1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use	only-	–Do not w	rite or staple	in this space.
Filing Status Check only				-			Head of				spou	lifying surv use (QSS)	•
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spou	use. If you ch	neck	ed the HOH or	QSS	box, ent	er the	e child's	name if th	ne qualifying
Your first name and middle initial Last name				name							Your social security number		
JOHN DHINAKAR REDDY CHAL				ALLA							139-35-6017		
If joint return, spouse's first name and middle initial				me							Spouse'	s social se	curity number
		er and street). If you have a P.O. box, see	instructio	ns.				1	Apt. no.			AND IN CALL OF THE OWNER OF	on Campaigr
5425 WALTHAM AVENUE					01-1-							nere if you, if filing joir	ntly, want \$3
City, town, or post office. If you have a foreign address, also complet FORT WORTH									to				Checking a
Foreign country name			F	Foreign province/state/county Fo				Foreig	Foreign postal code yo			or refund.	0
					L and a second second						(I-)		spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a										Ves	X No
Standard	Som	eone can claim: You as a de	pendent		Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate return		-		alien	_						
		Were born before January 2, 1	958	Are bli								fies for (see	lind instructions):
Dependents If more		Instructions): irst name Last name		(2) S	ocial security number		(3) Relationsh to you	iip 17	Child				her dependents
than four													
dependents,													<u> </u>
see instructions and check	;												
here							~						
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	tions)	•					1 a	1(00,933.
	b	Household employee wages not re				•				• •	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	ctions)			• •	1d	-	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f				•	•••••	• •	· ·	• •	1e		
was withheld.	f	Employer-provided adoption bene			839, 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 instruction			• • • •	•	· · · · ·	ì ·	• •	· ·	1h	-	0.
instructions.	1	Nontaxable combat pay election (s				•	· · _ 1i					1	0.0.000
	Z				· · · ·				• •	• •	1z		00,933.
Attach Sch. B if required.	2a		2a				axable interes		• •	• •	2b		9.
	3a		3a				rdinary divide			• •	3b		24.
	4a		4a				axable amoun axable amoun			• •	4b		
Standard Deduction for—	5a		5a							• •	5b	-	
Single or	6a	Social security benefits	6a	acthod			axable amoun	ι	• •	· .	6b		
Married filing separately,	с 7							· ·	• •	•	7		1 5 0
\$12,950		Capital gain or (loss). Attach Schedule D if required. If not required, check here								8		159.	
 Married filing jointly or 	8 9	Other income from Schedule 1, line 10							9	11	<u> </u>		
Qualifying spouse,	9 10									10		<u>, 17, 170.</u>	
\$25,900	11	Subtract line 10 from line 9. This is						• •	· ·		11		01,126.
 Head of household, 	12	Standard deduction or itemized			-					• •	12		12,950.
\$19,400 • If you checked	13	Qualified business income deduction				,	5-A		• •		13		12,330.
any box under	14	Add lines 12 and 13									14	_	12,950.
Standard Deduction, see instructions.	15	Subtract line 14 from line 11. If zer						ne .			15	-	88,176.
		*											

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

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	16	15,004.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	15,004.
	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	15,004.
	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	15,004.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	14,685.
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)		
	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	14,685.
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	<u>35a</u>	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X X C Type: Checking Saving	s	
	a	Account number X X X X X X X X X X 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 www.irs.gov/Payments or see instructions	37	
Third Party	38	Estimated tax penalty (see instructions)		
		byou want to allow another person to discuss this return with the IRS? See structions	o bolow	X No
Designee		signee's Phone Personal ide		
		me no. number (PIN		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	I to the bes	t of my knowledge and
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	hich prepare	er has any knowledge.
TIELE	Yo	3		nt you an Identity
laint and 0			ee inst.)	IN, enter it here
Joint return? See instructions.	Sp	SOFTWARE ENGINEER	,	nt your spouse an
Keep a copy for	op			ection PIN, enter it here
your records.		(Si	ee inst.)	
	Ph	one no. (682) 558-4388 Email address DHINAKARREDDY234@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/15/2023 P020	82703	Self-employed
Use Only	Fin		hone no. (678)965-9522
	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fi	rm's <mark>EIN</mark>	84-3171965
Go to www.irs.ge	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/05/23 PRO		Form 1040 (2022)

Go to www.irs.gov/Form1040 for instruction st information.

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