E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status Check only				d filing separately (N				spou	ifying surv Ise (QSS)	Ü	
one box.		u checked the MFS box, enter the noon is a child but not your dependent		our spouse. If you cl	necked the HOF	or QSS	S box, enter the	e child's	name if th	ne qualifying	
Your first name and middle initial			Last nar	ne			ì	Your social security number			
TEJASWINI				VUPPU					***-**-2343		
Description of the Control of the Co				Last name					Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Presidential Election Campaign			
1907 CATHY LANE				T1			т1	Check here if you, or your			
		ce. If you have a foreign address, also co	mplete sp	nplete spaces below. State Z					oouse if filing jointly, want \$3		
MC LEAN				VA			102		o go to this fund. Checking a ox below will not change		
Foreign country name			Foreign province/state/county			Fore	Foreign postal code yo		our tax or refund.		
									You Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a							Yes	⊠ No	
Standard		eone can claim: You as a de			e as a depende		ty. (Occ motro)	JUNE 10.			
Deduction		Spouse itemizes on a separate return									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse: Was		fore January 2		☐ Is bl		
Dependents				(2) Social security		, ioinip	(4) Check the bo	T			
If more	(1) F	rst name Last name		number	to yo	u	Child tax cre		Credit for ot	ner dependents	
than four dependents,											
see instructions	s —								l		
and check	, —								<u> </u>		
here	J								l		
Income	1a	Total amount from Form(s) W-2, b				<u> </u>		1a		52,010.	
Attack Forms(s)	b	Household employee wages not reported on Form(s) W-2						1b 1c			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6.						1g 1h			
get a Form W-2, see	h	Other earned income (see instructions)								0.	
instructions.	i	Nontaxable combat pay election (see instri	uctions)		1i				0.10	
		Add lines 1a through 1h						1z		52,010.	
Attach Sch. B if required.	2a		2a		b Taxable inte			2b			
ii required.	3a	And the second s	3a		b Ordinary div			3b			
	4a		4a		b Taxable amo			4b			
Standard Deduction for— Single or	5a		5a		b Taxable amo			5b			
	6a	Social security benefits If you elect to use the lump-sum e	6a	action shook hare	b Taxable amo			6b			
Married filing separately,	C							7			
\$12,950	\$12,950 Capital gain or (loss). Attach Schedule D if required. If				ot required, check here			8		10 217	
Married filing jointly or	8							9		10,317. 11,693.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								<u> </u>	
\$25,900	11								1.	11,693.	
Head of household,	12	Subtract line 10 from line 9. This is your adjusted gross income								12,950.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								14,000.	
any box under	14	Add lines 12 and 13								L2,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15		28,743.	
see instructions.		2		., с типо ю у						20, 170.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	24,734.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	24,734.	
	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	24,734.	
	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	24,734.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	27,414.	
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			
	30	Reserved for future use	4		
	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	27,414.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,680.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,680.	
Direct deposit? See instructions.	b	Routing number * * * * * 1 2 0 4 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * * * * * * 6 7 4 8			
	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 <i>www.irs.gov/Payments</i> 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		tructions		X No	
	De nar	signee's Phone Personal identi me no. number (PIN)			
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bor	et 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	e IRS se	nt you an Identity	
		Prot		IN, enter it here	
Joint return?		BOITWARD ENGINEER	(see inst.)		
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.			inst.)	The section of the se	
	Ph	one no. (571)245-6956 Email address TEJASWINIVUPPU1@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 02/02/2023 *****	2703	Self-employed	
Preparer	T.			678) 965-9522	
Use Only	-		Firm's EIN **-**5487		