<b>1040</b>	· ·	rtment of the Treasury—Internal Revenue Serv <b>5. Individual Income Tax</b>		2022	OMB No. 1545	6-0074	IRS Use Only-	Do not w	rite or staple in this space.
Filing Status	XS	Single  Married filing jointly	] Married filing	separately (MF	S)  Head of	house	hold (HOH)		ifying surviving ıse (QSS)
one box.		u checked the MFS box, enter the n on is a child but not your dependent		ouse. If you che	cked the HOH o	r QSS	box, enter the	child's	name if the qualifying
Your first name	and mi	ddle initial	Last name						cial security number
RAVINDRA PRASAD VUPP			VUPPALA	ALA				***_>	**-8616
If joint return, spouse's first name and middle initial Last name							Spouse'	s social security numbe	
Home address (	numbe	r and street). If you have a P.O. box, see	instructions.			A	Apt. no.	Preside	ntial Election Campaig
18PARK H	ILL								ere if you, or your
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spaces b	baces below. State					if filing jointly, want \$3 this fund. Checking a
ALBANY				NY					ow will not change
Foreign country name Fo				oreign province/state/county			Foreign postal code your tax or refund.		
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a							Yes X No
Standard		eone can claim:  You as a de		] Your spouse a		40001)			
Deduction	_	Spouse itemizes on a separate retur							
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are b	olind Spous	se: 🗌 Was bo		ore January 2,		Is blind
Dependents			(2)	Social security	(3) Relations	nip (4		· 1	ies for (see instructions):
If more	(1) Fi	rst name Last name		number	to you		Child tax cre	dit	Credit for other dependent
than four dependents,									<u> </u>
see instructions									
and check	2								
here 🗌	4-								
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re			• • • • •			1a 1b	
Attach Form(s)	c	Tip income not reported on line 1a				• •		10	
W-2 here. Also	d	Medicaid waiver payments not rep						1d	
attach Forms W-2G and	e	Taxable dependent care benefits f						1e	
1099-R if tax	f	Employer-provided adoption bene						1f	
was withheld.	g	Wages from Form 8919, line 6.		0000, 1110 20				1g	
If you did not get a Form	h	Other earned income (see instruct						1h	-
W-2, see	i	Nontaxable combat pay election (		3)	1	i			
instructions.	z	Add lines 1a through 1h						1z	141,500.
Attach Sch. B	2a		2a	b	Taxable interes	t.		2b	
if required.	3a	Qualified dividends	3a	b	Ordinary divide	nds .		3b	
	4a	IRA distributions ,	4a	b	Taxable amour	ıt		4b	
Standard	5a	Pensions and annuities	5a	b	Taxable amour	it		5b	
Deduction for-	6a	Social security benefits	6a	b	Taxable amour	nt		6b	
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum e	]						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if require	ed. If not require	ed, check here		🗆	] 7	
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, lin	e10					8	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	9	141,500.					
surviving spouse, \$25,900	10	Adjustments to income from Sche	10						
Head of	11	Subtract line 10 from line 9. This is	11	141,500.					
household, \$19,400	12	Standard deduction or itemized				× ×		12	12,950.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct	ion from Form	8995 or Form 89	995-A			13	
Standard	14	Add lines 12 and 13				• •		14	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, enter	r -0 This is you	r taxable incon	ne .		15	128,550.

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

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1	16	24,688.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	24,688.
	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	24,688.
	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	24,688.
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	16,826.
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	16,826.
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33 34	10,020.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 35a	
Direct deposit?	35a b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here          Routing number       *       *       *       X       X       X       C Type:       Checking       Savings	358	
See instructions.	d b	Routing number         *         *         *         X         X         X         X         C         Type:         Checking         Savings           Account number         *         *         *         *         *         *         *         X <th></th> <th></th>		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe	57	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	8,077.
	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	elow.	X No
		signee's Phone Personal identif	cation	
	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
	10	9		IN, enter it here
Joint return?	-	IT (DATA ENGINEER) (see i	nst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.		identi (see i	-	ection PIN, enter it here
	Ph	one no. (571)352-7452 Email address RAVINDRA.VUPPALA15@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/04/2023 ****2	703	Self-employed
Preparer	-			678)965-9522
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'		**-***1965
Go to www.irs.au		n1040 for instructions and the latest information. <b>BAA</b> REV 02/24/23 PRO		Form <b>1040</b> (2022)

rs.gov/Form1040 for instructions and the