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	s ∐ 5	Single 🔀 Married filing jointly	Marrie	ed filing separately (M	/IFS)	Head of	household (H	OH) L		fying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	vour spouse. If you ch	necke	d the HOH or	OSS box er	nter the		se (QSS) name if the	aualifyina	
One box.		son is a child but not your dependen		your opouse. If you of	iconc	a 1110 1 101 1 01	QOO DOX, OI	1101 1110	ornia o	namo n un	qualifying	
Your first name		, '	Last na	ıme				,	Your sod	ial security	number	
									Your social security number ***-**-4568			
GURUPREETH NUKALA  If joint return, spouse's first name and middle initial Last name									Spouse's social security number			
										***-**-9836		
NAVYA Home address	(numbe	er and street). If you have a P.O. box, see					Apt. no.				n Campaign	
	,		, mondon	0110.			4309			ere if you,		
		OLLOW BLVD  ce If you have a foreign address, also co	omnlete s	spaces helow	State	_	ZIP code		spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete spa				TX 75034					this fund. C			
FRISCO Foreign country name			Foreign province/state/county						w will not on refund.	cnange		
r oreign country	y name			r oreign province/state/c	Journey		Toreign postar	code	our tux	You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or p	paym	ent for prope	rty or service	s); or (l	o) sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial i	nteres	st in a digital	asset)? (See	instruc	tions.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	ependen	t Your spouse	e as a	dependent						
Deduction		Spouse itemizes on a separate retur	rn or you	u were a dual-status a	alien		1111					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jan	uary 2,	1958	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check	the box	if qualifi	es for (see i	nstructions):	
If more		First name Last name		number to you		to you	Child tax cred		redit Credit for other depender		er dependents	
than four												
dependents, see instruction												
and check							,					
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)		.).)			1a	13	7,846.	
moonic	b	Household employee wages not re	eported	on Form(s) W-2		7			1b			
Attach Form(s)	С	Tip income not reported on line 1a	a (see in:	structions)					1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						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 benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form	h	Other earned income (see instruct	tions)						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (	see insti	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h							1z	13	7,846.	
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	xable interest			2b		1.	
if required.	3a	Qualified dividends	3a	71.	<b>b</b> Or	dinary divider	nds		3b		71.	
	4a	IRA distributions	4a		<b>b</b> Ta	xable amount	t		4b			
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Ta	xable amount	t		5b			
	6a	Social security benefits	6a		<b>b</b> Ta	xable amount	t		6b			
Single or Married filing	С	If you elect to use the lump-sum e	election i	method, check here (	(see ir	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7	_	3,000.		
Married filing	8	Other income from Schedule 1, lin	, line 10					8	-1	3,195.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total inc	ome				9	12	1,723.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							10			
Head of	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross incon	ne				11	12	1,723.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12	2	5,900.	
If you checked	13	Qualified business income deduct	tion from	n Form 8995 or Form	8995	-A			13			
any box under Standard	14	Add lines 12 and 13							14	2	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This is ye	our <b>ta</b>	xable incom	е		15	9	5,823.	
- /												

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	12,316.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	12,316.	
	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	12,316.	
	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	12,316.	
<b>Payments</b>	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	23,707.	
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	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 <b>total other payments and refundable credits</b>	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	23,707.	
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	11,391.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	11,391.	
Direct deposit? See instructions.	b	Routing number * * * * * X X X X X C Type: Checking Savings			
oee mandenons.	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 <b>amount you owe</b> .  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		you want to allow another person to discuss this return with the IRS? See structions	nelow	X No	
Doorginoo		signee's Phone Personal identif			
	nar				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo			nt you an Identity	
Joint return?		SOFTWARE ENGINEER (see i		IN, enter it here	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation If the	f the IRS sent your spouse an		
Keep a copy for your records.			dentity Protection PIN, enter it here see inst.)		
your records.		HOME MAKER	nst.)		
		one no. (913)325-7327 Email address PREETHAM31@GMAIL.COM		Ob a all if	
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
Preparer		PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2023 *****2		Self-employed	
Use Only				(678)965-9522	
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	**-***1965	