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

|--|

OMB No. 1545-0074

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

Filing Status Check only	<b>X</b> 5	Single Married filing jointly	Married fil	ling separately (M	1FS) Head	of househ	old (HOH	)		ying survi se (QSS)	ving	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		spouse. If you ch	necked the HOH	or QSS b	oox, enter	the c	hild's r	name if the	qualifying	
Your first name	and mi	ddle initial	Last name	Last name						Your social security number		
SREEJA MAL				LKA					***-**-6286			
If joint return, s	pouse's	first name and middle initial	Last name	name					Spouse's social security number			
		r and street). If you have a P.O. box, see	instructions.	uctions. Apt. no.					Presidential Election Campaign Check here if you, or your			
1283 WES							C		spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete									go to t	his fund. C	hecking a	
SAN JOSE				CA Foreign province/state/county						w will not o	:hange	
Foreign country name			Forei	Foreign province/state/county			Foreign postal code		your tax or refund.  You Spouse			
Digital		ny time during 2022, did you: (a) rec									V Na	
Assets		ange, gift, or otherwise dispose of a		_			(See ins	tructio	ons.)	Yes	⊠ No	
Standard Deduction		eone can claim:			e as a depender alien	ı						
Age/Blindness	You:	☐ Were born before January 2, 1	958 🗌 A	re blind <b>Spo</b>	use: 🗌 Was l	orn befo	re Januar	y 2, 1	958	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social security		OI IIP	Check the	box if	qualifie	es for (see in	nstructions):	
If more	(1) F	rst name Last name		number	to you		Child tax	credi	t C	redit for othe	er dependents	
than four											]	
dependents, see instructions	s ——				7			]			]	
and check							L					
here	5:									L		
Income	1a	Total amount from Form(s) W-2, b				n n n			1a	7	4,826.	
A44 I- F (a)	b	Household employee wages not re						•	1b			
Attach Form(s) W-2 here. Also	С	Tip income 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 f						•	1e			
was withheld.	f	Employer-provided adoption bene		rm 8839, line 29					1f			
If you did not	g	Wages from Form 8919, line 6 .				n n .			1g			
get a Form W-2, see	h	Other earned income (see instruct							1h		0.	
instructions.	i	Nontaxable combat pay election (	see instructi	ons)		1i			4-	7	1 926	
A# 0 D		Add lines 1a through 1h	2a		<ul><li>b Taxable inter</li></ul>			•	1z 2b	/	4,826.	
Attach Sch. B if required.	2a 3a		3a		<b>b</b> Ordinary dividen				3b			
	4a	And the second s	4a		<b>b</b> Taxable amo			•	4b			
Standard	5a		5a		b Taxable amo				5b			
Deduction for—	6a		6a		b Taxable amo				6b			
Single or Married filing	С	If you elect to use the lump-sum e						$\Box$	- CIS			
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, lin							8		7,630.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		7,196.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26										
\$25,900 • Head of	11	Subtract line 10 from line 9. This is				n n .			10	6	7,196.	
household, \$19,400	12	Standard deduction or itemized							12		2,950.	
If you checked	13	Qualified business income deduct	ion from For	m 8995 or Form	8995-A				13			
any box under Standard	14	Add lines 12 and 13							14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, er	nter -0 This is yo	our <b>taxable inc</b>	ome .			15		4,246.	
occ morructions.												

Form 1040 (2022	2)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	7,547.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	7,547.	
	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	7,547.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,547.	
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	9,111.	
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	9,111.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,564.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,564.	
Direct deposit?	b	Routing number * * * * * * 1 6 2 7 c Type: X Checking Savings			
See instructions.	d	Account number   *   *   *   *   0   3   8   9			
	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 <b>amount you owe</b> .			
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.	<b>X</b> No	
		signee's Phone Personal identif me no. number (PIN)	ication		
	nai				
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	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity	
	, ,	Prote	ection P	IN, enter it here	
Joint return?		THANNING STECTALIST .	inst.)		
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here	
your records.			inst.)	Cuon Fila, enter it here	
	Ph	one no. (405) 612-3961 Email address SREEJAMALKA12@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023 *****	2703	Self-employed	
Preparer	E-		ne no. (678) 965-9522		
Use Only	-		's EIN	**-***1965	