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	Marrie	ed filing separately (M	1FS)	Head of	househ	old (HOI	H)		ying survi	ving	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	ed the HOH or	QSS b	ox, ente	er the c	•	` ,	qualifying	
	-	on is a child but not your dependent	-	,				•				. , ,	
Your first name and middle initial Last name				me							Your social security number		
SHIRISHKUMAR NEL				ELLORE							***-**-4242		
If joint return, spouse's first name and middle initial Last na										Spouse's social security number			
							*	***-**-0264					
								Pr	Presidential Election Campaign				
400 GREENLAWN DRIVE								Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete				olete spaces below. State Z							filing jointl		
COLUMBIA				SC			00000			-	his fund. C w will not c	-	
Foreign country name			F	Foreign province/state/county							or refund.	90	
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	paym	ent for prope	rty or s	ervices)	; or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a									X Yes	No	
Standard		eone can claim:		_									
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status a	alien								
Age/Rlindness	. Vou	☐ Were born before January 2, 1	958	Are blind Spo	use:	Was bor	rn hefo	re Janua	n/2 1	958	Is blir	nd.	
Dependent	_	(#C #7)		(2) Social security		(3) Relationsh			, ,		-	nstructions):	
-		rst name Last name		number		to you	"		ax credi	1		er dependents	
If more than four		IARV NELLORE		***-**-9911		Con				X			
dependents,		IARV NEBBORE		3911		Son						<u>-</u>	
see instruction	s —						,					_	
and check here \Box	1 —					10.			\exists				
	1a	Total amount from Form(s) W-2, bo	ov 1 (see	e instructions)						1a		8,610.	
Income	b	Household employee wages not re								1b		<u>5,010.</u>	
Attach Form(s)	C	Tip income not reported on line 1a								1c	-		
W-2 here. Also	d	The state of the s								1d			
attach Forms W-2G and			caid waiver payments not reported on Form(s) W-2 (see instructions)										
1099-R if tax	e		cable 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	Other earned income (see instruction					i .			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>				4		0 (10	
		Add lines 1a through 1h			· ·					1z	6	8,610.	
Attach Sch. B if required.	2a		2a			xable interest				2b			
ii required.	3a	And the second s	3a			rdinary divider				3b			
	4a		4a			xable amoun				4b			
Standard Deduction for—	5a		5a			xable amoun				5b			
Single or	6a		6a			xable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e							. 📙				
\$12,950	7	Capital gain or (loss). Attach Scheo						•	. Ш	7		-358.	
Married filing jointly or	8	Other income from Schedule 1, line 10								8		0.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		(A)	ome					9	6	8,252.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incon	ne	7 7 7				11	6	8,252.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	2	5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A											
any box under Standard	14	Add lines 12 and 13								14	2	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	4	2,352.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	4,674.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	4,674.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	4,174.		
	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	4,174.		
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	4,290.		
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	4,290.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	116.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	116.		
Direct deposit?	b	Routing number * * * * * * 0 0 9 6 c Type: X Checking Savings				
See instructions.	d	Account number * * * * * * 8 2 9 6				
	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		For details on how to pay, go to www.irs.gov/Payments or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions		X No		
	De nar	signee's Phone Personal identif me no. number (PIN)	ication			
Ciara		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the hes	t of my knowledge and		
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,		
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity		
		Prote		N, enter it here		
Joint return?		LEAD ENGINEER-CIVIL&STRUC (See				
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here		
your records.		HOME MAKER (see	,	Section 1 inv, enter it here		
	Ph	one no. (839)201-5154 Email address SHIRISHKUMAR8@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/16/2023 *****2	2703	Self-employed		
Preparer	T.			e no. (678) 965-9522		
Use Only	-		's EIN **-**1965			