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.

Filing Status Check only	s 🗙 S	Single Married filing jointly	Marrie	ed filing separately (N	MFS)	Head of	housel	nold (HOI	H) [		ifying s se (QS		ing		
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you ch	necke	d the HOH or	r QSS	box, ente	er the	child's	name i	f the	qualifying		
Your first name and middle initial Last name				me	Y	Your social security number									
VINAY KUMAR DU			DUVV.	AVVUQ							***-**-3827				
If joint return, spouse's first name and middle initial  Last name										Spouse's social security number					
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Р	residen	tial Ele	ction	Campaign		
						Check here if you, or your									
City town or post office. If you have a foreign address, also complete spaces below.  State						spouse if filing jointly, want \$3 to go to this fund. Checking a									
CHARLOT	ΓE			NC 2			282	00000			w will r		•		
Foreign country name			F	Foreign province/state/county Fo				Foreign postal code yo			or refu		J		
											Yo	u [	Spouse		
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a							_		☐ Ye	s [	⊠ No		
Standard		eone can claim: You as a de					7	1000		,					
Deduction	_	Spouse itemizes on a separate return	•			Соронасти									
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n befo	re Janua	ary 2,	1958	Is	blind	t		
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	) Check th	ne box	if qualifi	es for (s	ee ins	structions):		
If more		irst name Last name		number		to you		Child ta	ax crec	dit (	Credit for	other	dependents		
than four															
dependents, see instruction	e														
and check							>								
here	]														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a		99	,923.		
	b	Household employee wages not re	eported (	on Form(s) W-2						1b					
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c					
attach Forms	d	Medicaid waiver payments not rep	dicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e					
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 W-2, see	h	Other earned income (see instruction	· ·				ι.			1h	_		0.		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>									
	Z	Add lines 1a through 1h								1z	-	_99	,923.		
Attach Sch. B	<b>2</b> a		2a			xable interest				2b	-				
if required.	<u>3a</u>		3a			dinary divider				3b	-				
	4a		4a			xable amoun				4b	-				
Standard Deduction for—	5a		5a			xable amoun				5b					
Single or	6a		6a			xable amoun	t			6b	-				
Married filing separately,	С	If you elect to use the lump-sum e			•	,			. 님						
\$12,950	7	Capital gain or (loss). Attach Sched							. Ц	7					
Married filing jointly or	8	Other income from Schedule 1, lin								8			,000.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	1	89	,923.		
surviving spouse, \$25,900 Adjustments to income from Schedule 1, line 26									10	+					
Head of household,	11 (	Subtract line 10 from line 9. This is your adjusted gross income								11	02,72=01				
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	+	_12	2,950.		
If you checked any box under	13									13					
Standard Deduction,	14									14					
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our <b>ta</b>	ixable incom	ie .			15		/6	,973.		

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	12,552.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	12,552.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19			
	20	Amount from Schedule 3, line 8	20	7,500.		
	21	Add lines 19 and 20	21	7,500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,052.		
	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	5,052.		
Payments	25	Federal income tax withheld from:				
-	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	15,235.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	<b>-</b>		
If you have a qualifying child,	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	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 <b>total payments</b>	33	15,235.		
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	10,183.		
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	10,183.		
Direct deposit?	b	Routing number * * * * * * 0 1 3 8 c Type: X Checking Savings				
See instructions.	d	Account number   *   *   *   *   *   *   *   3   5   5   5				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
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)				
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See				
Designee		structions		<b>X</b> No		
	De na	signee's Phone Personal identi me no. number (PIN)	fication			
Ciana		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the her	et of my knowledge and		
Sign	be	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	n prepar	er has any knowledge.		
Here	Yo	ur signature Date Your occupation If the	RS se	nt you an Identity		
				IN, enter it here		
Joint return?		DEVOES/CHOOD ENGINEER	inst.)			
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.			inst.)	ection in, enter it here		
	——Ph	one no. (612)300-6261 Email address VINAYKUMAR.DUVVA@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/03/2023 *****	2703	Self-employed		
Preparer				(678)965-9522		
Use Only			's EIN	**-***1965		
	1 111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O LIIV	エノひろ		