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	X 5	Single Married filing jointly	Marrie	ed filing separately (N	/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	necke	ed the HOH or	QSS	S box, enter				e qualifying	
	pers	on is a child but not your dependent	:										
Your first name	and mi	ddle initial	Last na	me						Your social security number			
RAJA CHO	WDHA	ARY	PODI	LI					* *	***-**-8152			
If joint return, spouse's first name and middle initial Last na				it 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	
1901 KNI	GHTS	SBRIDGE ROAD		3				3214		Check here if you, or you			
City, town, or post office. If you have a foreign address, also complete sp			ete spaces below. State ZII			ZIP				oouse if filing jointly, want \$3 go to this fund. Checking a			
FARMERS	BRAI	1CH		TX 7			75				w will not o		
Foreign country name			F	Foreign province/state/county			Fore	Foreign postal code yo			or refund.	Ü	
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	ent for prope	rty o	r services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	st in a digital	asse	t)? (See ins	tructio	ns.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	t	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	use:	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		rst name Last name		number		to you		Child tax	credit		Credit for othe	er dependents	
than four]				
dependents, see instructions]]	
and check	, 						>]]	
here]]	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)		.).)				1a	9	5,606.	
	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	`							1c 1d			
attach Forms	d		aid waiver payments not reported on Form(s) W-2 (see instructions)										
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		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 instruct								1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)									F 606		
	<u>z</u>	Add lines 1a through 1h								1z	9	5,606.	
Attach Sch. B if required.	2a		2a			xable interest				2b			
	3a_		3a 4a			dinary divider xable amoun			•	3b 4b			
Standard	4a 5a		4 а 5а			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)							OD				
Married filing separately,	7	Capital gain or (loss). Attach Sche			•	•	•		Н	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin					•			8	_1	5,000.	
jointly or	9									9		0,606.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								10		-,	
\$25,900 • Head of	11		line 9. This is your adjusted gross income							11	ρ	0,606.	
household,	pusehold, 12 Standard deduction or itemized deductions (from Schodulo A)								12		2,950.		
\$19,400 If you checked	13	Qualified business income deduct		`	,	5-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 zero or less, enter -0 This is your taxable income							15		7,656.		
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	10,506.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,506.
	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	10,506.
	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	10,506.
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	13,229.
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	1	
	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	13,229.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,723.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,723.
Direct deposit? See instructions.	b	Routing number ★ ★ ★ ★ ★ 0 0 2 5 c Type: ★ Checking Savings		
See instructions.	d	Account number * * * * * * * * * * 3 8 6 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 <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See structions	elow.	X No
		signee's Phone Personal identif	ication	
	na			
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
				IN, enter it here
Joint return?		SOFTWARE DEVELOPER (see	nst.)	
See instructions. Keep a copy for your records.	Sp		ity Prote	nt your spouse an ection PIN, enter it here
	——Ph	one no. (972)207-8508 Email address PODILI.RAJA@GMAIL.COM		
		eparer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/18/2023 *****	2703	Self-employed
Preparer				678)965-9522
Use Only			's EIN	**-***5487