E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

OMB No. 1545-0074

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	d filing separately (N	/IFS)	Head of	household	(HOH)		ifying survi ıse (QSS)	iving	
Check only one box.	-	u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you cl	hecke	d the HOH or	QSS box	enter the		` ,	e qualifying	
Your first name	and mi	ddle initial	Last nar	Last name						Your social security number		
JASWANTH			PATT	PATTIPATI						***-**-6226		
				ast name						Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. r	10.	Presider	ntial Electio	n Campaigr	
490 BARNES DR									Check h	ere if you,	or your	
City, town, or post office. If you have a foreign address, also com				nplete spaces below. State 2						spouse if filing jointly, want \$3 to go to this fund. Checking a		
SAN MARCOS			TX			78666			box below will not change			
Foreign country name			Foreign province/state/county				Foreign postal code you			our tax or refund.		
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) recange, gift, or otherwise dispose of a		AN AD ADDRESS OF THE BANKS CONTRACTOR OF THE PARTY OF THE			-			Yes	⊠ No	
Standard		eone can claim: You as a de							)			
Deduction		Spouse itemizes on a separate return				Сороности						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before	-		Is bli		
Dependents				(2) Social security		(3) Relationsh	ip (4) Ch	eck the bo	x if qualif	ies for (see i	instructions):	
If more	(1) F	rst name Last name		number to you			С	hild tax cr	edit	Credit for oth	er dependents	
than four dependents,	9					AJ						
see instructions	s —									L		
and check										L		
here	]					10				L		
Income	1a	Total amount from Form(s) W-2, b	•						1a	7	4,960.	
Attack Forms(s)	b	Household employee wages not reported on Form(s) W-2							1b			
Attach Form(s) W-2 here. Also	С	Tip 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										
If you did not	g	Wages from Form 8919, line 6							1g			
get a Form W-2, see	h	Other earned income (see instructions)							1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	•	<u>li</u>				-	4 060	
		Add lines 1a through 1h							1z		4,960.	
Attach Sch. B if required.	2a		2a	22		xable interest			2b			
ii required.	3a	- Control of the Cont	3a			dinary divider			3b		33.	
	4a		4a			xable amoun						
Standard Deduction for—	5a		5a			xable amoun <sup>.</sup> xable amoun			-			
Single or	6a		6a				l		6b			
Married filing separately,	С 7	If you elect to use the lump-sum election method, check here (see instructions)							7		127	
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8		427. 8,233.	
jointly or	9								9			
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									7,187.	
\$25,900	11	Adjustments to income from Schedule 1, line 26									7 107	
Head of household,	12	Standard deduction or itemized deductions (from Schedule A)									2,950.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A									<u> </u>	
any box under	14	Add lines 12 and 13									2,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15		4,237.	
see instructions.		Sand in the first the firs	2 0, 1000	.,	Jul 10				13		1,401.	

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	7,517.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	7,517.	
	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	7,517.	
	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	7,517.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	9,489.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	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	9,489.	
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	1,972.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,972.	
Direct deposit? See instructions.	b	Routing number * * * * * * X X X X X C Type: Checking Savings			
	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)			
<b>Third Party</b>	Do	you want to allow another person to discuss this return with the IRS? See		_	
Designee	ins	tructions	oelow.	<b>X</b> No	
	De nar	signee's Phone Personal identi me no. number (PIN)			
		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	Alea lead		
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	ur signature Date Your occupation If the	IRS se	nt you an Identity	
	, ,	Prote	ection P	IN, enter it here	
Joint return?		ENGINEER (see	inst.)		
See instructions. Keep a copy for	Sp		f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.			inst.)	ection Pilv, enter it here	
	Ph				
		pone no. (979) 267-5256 Email address JASWANTH.PATTIPATT@GMAIL.COM  paparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/20/2023 *****	2703	Self-employed	
Preparer	T.			(678) 965-9522	
Use Only	-		Phone no. (678) 965-9522 Firm's EIN **-**1965		
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