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.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	househ	old (HOI	H)		fying surv se (QSS)	iving		
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	d the HOH or	QSS b	ox, ente	er the c		` ,	e qualifying		
	pers	on is a child but not your dependent	:											
Your first name and middle initial Last			Last na	ast name							Your social security number			
SAITEJA YAMU				MUSANI							***-**-0468			
If joint return, s	pouse's	first name and middle initial	Last na	name						Spouse's social security number				
ROSHINI			BIJJ	JJALA						****ED FOR				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	ot. no.	Pı	esiden	tial Election	on Campaign		
31620 N	24TH	d DR						4			ere if you,			
City, town, or post office. If you have a foreign address, also complete				plete spaces below. State			ZIP co					tly, want \$3 Checking a		
PHOENIX				AZ							w will not			
Foreign country name			Foreign province/state/county Foreign				ign postal code you		our tax	or refund.				
											You	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	payme	ent for prope	rty or s	ervices)	; or (b)	sell,				
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	nteres	st in a digital	asset)?	(See in	structi	ons.)	Yes	⊠ No		
Standard	Som	eone can claim:	pendent	t	e as a	dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien									
Age/Blindnes:	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befor	e Janua	ary 2, 1	958	☐ Is bli	nd		
Dependent	_	(#C #7)		(2) Social security		(3) Relationsh	1	_	•		es for (see	instructions):		
If more		rst name Last name		number		to you		Child to		T.		ner dependents		
than four	-										Γ			
dependents,	3							Ī	_		Ī			
see instruction and check	s						-	Ī	_		Ī			
here \square]					10		Ī	_		Ī			
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	8	37,374.		
Income	b	Household employee wages not re	ported	on Form(s) W-2		7				1b				
Attach Form(s)	C	Tip income not reported on line 1a	(see ins	structions)						1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see in	struc	tions)				1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e					
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6 .						. 1		1g				
get a Form	h	Other earned income (see instructi	ions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i								
illistructions.	Z	Add lines 1a through 1h								1z	8	37,374.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Tax	kable interest	t .			2b				
if required.	3a	Qualified dividends	3a	3.	b Ord	dinary divider	nds .			3b		3.		
	4a	IRA distributions	4a		b Tax	kable amount	t			4b				
Standard	5a	Pensions and annuities	5a		b Tax	kable amount	t			5b				
Deduction for—	6a	Social security benefits	6a	11	b Tax	kable amount	t			6b				
Single or Married filing	С	If you elect to use the lump-sum e	lection r	method, check here (see in	structions)								
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired, d	check here			. 🗆	7		-322.		
Married filing	8	Other income from Schedule 1, lin	e 10 .							8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	8	37,055.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10				
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	8	37,055.			
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	A)					12		25,900.		
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A												
any box under Standard	14										2	25,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our ta	xable incom	ne .			15		51,155.		
occ monucions.														

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	6,930.		
Credits	17	Amount from Schedule 2, line 3	17			
0.00	18	Add lines 16 and 17	18	6,930.		
	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	6,930.		
	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	6,930.		
Payments	25	Federal income tax withheld from:				
. ayon	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)	7			
	d	Add lines 25a through 25c	25d	11,990.		
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)	T			
	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	5			
	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	11,990.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,060.		
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,060.		
Direct deposit? See instructions.	b	Routing number * * * * * X X X X C Type: Checking Savings				
	d	Account number * * * * * * * * *				
	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 <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		structions	below.	X No		
		signee's Phone Personal iden	tification			
	nai		Technology (Inc.)			
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	o the bes	st of my knowledge and		
Here						
	YO		If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?		SOFTWARE	e inst.)			
See instructions.	Sp			e IRS sent your spouse an		
Keep a copy for your records.			ntity Prote e inst.)	ection PIN, enter it here		
,		HOPEPAKEK	, 11151.)			
		one no. Email address YAMUSANISAITEJA@GMAIL.COM		Chook if		
Paid		Preparer's signature Preparer's signature Date PTIN ORANG PRIVATE PART CAPAR CHIPTER TRAIL AND 02/10/2022 +++++	.0700	Check if:		
Preparer	10	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/18/2023 *****				
Use Only			hone no. (678) 965-9522			
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