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

2022
<b></b>

OMB No. 1545-0074

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

Filing Status Check only				d filing separately (M						spou	ifying surv se (QSS)	Ü	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	necke	ed the HOH or	QSS	box, ente	r the c	hild's	name if th	e qualifying	
Your first name and middle initial Last name										Your social security number			
NAVYA	NAVYA KONDATI					*	***-**-4374						
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	Apt. no.				on Campaign	
								Check here if you, or your spouse if filing jointly, want \$3					
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	nplete spaces below. State			ZIP c			o go to this fund. Checking a			
MINNEAPOLIS			MN				55403 bo			ox below will not change			
Foreign country name			Foreign province/state/county			Foreign postal code your			our tax	tax or refund.			
				s secretaria de la constante d					0.3		You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard		eone can claim: You as a de								/			
Deduction		Spouse itemizes on a separate return											
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n befo	ore Janua	ry 2, 1	958	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	) Check th	e box it	f qualifi	ies for (see	instructions):	
If more		rst name Last name		number		to you		Child ta	x credi	t (	Credit for oth	ner dependents	
than four	8												
dependents, see instructions													
and check							>						
here													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	9	91,516.	
	b	Household employee wages not re								1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a							•	1c			
attach Forms	d	Medicaid waiver payments not rep			nstruc	ctions)			• •	1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits for	-						•	1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					•	1f			
If you did not	g	Wages from Form 8919, line 6 .				7 11 11 11				1g			
get a Form W-2, see	h	Other earned income (see instructi					i ·	* * *		1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<u>1i</u>						1 516	
AII	<u>z</u>	Add lines 1a through 1h		! .	L To	· · · ·			•	1z	9	91,516.	
Attach Sch. B if required.	2a 3a		2a 3a			xable interest dinary divider				2b 3b			
	4a		4a			ixable amoun			•	4b			
Standard	5a		5a			xable amoun				5b			
Deduction for—	6a		6a			xable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum e							$\Box$	0.0			
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	1			
\$12,950 Married filing	8	Other income from Schedule 1, line			,				_	8	-1	12,587.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		78,929.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10			
\$25,900 Head of  11 Subtract line 10 from line 9. This is your adjusted gross income								1.1	11	7	78,929.		
household, \$19,400	12	Standard deduction or itemized								12		2,950.	
If you checked	13	Qualified business income deducti	ion from	Form 8995 or Form	8995	5-A				13			
any box under Standard	14									14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15		55,979.	
occ morructions.													

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	10,132.
Credits	17	Amount from Schedule 2, line 3	17	
0.000	18	Add lines 16 and 17	18	10,132.
	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	10,132.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	10,132.
Payments	25	Federal income tax withheld from:		
,	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	12,634.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child,	27	Earned income credit (EIC)	Y	
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	7	
	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	12,634.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,502.
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,502.
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings		
See instructions.	d	Account number   *   *   *   *   *   *   *   *   *		
	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>	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	structions	elow.	X No
	De nai	signee's Phone Personal identiti me no. number (PIN)	ication	
0:			the bee	at of my linewinder and
Sign	bel	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	prepare	er has any knowledge.
Here				nt you an Identity
		Prote		IN, enter it here
Joint return?		SOLIWARE ENGINEER	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.		(see	,	Socion in in, cinci it noic
	Ph	one no. (612)402-4111 Email address KONDATIN01@GMAIL.COM		
		eparer's name Preparer's signature Date PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/27/2023 *****	2703	Self-employed
Preparer	19			(678) 965-9522
Use Only			's EIN	**-***5487