E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use O	nly—De	o not wr	ite or staple i	in this space.	
Filing Status Check only one box.	lf yo	Single Arried filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of yo	Ũ	eparately (N use. If you ch	,					spou	fying surv se (QSS) name if th	0	
Your first name	and mi	iddle initial	Last nam	ne						Yo	our soc	ial securit	y number	
RAVIKIRA	N		SABA	BAVATH							***-**-4269			
lf joint return, sp	oouse's	s first name and middle initial	Last nam	ne						Sp	ouse's	social sec	curity number	
Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.	Pr	esiden	tial Election	on Campaign	
10200 IN	DEPI	ENDENCE PKWY						2	2001 🔌		Check here if you, or your spouse if filing jointly, want \$3			
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	ite	ZIP c	ode				Checking a	
PLANO				TX				750	75025 bo			w will not	change	
Foreign country name				Foreign province/state			/county		Foreign postal code y		our tax	or refund.		
												You	Spouse	
Digital		ny time during 2022, did you: (a) rece				-						_		
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	isset (or	a financial i	nter	est in a digital	asset)	? (See ins	tructio	ons.)	<b>Yes</b>	X No	
Standard Deduction	_	eone can claim:	•				a dependent							
Age/Blindness		Were born before January 2, 1		] Are bli			_	n befo	ore Januar	y 2, 1	958	🗌 ls bl	ind	
Dependents	s (see	instructions):		(2) S	ocial security		(3) Relationsh	ip (4	) Check the	box i	f qualifi	es for (see	instructions):	
If more		irst name Last name			number		to you	Child tax c		credi	t 0	Credit for oth	ner dependents	
than four	SWA	RAN NAYAK SABAVATH		***-**-841		2 Son						- -	X	
dependents, see instructions	ABH	ABHIRAM NAYAK SABAVATH			***-**-4127		Son		×			[		
and check								2				[		
here										]		[		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruct	tions)	•					1a	8	36,962.	
	b	Household employee wages not reported on Form(s) W-2												
Attach Form(s) W-2 here. Also	С	Tip income 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 f				•		• •			1e			
was withheld.	f	Employer-provided adoption bene		Form 88	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 instructi			• • • •	•		· ·		•	1h	-	0.	
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)	••••	•	<u>1</u> i							
	<u>z</u>	Add lines 1a through 1h	····	• •	· · · ·					·	1z	5	36,962.	
Attach Sch. B if required.	2a	· · · · · · · · · · · · · · · · · · ·	2a				axable interes			·	2b			
	<u>3a</u>		3a				Ordinary divide			·	3b			
Standard Deduction for—	4a 5a		4a 5a				axable amoun axable amoun			·	4b 5b			
	5a 6a		5a 6a				axable amoun			·	50 6b			
Single or	C	If you elect to use the lump-sum elect		othod (				ι		·	00			
Married filing separately,	7							• •			7		-3,000.	
<ul><li>\$12,950</li><li>Married filing</li></ul>									8		25.			
jointly or	9									9	c	<u>25.</u> 33,987.		
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								10				
\$25,900 • Head of	10   Adjustments to income from Schedule 1, line 26							11		33,987.				
household,	hold, 12 Standard deduction or itemized deductions (from Schedule A)									12		L9,400.		
\$19,400   12   Standard deduction of itemized deductions (non schedule A)									13					
any box under Standard	14										14	1	19,400.	
Deduction,	15	Subtract line 14 from line 11. If zer									15	1	54,587.	
see instructions.				,										

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     8814     2     4972     3      .     .	16	8,324.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	8,324.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	2,500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,824.	
	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	5,824.	
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	7,561.	
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	1		
	30	Reserved for future use     .	4		
	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	7,561.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,737.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,737.	
Direct deposit? See instructions.	b	Routing number * * * X X X X C Type: Checking Savings			
	d	Account number * * * * * * * * * * * * * * * * * * X 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 <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)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions		X No	
	nai	signee's Phone Personal identif ne no. Personal identif	Ication		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of mv knowledge and	
-		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo		e IRS sent you an Identity		
			ection PIN, enter it here inst.)		
Joint return? See instructions.		SOFTWARE ENGINEER			
Keep a copy for	Sp		he IRS sent your spouse an entity Protection PIN, enter it here e inst.)		
your records.		(see			
	Ph	one no. (732)524-8595 Email address RAVIKIRAN1913@GMAIL.COM			
Deid	Pre	eparer's name Preparer's signature Date PTIN	Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2023 *****2	2703 Self-employed		
Preparer	Fir		eno. (678)965-9522		
Use Only	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN **-**5487		
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 01/28/23 PRO		Form <b>1040</b> (2022)	

irs.gov/Form1040 for instructions and the