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	X 9	Single Married filing jointly	Marrie	ed filing separately (M	(IFS)	Head of	hous	ehold (HOH)		fying surviv se (QSS)	ring	
Check only one box.	If yo	u checked the MFS box, enter the n	ame of v	our spouse. If you ch	necke	ed the HOH or	QSS	box, enter	the cl			qualifying	
		on is a child but not your dependen		, ,				,				, , ,	
Your first name and middle initial				Last name							Your social security number		
APEKSHA				SUKESH KALLUR							***-**-1749		
If joint return, spouse's first name and middle initial Last r				ist name						Spouse's social security number			
Homo address	(numbo	r and street). If you have a P.O. box, see	instruction	one			Т	Ant no	- P	a al al a sa	tiel Election	Oannaina	
		•							tial Election ere if you, o				
		DAKS VALLEY RD	mploto si	mplete spaces below. State Z						ouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also com SAN MARCOS				CA				to		to go to this fund. Checking a box below will not change			
Foreign country name			-	Foreign province/state/county			Foreig				w will not c or refund.	nange	
			'				1016	r or origin poolair odd		You Spouse			
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	ent for prope	rty o	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial in	ntere	st in a digital	asse	t)? (See ins	tructio	ons.)	Yes	X No	
Standard	Som	eone can claim: You as a de	pendent	Your spouse	e as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n be	fore Januar	y 2, 19	958	☐ Is blin	d	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip	(4) Check the	e box if	qualifi	es for (see in	structions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cr		t C	Credit for othe	r dependents	
than four													
dependents, see instructions	3 ——]				
and check												<u> </u>	
here	į.												
Income	1a	Total amount from Form(s) W-2, b				• •				1a	108	3 , 876.	
Attack Farms(a)	b	Household employee wages not re			•		•		•	1b			
Attach Form(s) W-2 here. Also	С		come not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							•	1e			
was withheld.	f	Employer-provided adoption bene	etits from	1 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 instructions)							1h		0.		
instructions.	i	Nontaxable combat pay election (see instructions)								4-	100	8,876.	
A# 0 D	2a	Add lines 1a through 1h Tax-exempt interest	2a		h To					1z 2b	100	0,070.	
Attach Sch. B if required.	3a		3a			dinary divider			•	3b			
	4a		4a			xable amoun				4b			
Standard	5a		5a			xable amoun				5b			
Deduction for—	6a		6a			xable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	1		
\$12,950 Married filing	8	Other income from Schedule 1, line 10							_	8	_ 0	9,654.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		222.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26											
\$25,900 • Head of	11		ne 10 from line 9. This is your adjusted gross income							11	99	9,222.	
household, \$19,400	12	Standard deduction or itemized								12	_	2,950.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	12	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		5,272.		
JOO HISTIUCTIONS.													

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	14,598.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	14,598.		
	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	14,598.		
	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	14,598.		
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	19,966.		
If	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)	Y			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	7			
	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	19,966.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,368.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,368.		
Direct deposit?	b	Routing number * * * * * * 2 8 8 2 c Type: X Checking Savings				
See instructions.	d	Account number * * * * * * 7 3 4 4				
	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		
Ü	De	signee's Phone Personal identi	fication			
-	nai	me no. number (PIN)				
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 whicl				
Here						
	YO			nt you an Identity IN, enter it here		
Joint return?			inst.)			
See instructions.	Sp		IRS ser	IRS sent your spouse an		
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here		
, ou. 10001401			iiist.)			
		one no. (510) 676-3156 Email address APEKSHASUKESH@GMAIL.COM		011-11		
Paid		eparer's name Preparer's signature Date PTIN	0.000	Check if:		
Preparer	17	I PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/19/2023 *****		Self-employed		
Use Only			one no. (678) 965-9522			
,	Fir	's FIN	**-***5487			