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

2022

OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	househo	d (HOF	H)		fying survi se (QSS)	ving	
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necked	d the HOH or	QSS bo	x, ente	r the c		, ,	e qualifying	
	-	on is a child but not your dependent	-	,									
Your first name and middle initial Last r				st name							Your social security number		
REEMA GAN				ANDHI						***-**-5332			
If joint return, spouse's first name and middle initial Last na				t name						Spouse's social security number			
JAYA CHANDRA DEVABAKTHUNI							*	***-**-3235					
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt	no.	Pr	esiden	tial Electio	n Campaign	
4616 N WOLCOTT AVE								Check here if you, or your					
City, town, or post office. If you have a foreign address, also comple				plete spaces below. State			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
CHICAGO				IL							w will not		
Foreign country name			F	Foreign province/state/county			Foreign postal code y				or refund.	3	
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	payme	ent for prope	rty or se	rvices):	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a									Yes	X No	
Standard	Som	eone can claim:	pendent	t Your spouse	as a	dependent							
Deduction		Spouse itemizes on a separate returi	n or you	were a dual-status a	alien								
Ago/Blindnes	Varia	☐ Were born before January 2, 1	050	Arablind Sno		☐ Was bor	rn hoforo	lanua	n/ 0 1	050	Is blin	nd	
	_		936 _	T .	use:	_	1	_	, ,			nstructions):	
Dependent				(2) Social security number		(3) Relationsh to you				I			
If more	(1) F	rst name Last name		Hamber	_	10)00	4	Child ta	T Credi	1	realt for oth	er dependents	
than four dependents,	9							<u>L</u>					
see instruction	s —										L		
and check here $\!$	1 —							<u>L</u>			L	┽──	
HOIC	J	Tatal and such forms Family (a) W.O. b.	1 /	- !							L	1 200	
Income	1a	Total amount from Form(s) W-2, bo	,		1	• • •			-11	1a	1 /	4,208.	
Attach Form(s)	b	Household employee wages not re								1b))		
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	e	Taxable dependent care benefits for	4		•					1e			
was withheld.	f	Employer-provided adoption bene	fits from	1 Form 8839, line 29	•					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instructi					· i ·			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)	•	<u>1i</u>					1	4 000	
	Z	Add lines 1a through 1h						•		1z	1 /	4,208.	
Attach Sch. B	2a		2a			kable interest		•	•	2b			
if required.	3a		3a			dinary divider				3b			
	4a		4a	7		kable amoun			•	4b			
Standard Deduction for—	5a		5a			kable amoun				5b	j.		
Single or	6a		6a			kable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e							. 📙				
\$12,950	7	Capital gain or (loss). Attach Sched		required. If not requ	ired, c	check here			. Ш	7			
Married filing jointly or	8	Other income from Schedule 1, line								8		2,670.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	16	1,538.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, I	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	16	1,538.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	2	5,900.	
If you checked	13	Qualified business income deducti	on from	Form 8995 or Form	8995-	-A				13			
any box under Standard	14	Add lines 12 and 13									2	5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our ta	xable incom	ne .			15	13	5,638.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	21,074.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	21,074.		
	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	21,074.		
	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	21,074.		
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	15,302.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
in you have a gualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				
	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	1			
	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	15,302.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a			
Direct deposit?	b	Routing number * * * * * * 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 amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	5,772.		
	38	Estimated tax penalty (see instructions)				
Third Party	Do	you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions	elow.	X No		
		signee's Phone Personal identir me no. number (PIN)	ication	$\overline{}$		
	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				nt you an Identity		
	Total digitation		ection P	IN, enter it here		
Joint return?		SOFTWAKE DEVELOTER .	inst.)			
See instructions. Keep a copy for	Sp			IRS sent your spouse an ity Protection PIN, enter it here		
your records.			inst.)	Scholl Fild, effect it flere		
	Ph	one no. (630)247-2742 Email address GANDHIREEMA96@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/16/2023 *****	2703	Self-employed		
Preparer	17			e no. (678) 965-9522		
Use Only	-		n's EIN **-***1965			