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

2022	
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OMB No. 1545-0074

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

Filing Status	X 5	Single Married filing jointly	Marrie	ed filing separately (M	/IFS)	Head of	hous	ehold (HOH)			fying survi se (QSS)	ving
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you ch	hecke	d the HOH or	QSS	box, enter				e qualifying
	pers	on is a child but not your dependent	::									
Your first name	our first name and middle initial Last name					- 1	Your social security number					
MANIKANTA RAJESH DURE			DURB	RBHA						***-**-3354		
If joint return, spouse's first name and middle initial Last name						Sp			Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pre	esiden	tial Election	n Campaign
19251 PF	REST	ON RD						305		Check here if you, or your		
								spouse if filing jointly, want \$3 to go to this fund. Checking a				
DALLAS				TX 7			75				w will not o	
Foreign country name			Foreign province/state/county Fo			Fore	reign postal code your ta			or refund.	J	
											You	Spouse
Digital		y time during 2022, did you: (a) rec					-					\sqrt
Assets		ange, gift, or otherwise dispose of a		<u></u>			asse	t)? (See ins	tructio	ns.)	Yes	⊠ No
Standard Deduction	_	eone can claim:	•	•		dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n be	fore Januar	y 2, 19	958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip	(4) Check the	box if	qualifi	es for (see ii	nstructions):
If more	,	First name Last name		number		to you		Child tax cre			Credit for othe	er dependents
than four							7]			
dependents, see instructions]]
and check	, 						>]]
here]]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	8	4,236.
	b	Household employee wages not re	eported	on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	·	ip 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	е	Taxable dependent care benefits from Form 2441, line 26								1e		
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 W-2, see	h	Other earned income (see instructions)							٠	1h		0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>li</u>						4 226
	<u>z</u>	Add lines 1a through 1h							•	1z	8	4,236.
Attach Sch. B if required.	2a		2a			xable interest				2b		
ii required.	3a		3a 4a			dinary divider xable amoun			•	3b 4b		
Standard	4a 5a		5a			xable amoun				5b		
Standard Deduction for—	6a		6a			xable amoun			•	6b		
Single or	C	If you elect to use the lump-sum election method, check here (see instructions)						$\dot{\Box}$	OD			
Married filing separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						\Box	7			
\$12,950 Married filing	8 Other income from Schedule 1, line 10							8				
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						•	9	8	4,236.	
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26							Ċ	10		_,
\$25,900 • Head of	11		om line 9. This is your adjusted gross income					·	11	Ω	4,236.	
household,	12	Standard deduction or itemized	•							12		2,950.
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		_,,,,,,	
any box under Standard	14	Add lines 12 and 13							14	1	2,950.	
Deduction,	15	Subtract line 14 from line 11. If zer					ne			15		1,286.
see instructions.											<u> </u>	,

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,298.
Credits	17	Amount from Schedule 2, line 3	17	
31333	18	Add lines 16 and 17	18	11,298.
	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	11,298.
	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	11,298.
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	12,820.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
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		
	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	12,820.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,522.
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,522.
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings		
See instructions.	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		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions		× No
	De nai	signee's Phone Personal iden ne no. number (PIN)	tification	
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t		
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ch prepar	er has any knowledge.
11010	Yo			ent you an Identity PIN, enter it here
			e inst.)	IN, enter it here
Joint return? See instructions.	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation		ne IRS se	nt your spouse an
Keep a copy for		Ide	ntity Prot	ection PIN, enter it here
your records.			e inst.)	
		one no. (979)402-7867 Email address RAJESH.DURBHA@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/02/2023 *****	2703	Self-employed
Use Only	Fir		one no.	(678)965-9522
OSE OILLY	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	n's EIN	**-**5487