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.

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	ehold (HO	H) [fying surv	iving		
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spouse. If you ch	neck	ed the HOH or	089	S box. ent	er the		se (QSS) name if th	e qualifying		
0110 20%.		on is a child but not your dependent		our opodoor it you or		.00 110 11011 01	QU	, Бол, от	01 1110	orma o		o quamying		
Your first name			Last na	me						Your soc	ial securit	y number		
SOUJANYA	Δ		CHAL								***-**-3943			
		s first name and middle initial	Last na							Spouse's social security numbe				
GANGA PHANI RAJU ARET.										*****ED FOR				
		er and street). If you have a P.O. box, see						Apt. no.	_	_		n Campaign		
	,	BLES DRIVE						4211	- 1		ere if you,			
		ce. If you have a foreign address, also co	mplete si	paces below.	Sta	ite	ZIP	code				tly, want \$3		
ATLANTA		,		'				338			this fund. (w will not	Checking a		
			Foreign province/state/county				~			or refund.	criarige			
. o.o.g., ood.,	,			or origin provinted, etaile, e	, , , , ,	.,	. 0.0	.g poota. c			You	Spouse		
Digital	Δt ar	ny time during 2022, did you: (a) rec	oivo (as	a reward award or r	navr	ment for prope	rtv o	recryices	· or (h) sell				
Assets		ange, gift, or otherwise dispose of a					-				Yes	X No		
Standard		eone can claim: You as a de						.,. (333 <u></u>)				
Deduction		Spouse itemizes on a separate retur	•	•										
		·		- word a daar status t	anor			1	<u> </u>					
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	use	: Was bor		fore Janu			ls bli			
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip	(4) Check t	he bo	x if qualifi	es for (see	instructions):		
If more	(1) F	rst name Last name		number		to you		Child tax ci		edit (Credit for other dependents			
than four	KEF	RSHIKA ARETI		***-**-8888	8	Daughter						×		
dependents, see instruction	s											<u> </u>		
and check _														
here											L			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)	7					1a	5	55,798.		
	b	Household employee wages not re	eported	on Form(s) W-2						1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•							1c				
attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)				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 bene		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 instruct					i			1h		0.		
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>li</u>								
	z	Add lines 1a through 1h								1z	5	55,798.		
Attach Sch. B	2 a		2a			axable interest				2b				
if required.	3a		3a			ordinary divider				3b				
	4a		4a			axable amount				4b				
Standard Deduction for—	5a		5a			axable amount				5b				
Single or	6a		6a			axable amount	t.		· <u>·</u>	6b	-			
Married filing separately,	С	If you elect to use the lump-sum e		,		,]				
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not requi	ired	, check here			. L	7				
Married filing jointly or	8	Other income from Schedule 1, lin	ie 10 .							8				
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	5	55,798.		
surviving spouse, \$25,900	Head of Subtract line 10 from line 9. This is your adjusted gross income								10					
Head of							11	5	55,798.					
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	A)					12	2	25,900.		
If you checked any box under	13	Qualified business income deduct								13				
Standard	14	Add lines 12 and 13							14	2	25,900.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is yo	our 1	taxable incom	ie			15	2	29,898.		
)														

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	3,174.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	3,174.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.		
	20	Amount from Schedule 3, line 8	20	179.		
	21	Add lines 19 and 20	21	679.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	2,495.		
	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	2,495.		
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	5,964.		
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	4			
	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	5,964.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,469.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,469.		
Direct deposit? See instructions.	b	Routing number * * * * * * X X X X C Type: Checking Savings				
oee mandenons.	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 <i>www.irs.gov/Payments</i> or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions		X No		
		signee's Phone Personal ident number (PIN)	ification			
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		
			Protection PIN, enter it here (see inst.)			
Joint return? See instructions. Keep a copy for your records.		AFFIICATION DEVELOPER				
	Sp	Ider	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)			
	——Ph	one no. (470)786-9449 Email address CH.SOUJANYA22@GMAIL.COM				
Paid		eparer's name Preparer's signature Date PTIN		Check if:		
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2023 *****	2703	Self-employed		
Preparer				678)965-9522		
Use Only			n's EIN	**-***5487		