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

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OMB No. 1545-0074

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

Filing Status Check only	s 🔀 S	Single Married filing jointly	Marrie	d filing separately (N	MFS) Head of	household (HOH) [ifying survi ise (QSS)	iving	
one box.		u checked the MFS box, enter the noon is a child but not your dependent		our spouse. If you cl	necked the HOH o	r QSS box, enter the	child's	name if the	e qualifying	
Your first name	and mi	ddle initial	Last nan	ne			Your social security number			
VENKATA ATHREYA				LURI			***-**-3274			
If joint return, s	pouse's	first name and middle initial	name				Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.		Apt. no.	Presider	residential Election Campaign		
337 MOH <i>I</i>	AN DI	3				Check here if you, or your				
City, town, or p	ost offic	ce. If you have a foreign address, also co	spaces below. State ZIP code				oouse if filing jointly, want \$3			
ROYSE CITY					75189		go to this fund. Checking a ox below will not change			
Foreign country name			TX Foreign province/state/county			Foreign postal code		our tax or refund.		
								You Spouse		
Digital		ny time during 2022, did you: (a) rec							N	
Assets		ange, gift, or otherwise dispose of a				asset)? (See instruc	ctions.)	Yes	⊠ No	
Standard Deduction		eone can claim:			e as a dependent alien					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse: Was bo	rn before January 2	1958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security	(3) Relations	nip (4) Check the bo	x if qualif	ies for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number	to you	Child tax cre	edit	Credit for oth	er dependents	
than four										
dependents, see instructions										
and check	. —									
here										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)			1a	9	5,616.	
	b	Household employee wages not re	eported o	on Form(s) W-2			1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								
If you did not	g	Wages from Form 8919, line 6 .					1g			
get a Form W-2, see	h	Other earned income (see instruct					1h	_	0.	
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)	1	i				
	Z	Add lines 1a through 1h					1z	9	5,616.	
Attach Sch. B	2a		2a		b Taxable interes		2b			
if required.	3a	Qualified dividends	3a		b Ordinary divide		3b			
	4a		4a		b Taxable amour		4b			
Standard Deduction for—	5a		5a		b Taxable amour		5b			
Single or	6a		6a		b Taxable amour	ıt <u>.</u>	6b	-		
Married filing separately,	C	If you elect to use the lump-sum e								
\$12,950	7	Capital gain or (loss). Attach Sche			,		7			
 Married filing jointly or 	8	Other income from Schedule 1, lin					8		8,984.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•			9	8	6,632.	
\$25,900	10	Adjustments to income from Schedule 1, line 26								
 Head of household, 	11	Subtract line 10 from line 9. This is					11		6,632.	
\$19,400	12	Standard deduction or itemized					12	1	2,950.	
If you checked any box under	13	Qualified business income deduct					13	-	0.050	
Standard Deduction,	14	Add lines 12 and 13							2,950.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our taxable incon	ie	15	/	3,682.	

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,826.
Credits	17	Amount from Schedule 2, line 3	17	
0.000	18	Add lines 16 and 17	18	11,826.
	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	11,826.
	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	11,826.
Payments	25	Federal income tax withheld from:		
. ayınıcını	а	Form(s) W-2		
	b	Form(s) 1099	4	
	C	Other forms (see instructions)	7	
	d	Add lines 25a through 25c	25d	7,955.
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)	DY	
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	5	
	30	Reserved for future use	Л	
	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	7,955.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
neiuliu	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 * * * * * * * * * * * * * * X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	3,978.
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		structions	below.	X No
		signee's Phone Personal iden	tification	
	naı			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and i 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
	10			IN, enter it here
Joint return?		IT EMPLOYEE (see	e inst.)	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.			ntity Prote e inst.)	ection PIN, enter it here
your rooordo.				
		one no. (646) 267-0731 Email address UVATHREYA@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
Paid		3	*2702	Self-employed
Preparer	17			
Use Only			one no. (678) 965-9522 m's FIN **-**5487	
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