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 Check only | XS | Single Married filing jointly | Marrie | ed filing separately (N | 1FS) | Head of | hous | ehold (HOH |) | | ifying surv se (QSS) | iving |
|--|---|--|------------|---|---------------|--------------------|---------|---------------|---------------------------------|---|-------------------------|----------------|
| one box. | | u checked the MFS box, enter the na | | our spouse. If you ch | necke | ed the HOH or | QSS | S box, ente | r the c | hild's | name if th | e qualifying |
| | <u> </u> | on is a child but not your dependent | | | | | | | 1 | | | |
| Your first name and middle initial | | | Last nar | | | | | | | Your social security number | | |
| | | | PODI | | | | | | | ***-**-8152 | | |
| If joint return, sp | ouse's | first name and middle initial | Last nar | ne | | | | | Sp | oouse's | s social sec | urity number |
| Home address (| numbe | r and street). If you have a P.O. box, see | instructio | ons. | | | | Apt. no. | | | | n Campaign |
| _1901 KNI | GHTS | BBRIDGE ROAD | | | | | SPOLICE | | | ck here if you, or your use if filing jointly, want \$3 | | |
| City, town, or post office. If you have a foreign address, also comp | | | mplete sp | · · · | | | ZIP | to | | to go to this fund. Checking a | | |
| FARMERS BRANCH | | | | TX | | | | | | box below will not change | | |
| Foreign country name | | | F | Foreign province/state/county Foreign postal code | | | | de yo | your tax or refund. You Spouse | | | |
| Digital | At an | y time during 2022, did you: (a) rece | eive (as a | a reward, award, or p | oaym | ent for prope | rty o | r services); | or (b) | sell, | | |
| Assets | | ange, gift, or otherwise dispose of a | | | | | - | | | | Yes | ⊠ No |
| Standard | Som | eone can claim: | pendent | Your spouse | as a | dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status a | alien | | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | use: | Was bor | n be | fore Janua | y 2, 1 | 958 | ☐ Is bli | nd |
| Dependents | (see i | nstructions): | | (2) Social security | | (3) Relationsh | iip | (4) Check the | e box i | f qualifi | ies for (see i | instructions): |
| If more | (1) Fi | rst name Last name | | number | | to you | | Child tax | x credi | it (| Credit for oth | er dependents |
| than four | | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | | |
| and check | | | | | | | 1 | | | | L | |
| here | | | | | | 1 | | | | | <u>L</u> | |
| Income | 1a | Total amount from Form(s) W-2, be | • | , | | | | | | 1a | 11 | 4,806. |
| Attach Form(s) | b | Household employee wages not re | | | | | | | | 1b | | |
| W-2 here. Also | C | Tip income not reported on line 1a | • | | · . | | | | • | 1c | | |
| attach Forms W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | |
| 1099-R if tax | e | | | | | | • | | | 1e | | |
| was withheld. | f | Employer-provided adoption bene | iits irom | Form 8839, line 29 | • | | | | • | 1f | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . Other earned income (see instruction | | | • | | | | • | 1g 1h | | 0. |
| W-2, see | h i | Nontaxable combat pay election (s | ′ ′ | uotions) | • | | i | | • | 111 | | <u> </u> |
| instructions. | z | Add lines 1a through 1h | see msur | uctions) | • | !! | | | | 1z | 11 | 4,806. |
| Attach Sch. B | 2a | , and the second | 2a | | b Та | xable interest | · | | | 2b | | 1,000. |
| if required. | 3a | | 3a | | | dinary divider | | | | 3b | | |
| | 4a | | 4a | | | xable amoun | | | | 4b | | |
| Standard | 5a | | 5a | | | xable amoun | | | | 5b | | |
| Deduction for— | 6a | Social security benefits | 6a | | b Ta | xable amoun | t. | | | 6b | | |
| Single or Married filing | С | If you elect to use the lump-sum e | lection n | nethod, check here (| see ir | nstructions) | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | 7 | | |
| Married filing | 8 | Other income from Schedule 1, line 10 | | | | | | | | 8 | -2 | 2,273. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | 9 | 9 | 2,533. |
| surviving spouse, \$25,900 | 10 Adjustments to income from Schedule 1, line 26 | | | | | | | | | | | |
| Head of | d of Subtract line 10 from line 9. This is your adjusted gross income | | | | | | 11 | 9 | 2,533. | | | |
| household, \$19,400 | 12 | Standard deduction or itemized | • | , | | | | | 12 | 1 | 2,950. | |
| If you checked any box under | 13 | Qualified business income deducti | on from | Form 8995 or Form | 8995 | 5-A | | | | 13 | 1 | |
| Standard | 14 | | | | | | | | | 14 | 1 | 2,950. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -0 This is yo | our ta | axable incom | ie | | • | 15 | 7 | 9,583. |

| Form 1040 (2022 | 2) | | | Page 2 | |
|--|-----|--|--|---------------------|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲 | 16 | 13,124. | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | |
| | 18 | Add lines 16 and 17 | 18 | 13,124. | |
| | 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 | 13,124. | |
| | 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 | 13,124. | |
| Payments | 25 | Federal income tax withheld from: | | | |
| | а | Form(s) W-2 | | | |
| | b | Form(s) 1099 | | K 1 | |
| | С | Other forms (see instructions) | | | |
| | d | Add lines 25a through 25c | 25d | 15,645. | |
| 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 | | | |
| | 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 | 15,645. | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,521. | |
| 11010110 | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 2,521. | |
| Direct deposit? | b | Routing number * * * * * * 0 0 2 5 c Type: X Checking Savings | | | |
| See instructions. | d | Account number * * * * * * * * * * 3 8 6 1 | | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax 36 | | | |
| 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 | Do | you want to allow another person to discuss this return with the IRS? See | | | |
| Designee | | structions | below. | ⋉ No | |
| | | signee's Phone Personal ident | ification | | |
| | naı | | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic | | , , | |
| Here | | | | ent you an Identity | |
| | 10 | | | PIN, enter it here | |
| Joint return? | | SOFTWARE DEVELOPER (see | e inst.) | | |
| See instructions. | Sp | | the IRS sent your spouse an | | |
| Keep a copy for your records. | | | dentity Protection PIN, enter it here see inst.) | | |
| , | | The state of the s | | | |
| | | one no. (972)207-8508 Email address PODILI.RAJA@GMAIL.COM | | Chaol: if: | |
| Paid | | eparer's name Preparer's signature Date PTIN | .0000 | Check if: | |
| Preparer | | I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/18/2023 ***** | | Self-employed | |
| Use Only | | | | (678)965-9522 | |
| | Fir | m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm | n's EIN | **-***5487 | |