1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	ed filing separately /our spouse. If you					spou	ifying surviving use (QSS) name if the qualifying
Your first name	Your first name and middle initial Last name								Your so	cial security number
CHANDRAPRAKESH YERA			AVELLY					890-23-5921		
If joint return, sp	ouse's	first name and middle initial	Last na						Spouse'	s social security number
SUMALATHA THOTA				A				300-9		95-6528
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ins.				Apt. no. Preside		ntial Election Campaigr
7834 NOR	MANI	DIE BLVD					F			nere if you, or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP c			if filing jointly, want \$3 this fund. Checking a
MIDDLEBURG HEIGHTS				OH			441			ow will not change
Foreign country name			F	Foreign province/state/county			Foreig	gn postal code	your tax	or refund.
										You Spouse
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	•	2010 Contraction (1997)			-			Yes X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your spou	ise as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	i were a dual-statu	s alier	1				
Age/Blindness	You:	Were born before January 2, 1	958 [Are blind S	oouse	e: 🗌 Was bo	rn befo	ore January 2	1958	Is blind
Dependents				(2) Social secur		(3) Relationsh				fies for (see instructions):
-		rst name Last name		number		to you	iib I.	Child tax cre		Credit for other dependents
lf more than four		UVAN YERAVELLY		098-49-2206		Son		X		
dependents,	DD A	DHYUN VERAVRELLY		961-96-4406 Son					<u> </u>	
see instructions and check				901-90-4400 5011						
here										
	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)					1a	164,805.
Income	b	Household employee wages not re							1b	
Attach Form(s)	c	Tip income not reported on line 1a	10							
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)								
W-2G and	е	Taxable dependent care benefits f							1e	
1099-R if tax	f	Employer-provided adoption bene			9.				1f	
was withheld. If you did not	g	Wages from Form 8919, line 6							1g	
get a Form	h	Other earned income (see instructi	ions) .						1h	
W-2, see	i	Nontaxable combat pay election (s	see instr	ructions)		1i	i			
instructions.	z	Add lines 1a through 1h							1z	164,805.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.		2b	
if required.	3a	Qualified dividends	3a	35.	b	Ordinary divide	nds .		3b	35.
	4a	IRA distributions	4a		b T	axable amour	t		4b	
Standard	5a	Pensions and annuities	5a	2	b 1	axable amour	t		5b	1
Deduction for-	6a	Social security benefits	6a		b T	axable amour	t		6b	0
 Single or Married filing 	С	If you elect to use the lump-sum e	lection r	method, check her	e (see	instructions)		🗆		
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	f required. If not rea	quirec	l, check here		[7	-3,000.
 Married filing 	8	Other income from Schedule 1, line 10						8	0.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total i	ncom	е			9	161,840.
surviving spouse, \$25,900	10	Adjustments to income from Sche								
Head of	11							11	161,840.	
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedu	le A)	· · · ·			12	
• If you checked 13 Qualified business income deduction from Form 8995 or Form 8995-A										
any box under Standard	14	Add lines 12 and 13							14	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is	your	taxable incon	ne .		15	stati i consulta
		~								

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	21,138.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	21,138.
	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	18,638.
	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	18,638.
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	13,537.
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	1	
	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	13,537.
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 X X C Type: Checking Savings		
See instructions.	d	Account number X X X X X X X X X X X X X X X 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 amount you owe .		
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	5,231.
	38	Estimated tax penalty (see instructions)		
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See		
		tructions	below.	× No
		signee's Phone Personal identii	lication	
	nar			
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 which		
Here				,
	Yo	5		nt you an Identity IN, enter it here
Joint return?			inst.)	
See instructions.	Sp		IRS ser	nt your spouse an
Keep a copy for			,	ection PIN, enter it here
your records.			inst.)	
		one no. (216) 235-1522 Email address CHANDUYERAVELLY@GMAIL.COM		
Paid		parer's name Preparer's signature Date PTIN	l	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2023 P02082	2703	Self-employed
Use Only	Fin		ne no. (678)965-9522
	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's <mark>EIN</mark>	84-3171965
Go to www.irs.go	ov/Forn	a1040 for instructions and the latest information. BAA REV 02/17/23 PRO		Form 1040 (2022)

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