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

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OMB No. 1545-0074

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

Filing Status	$\mathbf{X}$	Single Married filing jointly	Marrie	ed filing separately (M	(IFS)	Head of	house	ehold (HOH	)		fying surviv se (QSS)	/ing		
Check only one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you ch	necke	ed the HOH or	QSS	box, enter	the cl			qualifying		
		on is a child but not your dependen												
Your first name and middle initial				Last name							Your social security number			
RUPESH PU				UNGANURU						***-**-6988				
If joint return, sp	first name and middle initial	name						Spouse's social security number						
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no. P									Pr	Presidential Election Campaign				
850 GREE										k here if you, or your				
		ce. If you have a foreign address, also co	omplete s	plete spaces below. State				P code sp			f filing jointl			
RICHARDSON				TX			750			to go to this fund. Checking a box below will not change				
Foreign country name			F	Foreign province/state/county							or refund.	nango		
								You Spouse						
Digital	At ar	y time during 2022, did you: (a) red	eive (as	a reward, award, or i	paym	ent for prope	rty or	services);	or (b)	sell,				
Assets		ange, gift, or otherwise dispose of					-				Yes	X No		
Standard	Som	eone can claim:	ependent	Your spouse	e as a	dependent								
<b>Deduction</b>		Spouse itemizes on a separate retu	rn or you	were a dual-status a	alien									
Age/Blindness	You:	Were born before January 2,	1958	Are blind Spo	use:	☐ Was bor	n bef	ore Janua	ry 2, 1	958	☐ Is blin	d		
Dependents	(see	nstructions):		(2) Social security		(3) Relationsh	ip (	4) Check the	e box if	qualifi	es for (see ir	structions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax cr		t (	Credit for othe	r dependents		
than four												]		
dependents, see instructions	. ——											]		
and check												<u> </u>		
here $\square$											L			
Income	1a	Total amount from Form(s) W-2, b				• •	11 1		•	1a	9.	5,959.		
Attack Farms(a)	b	Household employee wages not r			•				•	1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1					•		•	1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e					
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 W-2, see	h	A STATE OF THE STA	rearned income (see instructions)						1h		0.			
instructions.	i	Nontaxable combat pay election (see instructions)								4-	0	5 <b>,</b> 959.		
A# 0 D	z 2a	Add lines 1a through 1h  Tax-exempt interest	2a		h To				•	1z 2b	9.	7,939.		
Attach Sch. B if required.	3a	Qualified dividends	3a			dinary divider			•	3b				
	4a	IRA distributions	4a			ixable amoun			•	4b				
Standard	5a	Pensions and annuities	5a			xable amoun			•	5b				
Deduction for—	6a	Social security benefits	6a			xable amoun			•	6b	,			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)							0.5					
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
\$12,950 Married filing	8	Other income from Schedule 1, line 10							8		3,478.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9		7,481.			
surviving spouse,	10	Adjustments to income from Sche		(5)						10		<u>,                                     </u>		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11	8'	7,481.		
household, \$19,400	12	Standard deduction or itemized								12		2,950.		
If you checked	13	Qualified business income deduc-				5-A				13				
any box under Standard	14	Add lines 12 and 13								14	12,950.			
Deduction, see instructions.	15								15		4,531.			
occ matructions.														

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	12,013.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	12,013.		
	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	12,013.		
	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	12,013.		
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	15,508.		
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)	Y			
	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	15,508.		
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	3,495.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,495.		
Direct deposit?	b	Routing number * * * * * * * X X X X X C Type: Checking Savings				
See instructions.	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 www.irs.gov/Payments 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	elow.	<b>⋉</b> No		
•		signee's Phone Personal identif	ication			
-	nai					
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						
	YO			nt you an Identity IN, enter it here		
Joint return?		JAVA DEVELOPER (see	inst.)			
See instructions.	Sp		If the IRS sent your spouse an			
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here		
your records.			1151.)			
		one no. (989) 572-3143 Email address RUPESH241297@GMAIL.COM		Chook if		
Paid		Preparer's signature  Preparer's name  Preparer's signature  Date  PTIN  1.00 / 200	2702	Check if:		
Preparer	(P	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/28/2023 ******				
Use Only			ne no. (678) 965-9522			
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	's EIN	**-***5487		