E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

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

	\mathbf{X}	Single Married filing jointly	Marrie	d filing separately (N	ИFS)	Head of	househo	old (HOH)		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you c	hecke	d the HOH or	OSS h	nx enter	the (se (QSS) name if th	e gualifying	
One box.		on is a child but not your dependent		our spouse. It you c	HOOKO	a the Horror	QOOD	JA, CITICI	the c	Jillia 3 i	name ii tii	5 qualitying	
Your first name and middle initial Last name								Y	Your social security number				
SRIKANTH REDDY GAN				ANGIDI							***-**-8479		
	-	first name and middle initial	Last nar						_	Spouse's social security number			
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	Р	residen	tial Electio	n Campaign	
11010 HO	LM (OAK PL						4			ere if you,		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	Э	ZIP cod	le				tly, want \$3 Checking a	
CHARLOTTE				NC							w will not		
Foreign country name			F	Foreign province/state/county			Foreign postal code yo			your tax or refund.			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward, award, or	paym	ent for prope	rty or s	ervices);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial	intere	st in a digital	asset)?	(See ins	tructi	ons.)	Yes	⊠ No	
Standard	Som	eone can claim:	pendent	☐ Your spous	e as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You	Were born before January 2, 1	958	Are blind Spo	ouse:	Was bor	rn hefor	e Januar	v 2 1	1958	☐ Is bli	nd	
Dependents				(2) Social security		(3) Relationsh	100	_	•			instructions):	
If more		rst name Last name		number		to you		Child tax		Î		er dependents	
than four	.,	The Hame									Γ	1	
dependents,	3								<u>-</u>		Ī		
see instructions and check	(D)						-		<u>-</u>		Ī		
here	2					110						<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	1,291.	
IIICOIIIE	b	Household employee wages not re	eported o	on Form(s) W-2 .		V				1b			
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)						1c					
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						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 benefits from Form 8839, line 29						1f					
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	ions) .				, a			1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i							
	Z	Add lines 1a through 1h								1z	9	1,291.	
Attach Sch. B	2a	Tax-exempt interest	2a			xable interest			•	2b			
if required.	3a	- Control of the Cont	3a			dinary divide			•	3b			
	4a	IRA distributions	4a		b Ta	xable amoun	t			4b			
Standard Deduction for—	5a		5a			xable amoun				5b			
• Single or	6a		6a			xable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e			,	,			\vdash				
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7			
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8		0.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	+ 9	1,291.	
\$25,900	10	Adjustments to income from Sche								10			
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income								11		1,291.	
\$19,400	12	Standard deduction or itemized							٠	12	$+$ $\frac{1}{}$	7,548.	
 If you checked any box under 	13	Qualified business income deduct							•	13		7 - 4 -	
Standard Deduction,	14	Add lines 12 and 13							14		7,548.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our ta	ixable Incom	ie .		•	15	/	3,743.	

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,837.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,837.
	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	11,837.
	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	11,837.
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	12,852.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	<u> </u>	
	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	12,852.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,015.
11010110	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,015.
Direct deposit?	b	Routing number * * * * * * 0 0 1 0 c Type: Checking Savings		
See instructions.	d	Account number * * * * * * 9 7 1 1		
	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	ins	structions	elow.	X No
		signee's Phone Personal identi	ication	
	naı			
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 which		
Here				nt you an Identity
	10			IN, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.		(see		ection PIN, enter it here
,				
		one no. (219) 315-4713 Email address SREE.REDDY500@GMAIL.COM sparer's name Preparer's signature Date PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2023 *****	2702	Self-employed
Preparer				(678) 965-9522
Use Only	-		s EIN	**-***5487
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