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.

Check only				d filing separately (N				sp	ouse (C	,	Ü		
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If you cl	hecked t	he HOH or	QSS box, enter t	the child	l's nam	e if the	qualifying		
Your first name	and mi	ddle initial	Last nar	me				Your	Your social security number				
AVINASH RAJEEV TA:				THOTI				***	***-**-6607				
	100	first name and middle initial	name					Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Presidential Election Campaign				
4909 HAV	/ERWO	OOD LN					# 1405	Check here if you, or your			your		
		ce. If you have a foreign address, also co	mplete sp	mplete spaces below. State Z					pouse if filing jointly, want \$3				
DALLAS				TX					o go to this fund. Checking a lox below will not change				
Foreign country name			Foreign province/state/county						our tax or refund.				
							You Spouse						
Digital		y time during 2022, did you: (a) rec									V		
Assets		ange, gift, or otherwise dispose of a					asset)? (See insti	ructions	i.) 🔲	Yes	X No		
Standard Deduction		eone can claim:				ependent							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	Was bor	n before January	2, 1958	3 🗌	Is blin	d		
Dependents	s (see	instructions):		(2) Social security	(3) Relationsh	ip (4) Check the	box if qu	alifies fo	r (see in	structions):		
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Credit	for other	dependents		
than four													
dependents, see instruction	s ——												
and check	,												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a	26	5,583.		
	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							1e				
was withheld.	f	Employer-provided adoption benefits 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		er earned income (see instructions)						1h		0.		
instructions.	i	Nontaxable combat pay election (see instru	uctions)		. 1i							
	Z	Add lines 1a through 1h							1z	26	5,583.		
Attach Sch. B	2a	The second secon	2a			ble interest			2b		1.		
if required.	3a	AMON AND AND AND AND AND AND AND AND AND AN	3a	,		ary divider		_	3b				
	4a		4a			ble amount			4b				
Standard Deduction for— Single or	5a		5a				t		5b				
	6a		6a			ble amount			6b				
Married filing separately,	c	If you elect to use the lump-sum e						$H \vdash$	7	,	000		
\$12,950	7	Capital gain or (loss). Attach Sche						\vdash	7		3,000.		
Married filing jointly or	8	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total inc				. -	9	2:	0. 3,584.		
Qualifying surviving spouse,	10			•					10		, 504.		
\$25,900	11	Adjustments to income from Schedule 1, line 26							11		501		
 Head of household, 	12								12		3,584.		
\$19,400 If you checked	13	Standard deduction or itemized deductions (from Schedule A)									2,950.		
any box under	14	Add lines 12 and 13							13 14	11	2,950.		
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		634.		
see instructions.		Caparact into 14 front line 11. If Zer	0 01 1033	, ortion of this is y	our taxa	DIC INCOM					,,034.		

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	1,070.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	1,070.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19			
	20	Amount from Schedule 3, line 8	20	1,070.		
	21	Add lines 19 and 20	21	1,070.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	0.		
	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	0.		
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	4,422.		
16	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 total payments	33	4,422.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,422.		
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,422.		
Direct deposit?	b	Routing number * * * * * * 0 3 5 8 c Type: X Checking Savings				
See instructions.	d	Account number * * * * * * * * 3 9 4 7				
	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	below.	X No		
		signee's Phone Personal identi	ification			
	nai		Seden as			
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						
	10		the IRS sent you an Identity otection PIN, enter it here			
Joint return?		SOFTWARE ENGINEER (see	inst.)			
See instructions.	Sp			IRS sent your spouse an		
Keep a copy for your records.			itity Prote inst.)	ection PIN, enter it here		
your records.			11131.)			
		one no. (669) 233-9845 Email address RAJEEVTALATHOTI@GMAIL.COM		Chook if:		
Paid		Preparer's signature Preparer's signature Date PTIN Oncome and a part a part and a part	2702	Check if:		
Preparer	17	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/05/2023 *****				
Use Only			Phone no. (678) 965-9522 Firm's FIN **-**5487			
_	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	rs HIN	* * - * * * 5 (IX)		