E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	X S	Single Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HOH)			fying surv	iving		
Check only one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	checke	ed the HOH or	QSS box, enter		•	se (QSS) name if the	e qualifying		
Your first name and middle initial Last			Last nar	ast name						Your social security number			
ASHAJYOTHI S.			SARA	SARABUDLA					123-45-9169				
				Last name					Spouse's social security number				
Home address (number and street). If you have a P.O. box, see inst				structions. Apt. no.					Presidential Election Campaign				
101 E AIRLINE DR									Check here if you, or your pouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also c			omplete spaces below. State			ZIP code				Checking a			
BRENHAM		T=						oox below will not change					
Foreign country nar			F	Foreign province/state/county			Foreign postal code yo		our tax or refund. You Spouse				
 Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award, o	or payn	nent for prope	rty or services); o	or (b) s	ell,				
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financia	al intere	est in a digital	asset)? (See inst	ruction	າຣ.)	Yes	⊠ No		
Standard Deduction		eone can claim:		_		a dependent							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse:	: Was bor	n before January	2, 19	58	☐ Is bli	nd		
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	(4) Check the	box if o	qualifie	es for (see i	nstructions):		
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	C	redit for oth	er dependents		
than four	_								\perp]		
dependents, see instructions	s								_				
and check	,				>								
here													
Income	1a	a Total amount from Form(s) W-2, box 1 (see instructions)						•	1a	12	9,056.		
	b	b Household employee wages not reported 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							1e 1f				
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 instructions)							1h		0.		
instructions.	i	Nontaxable combat pay election (see instructions)								1 1 0	0.056		
	z	Add lines 1a through 1h	0-						1z	12	29,056.		
Attach Sch. B if required.	2a		2a			axable interes rdinary divide			2b 3b	-			
ii required.	3a		3a			· Partie			001				
<u> </u>	4a 5a	Table 1	4a 5a			axable amoun	t t		4b 5b				
Standard Deduction for— Single or	6a		6a				t		6b				
	C		100,000	nethod check her				$\dot{\Box}$	OD.				
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7	1			
\$12,950 Married filing jointly or Qualifying surviving spouse,	8	Other income from Schedule 1, lin						_	8		0.		
	9	Other income from Schedule 1, line 10							9	12			
	10	Adjustments to income from Schedule 1, line 26							10	12	<u> </u>		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	12	29,056.		
household,	12	Standard deduction or itemized deductions (from Schedule A)									2,950.		
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A											
any box under Standard	14							.	13 14	1	2,950.		
Deduction, see instructions.	15								15		6,106.		
220 1101140110113.		▼											

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	21,701.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	21,701.
	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	21,701.
	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	21,701.
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	21,571.
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	21,571.
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	35a	
Direct deposit?	b	Routing number X X X X X X X X X		
See instructions.	d	Account number X X X X X 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 amount you owe .		
You Owe	- 0	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	130.
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		3-2
Designee	ins	structions	below.	X No
		esignee's Phone Personal identi me no. Personal identi number (PIN)	fication	
			Maria	
Sign		ider 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 whicl		
Here				nt you an Identity
	10			IN, enter it here
Joint return?		(see		
See instructions. Keep a copy for	Sp			nt your spouse an
your records.			inst.)	ection PIN, enter it here
	Ph		,	
		one no. (573) 200-1739 Email address ASHAJYOTHI271995@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 02/04/2023 P0208	2703	Self-employed
Preparer				(678) 965-9522
Use Only		0.15	ne no. (n's EIN	88-2145487
	FIF	III 9 audiese 2 10 trootell et la proteswich no 00010	3 EIIV	4040