E1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Ta		n 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use O	nly—Dc	o not wr	ite or staple i	n this space.	
Check only				filing separately (N	,			, ,		spou	ifying surv se (QSS)	U	
one box.	,	u checked the MFS box, enter the r on is a child but not your dependen	,	ir spouse. If you c	песк	ed the HOH or	QSS	box, enter	the c	niia's	name if th	e qualifying	
Your first name	and mi	ddle initial	Last name	1						Your social security number			
GIRI				VANKAYALAPATI							***-**-7938		
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
SHILPA			VANKAY	VANKAYALAPATI					**	***-**-0689			
Home address (	numbe	r and street). If you have a P.O. box, see	e instructions	S.			A	pt. no.		Presidential Election Campaign			
<u> 1141 E F</u>	AIR	VIEW AVE									ere if you,		
City, town, or post office. If you have a foreign address, also com				nplete spaces below. State Z								tly, want \$3 Checking a	
MERIDIAN			ID 8				836	3642 box			o go to this fund. Checking a box below will not change		
Foreign country name			For	Foreign province/state/county For			Foreig	Foreign postal code yo			or refund.		
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as a r	eward, award, or	payr	ment for prope	rty or	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital as	set (or a financial	intere	est in a digital	asset)	? (See ins	tructio	ons.)	Ves	X No	
Standard	Som	eone can claim: 🗌 You as a de	ependent	Your spous	e as	a dependent							
Deduction	🗌 s	pouse itemizes on a separate retu	rn or you w	ere a dual-status	alien	1							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 19	958	🗌 ls bli	nd	
Dependents	s (see i	nstructions):		(2) Social security	,	(3) Relationsh	ip (4	) Check the	box if	qualifi	ies for (see	instructions):	
If more		rst name Last name		number	to you			Child tax cre		redit Credit for c		ner dependents	
than four	RIT	HVIK VANKAYALAPA	ri 🗌	***-**-075	8	Son			]		•	X	
dependents,									]		[		
see instructions and check	;						,		]		[	7	
here									1		[	7	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see ir	nstructions) .						1a	8	35,053.	
meome	b	Household employee wages not reported on Form(s) W-2								1b			
Attach Form(s)	с	Tip income not reported on line 1a (see instructions)								1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orm(s) W-2 (see i	nstru	ictions)				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 bene								1f			
lf you did not	g	Wages from Form 8919, line 6								1g			
get a Form	h	Other earned income (see instruct								1h		0.	
W-2, see	i	Nontaxable combat pay election (		tions)		1i							
instructions.	z											35,053.	
Attach Sch. B	2a	e e e e e e e e e e e e e e e e e e e	2a		b T	axable interest				2b		1.	
if required.	3a		3a			rdinary divider				3b		0.	
	4a	IRA distributions	4a			axable amoun				4b			
Standard	5a	Pensions and annuities	5a			axable amoun			•	5b			
Deduction for –	6a	Social security benefits     6a     b     Taxable amount     .     .								6b			
Single or     Marriad filing	c	If you elect to use the lump-sum election method, check here (see instructions)											
Married filing separately,												-3,000.	
<ul><li>\$12,950</li><li>Married filing</li></ul>	<ul> <li>7 Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>8 Other income from Schedule 1, line 10</li> </ul>									7		-8,400.	
jointly or	8         Other income from Schedule 1, line 10         .           .							·	9		- <u>8,400.</u> 73,654.		
Qualifying spouse,	10		10		3,034.								
\$25,900												12 654	
<ul> <li>Head of household,</li> </ul>									•	11		<u>73,654.</u>	
\$19,400 r	12						• •		·	12		25,900.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					• •		•	13			
Standard Deduction,	14			· · · · ·			• •		·	14		<u>25,900.</u>	
see instructions.	15	Subtract line 14 from line 11. If ze	ro or less, e	enter -U This is y	our 1	axable incom	e.		•	15	4	17,754.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3	16	5,322.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	5,322.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	4,822.	
	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	4,822.	
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	7,223.	
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)			
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	4		
	30	Reserved for future use         .	4		
	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	7,223.	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	2,401.	
Refund	34 25 o	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,401.	
Direct deposit?	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,401.	
See instructions.	b d	Routing number       *       *       *       0       0       2       5       c Type:       ▲ Checking       Savings         Account number       *       *       *       *       *       5       6       9       9       9       9       9       1			
	36	Account number 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 <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37		
100 0110	38	Estimated tax penalty (see instructions)	07		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See			
		structions	below.	× No	
		signee's Phone Personal ident	ification		
	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 whic			
Here				nt you an Identity	
	ŶŎ			N, enter it here	
Joint return? See instructions.			inst.)		
	Sp			nt your spouse an	
Keep a copy for your records.			itity Prote inst.)	ection PIN, enter it here	
,		HOME MARER			
Paid		one no.     (682)313-9382     Email address     GIRIBABU.VS@GMAIL.COM       eparer's name     Preparer's signature     Date     PTIN		Check if:	
			2702	Self-employed	
Preparer			ne no. (678)965-9522		
Use Only				**-***1965	
			ı's EIN	Form <b>1040</b> (2022)	
GO IO WWW.IIS.GO	UV/FOM	m1040 for instructions and the latest information. BAA REV 02/10/23 PRO		rom <b>1040</b> (2022)	

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