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

2022

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	ed filing separately (M	(IFS)	Head of	house	hold (HOI	H)		fying surv se (QSS)	iving		
one box.	-	ou checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you ch	necke	d the HOH or	r QSS	box, ente	er the o	hild's i	name if th	e qualifying		
Your first name and middle initial Las			Last nar	_ast name							Your social security number			
VAMSHI SAGAR GADD				DDE							***-**-6107			
If joint return, spouse's first name and middle initial Last nar										Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			P	Apt. no.	Р	residen	tial Election	on Campaign		
14310 H		202					Check here if you, or your							
City, town, or post office. If you have a foreign address, also complete s			mplete sp	te spaces below. State Z			ZIP c				spouse if filing jointly, want \$3 to go to this fund. Checking a			
TAMPA			FL			336				box below will not change				
Foreign country name			F	Foreign province/state/county F				Foreign postal code your			our tax or refund.			
											You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a									Yes	⊠ No		
Standard		eone can claim:		_										
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	rn befo	ore Janua	ary 2, 1	958	☐ Is bli	nd		
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check t	he box	f qualifi	es for (see	instructions):		
If more	(1) F	irst name Last name		number to yo			Child tax o			redit Credit for other depend		er dependents		
than four					- 4			[
dependents, see instruction	s							[
and check _							P .					<u></u>		
here								ļ			L			
Income	1a	Total amount from Form(s) W-2, bo		44-41 YEAR OLD SERVICE SERVICE		• • •				1a	10	3,200.		
A44 I- F(a)	b	Household employee wages not re				V				1b	-			
Attach Form(s) W-2 here. Also	С		e not reported on line 1a (see instructions)							1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							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	tits from	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 instructi					i			1h	-	0.		
instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)	•	<u>1i</u>				4-	1.0	3,200.		
A#	Z	Add lines 1a through 1h Tax-exempt interest	2a		h To	 xable interest				1z 2b	10	3,200.		
Attach Sch. B if required.	2a 3a		3a			dinary divider				3b				
	4a	AND A SHARE WAS A	4a			xable amoun				4b				
Standard	5a		5a			xable amoun				5b				
Deduction for—	6a		6a			xable amoun				6b				
Single or Married filing	C	If you elect to use the lump-sum e							. 🗀	0.5				
separately,	7									7	1			
\$12,950 Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. —	8	_	9,382.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		3,818.		
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									1			
\$25,900 Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								10	0	3,818.		
household,	12	Standard deduction or itemized deductions (from Schedule A)								12		2,950.		
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	1	,		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.		
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		30,868.			
see instructions.														

Form 1040 (2022	2)			Page 2			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	13,410.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	13,410.			
	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	13,410.			
	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	13,410.			
Payments	25	Federal income tax withheld from:					
-	a	Form(s) W-2					
	b	Form(s) 1099					
	C	Other forms (see instructions)					
	d	Add lines 25a through 25c	25d	15,517.			
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	15,517.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,107.			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,107.			
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings					
See instructions.	d	Account number * * * * * * * * * * * * * * * * * X X X X					
	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	Do	you want to allow another person to discuss this return with the IRS? See					
Designee	ins	structions	below.	X No			
	De nai		Personal identification number (PIN)				
<u> </u>							
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic					
Here	Yo	ur signature Date Your occupation If the	e IRS se	nt you an Identity			
		Prot	ection P	IN, enter it here			
Joint return?		SOFTWARE DEVELOPER (see	(see inst.)				
See instructions. Keep a copy for	Sp		f the IRS sent your spouse an dentity Protection PIN, enter it here				
your records.			e inst.)				
	Ph	one no. (813)869-1862 Email address GADDE.VAMSHI2222@GMAIL.COM					
		eparer's name Preparer's signature Date PTIN		Check if:			
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/21/2023 *****	2703	Self-employed			
Preparer	T.		Phone no. (678) 965–9522				
Use Only	-		Firm's EIN **-**5487				
	1.00		2 F114	J 10 /			