<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		202	2	OMB No. 1545-	0074	IRS Use	Only—I	Do not w	rite or staple i	in this space.	
Check only		Single	_	ling separately (M	,				, <u> </u>	spou	ifying surv Ise (QSS)	0	
one box.	pers	u checked the MFS box, enter the n on is a child but not your dependent		spouse. If you ch	necke	ed the HOH or	QSS	box, ente	r the	child's	name if th	e qualifying	
Your first name and middle initial Last name			Last name								Your social security number		
AMARNATH REDDY NALLA				ABALLE					7	***-**-8547			
If joint return, spouse's first name and middle initial Last name				ne					S	Spouse's social security number			
Home address (	numbe	r and street). If you have a P.O. box, see	instructions.				A	pt. no.				on Campaign	
<u>1981 TOP</u>	AZ I	PLAZADAVIDSON									Check here if you, or your		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete space	aces below. State						spouse if filing jointly, want \$3 to go to this fund. Checking a			
DAVIDSON				NC			28036 b			box below will not change			
Foreign country name				oreign province/state/county			Foreign postal code y			your tax or refund.			
Digital	At ar	y time during 2022, did you: (a) rec	eive (as a re	ward, award, or p	bayn	nent for proper	ty or	services)	; or (b	) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital asse	et (or a financial ir	ntere	est in a digital a	asset)	? (See in:	struct	tions.)	Yes	X No	
Standard Deduction	_	eone can claim:  Vou as a de Spouse itemizes on a separate retur				a dependent							
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	re blind Spo	use:	: 🗌 Was bor	n befo	ore Janua	iry 2,	1958	🗌 ls bl	ind	
Dependents	(see	instructions):		(2) Social security		(3) Relationshi	p (4	) Check th	e box	if qualit	ies for (see	instructions):	
If more	(1) Fi	rst name Last name		number to you			Child tax cred			dit	Credit for ot	her dependents	
than four											[		
dependents, see instructions											[		
and check								L			l		
here 🗌								L					
Income	1a	Total amount from Form(s) W-2, b			•	• • • •	<u>.</u>	• • •		1a	10	04,770.	
Attach Form(s)	b	Household employee wages not re			. •		•	• •	•	1b 1c			
W-2 here. Also	c	Tip income not reported on line 1a (see instructions)							• •	1d			
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26						• •	•	1e	<u> </u>		
1099-R if tax	f	Employer-provided adoption bene			•		• •		• •	1f			
was withheld.		Wages from Form 8919, line 6 .			•		• •			1g			
lf you did not get a Form	g h	Other earned income (see instruct					•			1h		0.	
W-2, see	i	Nontaxable combat pay election (see instructions)										Ŭ.	
instructions.	z	Add lines 1a through 1h		0110)	•					1z	1(	04,770.	
Attach Sch. B	2a		2a		· h Ta	axable interest	• •			2b		<u>, , , , , , , , , , , , , , , , , , , </u>	
if required.	3a		3a			rdinary divider				3b		128.	
	4a		4a			axable amount				4b			
Standard Deduction for—	5a		5a			axable amount				5b			
	6a		6a			axable amount				6b			
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum e											
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		6,259.	
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, line 10								8	-	9,645.	
jointly or Qualifying	9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9		)1,512.	
surviving spouse,	10											, <b>.</b>	
\$25,900 • Head of							10	1(	01,512.				
household, \$19,400	hold, 12 Standard deduction or itemized deductions (from Schodule A)							12		L2,950.			
If you checked								13		9.			
any box under Standard	14	Add lines 12 and 13								14	-	L2,959.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				axable incom	е.			15		38,553.	
Soc morridonos.													

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

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	14,762.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	14,762.
	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	14,762.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	14,762.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		15 000
	d	Add lines 25a through 25c	25d	17,936.
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	1	
	30	Reserved for future use         .	-	
	31 32		32	
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits       .         Add lines 25d, 26, and 32. These are your total payments       .         .       .	33	17,936.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,174.
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,174.
Direct deposit?	b	Routing number $  *   *   *   *   0   3   5   8  $ c Type: Checking Savings	oou	
See instructions.		Account number * * * * * * * * 9 5 7 3		
	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 <b>amount you owe</b> .		
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	ins	structions	elow.	X No
	De	signee's Phone Personal identif me no. Personal identif	ication	
0.		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bee	t of my knowledge and
Sign		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
		Prote	ection Pl	N, enter it here
Joint return?	-	SOFTWARE ENGINEER (see	,	
See instructions. Keep a copy for	Sp			nt your spouse an action PIN, enter it here
your records.		(see i		
	Ph	one no. (510) 934-5873 Email address		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 *****2	2703	Self-employed
Preparer	-		ne no. (	678)965-9522
Use Only	Fir		's EIN	**-***1965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form 1040 (2022)

rs.gov/Form1040 for instructions and the