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 Check only			_	ed filing separately (M	·	_	·	. –	spous	se (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	neck	ed the HOH or	QSS box, en	ter the	child's i	name if the	e qualifying	
Your first name		· ·		me					our soc	ial security	, number	
				Last name						Your social security number 862-73-7391		
				BANDARU Last name					Spouse's social security number			
									147-71-5721			
SIVA ANNAPURNA KAMATHAM Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							Presidential Election Campaign					
607 SW I	•						1 10 10 110 1			ere if you, o		
		ce. If you have a foreign address, also co	mplete si	paces below.	Sta	te	ZIP code				ly, want \$3	
BENTONVILLE				AR			72712			o go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county					your tax or refund.			
										You	Spouse	
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayr	ment for prope	rty or services	s); or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial ir	nter	est in a digital	asset)? (See i	nstruct	ions.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	as	a dependent			~			
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien							
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Was bor	n before Janu	ary 2,	1958	☐ Is blir	nd	
Dependent	s (see i	nstructions):		(2) Social security		(3) Relationsh	ip (4) Check	the box	if qualific	es for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number	_	to you	Child	Child tax credit		redit Credit for other dependent		
than four	DHA	NVIN BANDARU		710-48-4864	1	Son		×]	
dependents, see instruction	s CHA	RAN MITRA BANDARU		308-49-2644	1	Son		×			<u> </u>	
and check _	, —]	
here									\perp	L		
Income	1a	Total amount from Form(s) W-2, bo	,						1a	21	1,058.	
Attach Form(c)	b	Household employee wages not re							1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a							1c			
attach Forms W-2G and	d		edicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption bene			•				1f			
If you did not get a Form	g	Wages from Form 8919, line 6							1g		0.	
W-2, see	h i	Other earned income (see instruction Nontaxable combat pay election (s		uotions)	•				1h			
instructions.	z	Add lines 1a through 1h	see ii isti	uctions)	•				1z	21	1,058.	
Attach Sch. B	2		2a		h T	axable interest			2b	21	<u> </u>	
if required.	3a	'	3a			ordinary divider			3b			
	4a		4a			axable amoun			4b			
Standard	5a		5a	,		axable amoun			5b			
Deduction for —	6a		6a			axable amoun			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection r	method, check here (see	instructions)		. 🗆				
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requi	ired	, check here		. 🗆	7			
Married filing	8	Other income from Schedule 1, lin	e 10 .						8	_	3,876.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome	e			9	20	7,182.	
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 your adjusted gross income							11	20	7,182.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12	2	5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13			
any box under Standard	14	Add lines 12 and 13						14		5,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t	taxable incom	ie		15	18	1,282.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	31,179.	
Credits	17	Amount from Schedule 2, line 3	17	-	
Orcaits	18	Add lines 16 and 17	18	31,179.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	4,000.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	27,179.	
	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	27,179.	
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	25,842.	
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			
	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	25,842.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
nerana	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 X X X X X X X X C Type: Checking Savings			
See instructions.	d	Account number X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	1,337.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	elow	X No	
Designee		signee's Phone Personal identifi			
	nai		- Cation		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here				nt you an Identity	
		Prote	ction P	IN, enter it here	
Joint return?		IT (see i	nst.)		
See instructions. Keep a copy for	Sp		ne IRS sent your spouse an ntity Protection PIN, enter it here		
your records.		IT (see i	,	Clion Fils, enter it here	
	———Ph	one no. (703)505-6619 Email address			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 02/06/2023 P02470	1833	Self-employed	
Preparer				678)965-9522	
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's		88-2145487	