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.

	s 🗌 S	Single X Married filing jointly	Married filing sepa	arately (M	IFS) Head	of house	hold (HOI	H) [fying surviv se (QSS)	ing/	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of your spouse.	. If you ch	ecked the HOF	l or QSS	box, ente	er the			qualifying	
		on is a child but not your dependent		,			, ,				1 7 3	
Your first name	and mi	ddle initial	Last name						Your social security number			
TALLUR			PARTEEP	PARTEEP						***-**-9483		
	pouse's	first name and middle initial	Last name						Spouse's social security number			
VISHNU E	PRIYA	Į.	DADDALA	DADDALA					***-**-6292			
		r and street). If you have a P.O. box, see	3000 300 1000 2000 2000 2000 2000 2000						Presidential Election Campaign			
4114 MEI	L DR								ere if you, o	r your		
	ce. If you have a foreign address, also co	plete spaces below. State							f filing jointly			
SAN ANTO	ONIO		TX			782				this fund. C w will not c		
Foreign country name			Foreign province/state/county			Forei				or refund.	- Jan	
										You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a reward, av	ward, or p	payment for pro	perty or	services)	; or (b) sell,			
Assets		ange, gift, or otherwise dispose of a								Yes	X No	
Standard		eone can claim:			as a depender							
Deduction		Spouse itemizes on a separate retur	n or you were a dua	ıl-status a	alien							
Age/Rlindness	Vou	Were born before January 2, 1	958 Are blind	Sno	use: Was	horn hof	ore Janua	n/2	1058	ls blin		
Dependents		- W		al security	(3) Relatio		_	, ,		es for (see in		
•		rst name Last name		mber	to you	iloilip .	Child to		° 1	Credit for othe		
If more than four	(1)1	Last hame		3 BARTO 25 TOO			Orinia ti			Dicult for othe	1	
dependents,								=			1	
see instructions	s —							_			1	
and check here \square	-							╡			1	
	1a	Total amount from Form(s) W-2, bo	ox 1 (see instruction	ns)					1a	120	0,348.	
Income	b	Household employee wages not re				til til "			1b	120	7,040.	
Attach Form(s)	C	Tip income not reported on line 1a							1c			
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
attach Forms W-2G and	e	Taxable dependent care benefits f			iotractions, .				1e			
1099-R if tax	f	Employer-provided adoption bene							1f			
was withheld.	g	Wages from Form 8919, line 6.		, 1110 20					1g			
If you did not get a Form	h	Other earned income (see instructi							1h		0.	
W-2, see	i	Nontaxable combat pay election (s				1i						
instructions.	z	Add lines 1a through 1h	india dollono,						1z	120	0,348.	
Attach Sch. B	2a		2a	· i ·	b Taxable inter	rest			2b	120	,,010.	
if required.	3a	The state of the s	3a		b Ordinary divi				3b			
	4a		ta		b Taxable amo				4b			
Standard	5a		5a	-	b Taxable amo				5b			
Deduction for—	6a		6a		b Taxable amo				6b			
Single or Married filing	С	If you elect to use the lump-sum e							0.0			
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
\$12,950 Married filing	8	Other income from Schedule 1, lin		(2)				. –	8	-10	0,091.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9		0,257.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									,	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								110	0,257.	
household,	12	Standard deduction or itemized deductions (from Schedule A)									5,900.	
\$19,400 If you checked	13	Qualified business income deducti							12		.,	
any box under Standard	14	Add lines 12 and 13								2"	5,900.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		4,357.	
see instructions.											.,	

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,797.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,797.
	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	9,797.
	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	9,797.
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	15,412.
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)	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	15,412.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,615.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,615.
Direct deposit? See instructions.	b	Routing number * * * * * * 0 0 2 5 c Type: Checking Savings		
	d	Account number * * * * * * * * 2 0 0 7		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
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		Section 10.1	
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 which		
Here				nt you an Identity
	10			IN, enter it here
Joint return?		PROJECT LEAD (see	inst.)	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here
,		SOFTWARE ENGINEER	11131.)	
		one no. (210) 749-7238 Email address PARTEEP.ECE@GMAIL.COM eparer's name Preparer's signature Date PTIN		Chook if
Paid			0700	Check if:
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2023 *****		Self-employed
Use Only	-			(678) 965-9522
-	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***1965