E 1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		urn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the nation is a child but not your dependent	ame of y	0	eparately (N Ise. If you ch	,			. ,	spor	lifying sun use (QSS) s name if th	U U	
Your first name and middle initial				me		Your social security number							
RAJENDRA			ELIAS							***-**-5683			
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
SUGANIAV	ALAS	5	XAVI	ER						***_	**-295	3	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	vpt. no.	Preside	ntial Election	on Campaigr	
1723 SAV	ANN	AH LN									nere if you,		
City, town, or post office. If you have a foreign address, also cor				mplete spaces below. State 2							spouse if filing jointly, want \$3 to go to this fund. Checking a		
STANFIELD			NC					281	63	box below will not change			
Foreign country name			Foreign province/state/county			Foreign postal code		your tax	or refund.				
											You	Spouse	
Digital		ny time during 2022, did you: (a) rec				-					_	<del>1. 1</del> .	
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or	a financial i	nter	est in a digital	asset)	? (See instru	ctions.)	Ves	X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗆 ۱	Your spouse	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a c	dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	use	Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	ind	
Dependents					ocial security		(3) Relationsh		) Check the bo	·			
If more		irst name Last name			number		to you	"	Child tax cr	1		her dependents	
than four	RTY	RIYAA PRABU			***-**-3858		Daughter					X	
dependents,	DVV	RAAVAN PRABU					Son					$\square$	
see instructions and check	3				115		DOIL	,					
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions)					. 1a	1	70,812.	
Income	b	Household employee wages not re	eported	on Form(	s) W-2					. 1b			
Attach Form(s)	с	Tip income not reported on line 1a (see instructions)								. 1c	;		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)	W-2 (see in	nstru	ctions)			. 1d			
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, I	line 26 .					. 1e	•		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 88	339, line 29					. 1f			
lf you did not	g	Wages from Form 8919, line 6 .								. 1g			
get a Form	h	Other earned income (see instruct	ions) .					· ·		. 1h	1	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	· · · ·		<b>1</b> i						
	Z	Add lines 1a through 1h								. 1z	1	70,812.	
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interes	: .		. 2b	)		
if required.	3a	Qualified dividends	3a				rdinary divide			. <u>3b</u>	)		
	4a		4a			bΤ	axable amoun	t		. 4b	)		
Standard Deduction for —	5a		5a				axable amoun			. 5b	)		
Single or	6a		6a				axable amoun	t		. <u>6b</u>	•		
Married filing separately,	С	If you elect to use the lump-sum e					,		L				
\$12,950	7	Capital gain or (loss). Attach Scher		required	. If not requ	ired	, check here		L				
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10         .							. 8		<u>17,664.</u>		
Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		53,148.			
\$25,900 Adjustments to income from Schedule										. 10	-	3,680.	
<ul> <li>Head of household,</li> </ul>	11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								. 11		<u>49,468.</u>		
\$19,400 r	12 Standard deduction or itemized deductions (from Schedule A)						. 12		25,900.				
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct			or ⊦orm	899	э-А	• •		. 13		25 000	
Standard Deduction,	14	Add lines 12 and 13								. 14		<u>25,900.</u>	
see instructions.	15	Subtract line 14 from line 11. If zer	U ULIESS	s, enter -t	u 1118 18 90	our 1				. 15	<u> </u>	23,568.	

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

Form **1040** (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	16	18,419.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	18,419.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	15,919.
	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	15,919.
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	16,340.
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	16,340.
Refund Direct deposit?	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	421.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	421.
	b	Routing number       *       *       *       X       X       X       X       C Type:       C Checking       Savings		
See instructions.	d	Account number * * * * * * * * * * * * * * * * * * X X X X		
	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		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See		_
Designee		structions		X No
	De nai	signee's Phone Personal identi me no. number (PIN)	fication	
0:000		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bor	t of my knowlodgo and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	e IRS se	nt you an Identity
				IN, enter it here
Joint return?			inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.)	
	Ph	one no. (626)474-5604 Email address PRABUNEWINDIA@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 02/03/2023 *****	2703	Self-employed
Preparer				678)965-9522
Use Only			i's EIN	**-**5487
Go to www.irs.cr			5 2111	Form <b>1040</b> (2022)
GO 10 W WW.113.90	5V/1 0/1	n1040 for instructions and the latest information. BAA REV 01/28/23 PRO		(2022)

s.gov/Form1040 for instructions and t