly	Marrie	d filing separately (M	1FS)	Head of	house	ehold (HOH	)		fying surv	iving		
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	d the HOH or	QSS	box, enter	r the c	•	, ,	e qualifying		
		on is a child but not your dependent												
Your first name and middle initial			Last nar	Last name							Your social security number			
SAI BALAKRISHNA REDD			NEDU:	RUMALLI					*	***-**-8419				
If joint return, spouse's first name and middle initial				ast name						Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pr	esiden	tial Flection	n Campaign		
		RANGERS DR						1207		Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces b												ly, want \$3		
FRISCO				TX			750			to 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	At an	ny time during 2022, did you: (a) rece	eive (as a	a reward, award, or p	oaym	ent for prope	rty or	services);	or (b)	sell,				
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial in	ntere	st in a digital	asset	)? (See ins	struction	ons.)	Yes	<b>⊠</b> No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	☐ Your spouse	as a	dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien									
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Janua	ry 2, 1	958	Is bli	nd		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (	4) Check the	e box i	f qualifi	es for (see i	nstructions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x credi	t (	Credit for oth	er dependents		
than four dependents,	9			7		AJ								
see instructions	s ——				_			L			L			
and check							<i>*</i>	L			L			
here		T. I	4 /			1		L			L	6 000		
Income	1a	Total amount from Form(s) W-2, be		Will a second	-	• • •			-	1a	10	6,933.		
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a							•	1b				
W-2 here. Also	c d	The state of the s			· ·	tions)				1d				
attach Forms W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e					
1099-R if tax	f	Employer-provided adoption bene			•					1f				
was withheld.	g	Wages from Form 8919, line 6.	into iroini	1 0111 0003, line 23						1g				
If you did not get a Form	h	Other earned income (see instructi	ions)							1h		0.		
W-2, see	i	Nontaxable combat pay election (s		uctions)		1i	i i							
instructions.	Z	Add lines 1a through 1h					٠.			1z	10	6,933.		
Attach Sch. B	2a		2a		<b>b</b> Ta	xable interest	t.			2b				
if required.	3a		3a		<b>b</b> Or	dinary divider	nds .			3b				
	4a	IRA distributions	4a		<b>b</b> Ta	xable amoun	t			4b				
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	xable amoun	t			5b				
Deduction for—	6a	Social security benefits	6a	H	<b>b</b> Ta	xable amoun	t		1.	6b				
Single or Married filing	C	If you elect to use the lump-sum e	lection n	nethod, check here (	see ir	nstructions)								
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
Married filing	8	Other income from Schedule 1, lin	e 10 .							8	_	9,032.		
jointly or Qualifying	9		c, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	9	7,901.		
surviving spouse, \$25,900	10	Adjustments to income from Sche			$\begin{array}{cccccccccccccccccccccccccccccccccccc$					10				
Head of	11	Subtract line 10 from line 9. This is					El .			11		7,901.		
household, \$19,400	12	Standard deduction or itemized		the state of the s	,					12	1	2,950.		
If you checked any box under	13	Qualified business income deducti					11			13				
Standard Deduction,	14	Add lines 12 and 13							14		2,950.			
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -U This is yo	our <b>ta</b>	axable incom	ie .		•	15	8	4,951.		

Form 1040 (2022	2)			Page <b>2</b>					
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	14,312.					
Credits	17	Amount from Schedule 2, line 3	17						
	18	Add lines 16 and 17	18	14,312.					
	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	14,312.					
	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	14,312.					
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	17,501.					
If	26	2022 estimated tax payments and amount applied from 2021 return	26						
If you have a qualifying child,	27	Earned income credit (EIC)	Y						
attach Sch. 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 <b>total payments</b>	33	17,501.					
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,189.					
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,189.					
Direct deposit?	b	Routing number * * * * * * 0 3 2 6 c Type: X Checking Savings							
See instructions.	d	Account number * * * * * 1 5 7 2							
	36	Amount of line 34 you want applied to your 2023 estimated tax							
Amount You Owe	37	37							
	38	For details on how to pay, go to www.irs.gov/Payments or see instructions							
Third Party	Do	you want to allow another person to discuss this return with the IRS? See							
Designee		structions	oelow.	X No					
Ü	De	signee's Phone Personal identi	fication						
-	nai	me no. number (PIN)							
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which								
Here									
	YO		the IRS sent you an Identity rotection PIN, enter it here						
Joint return?			inst.)						
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation If the		nt your spouse an					
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here					
,			11151.)						
		one no. (989) 941-5413 Email address SNEDURUMALLI@GMAIL.COM		Oh a ala if					
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 01/24/2023 *****		Self-employed					
Use Only				(678) 965-9522					
,	Fir	's FIN	**-***5487						