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



OMB No. 1545-0074

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

Filing Status	S Imgle Married filing jointly Married filing separately (MFS) Head of household (HOH)								Qualifying surviving spouse (QSS)				
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 t			` ,	qualifying		
Your first name and middle initial			Last nar	Last name						Your social security number			
SHREYA			NALL.	NALLA					446-81-0827				
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Presidential Election Campaign				
995 EDGINGTON DR S									theck here if you, or your pouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also c							ZIP code				hecking a		
COLUMBUS			ОН			[43240	box b	oox below will not change				
Foreign country nam			F	Foreign province/state/county			Foreign postal code yo		our tax or refund. You Spouse				
 Digital	At an	ny time during 2022, did you: (a) rec	eive (as a	a reward, award, o	or payn	nent for prope	rty or services); o	r (b) sel	l,				
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financia	al intere	est in a digital	asset)? (See instr	uctions	.) [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, 1958	3 [] Is blin	ıd		
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relationsh	(4) Check the b	oox if qu	alifies	for (see in	structions):		
If more	(1) Fi	rst name Last name		number		to you	Child tax of	credit	Cre	dit for othe	r dependents		
than four	_]		
dependents, see instruction	s]		
and check	,]		
here]												
Income	1a	Total amount from Form(s) W-2, b							la	102	2 , 836.		
Attach Form(s) W-2 here. Also	b	Household employee wages not re		(-)	•			_	lb				
	C	Tip income not reported on line 1a (see instructions)							lc				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							ld				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							le 1f				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6 .		/					lg				
get a Form W-2, see	h	Other earned income (see instructions)							lh		0.		
instructions.	i	Nontaxable combat pay election (see instructions)								10	2,836.		
AII	Z 200	Add lines 1a through 1h Tax-exempt interest	2a		 Ь Т	axable interes			z 2b		2,030.		
Attach Sch. B if required.	2a 3a		3a			rdinary divide		-	3b				
	4a		4a			axable amoun			łb				
Standard	5a	THE STATE OF THE S	5a				t		5b				
Deduction for—	6a		6a				t		3b				
Single or Married filing	С	If you elect to use the lump-sum e	20070070	nethod check her									
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
\$12,950 Married filing	8	Other income from Schedule 1, lin							8		0.		
jointly or Qualifying surviving spouse,	9	Other income from Schedule 1, line 10							9	10:	2 , 836.		
	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							11	100	2,836.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									2 , 950.		
If you checked any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A											
	14	Add lines 12 and 13							14	1:	2,950.		
Deduction, see instructions.	15								15		9,886.		
		₩											

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,406.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	15,406.	
	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	15,406.	
	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	15,406.	
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	14,005.	
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	14,005.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
neiuliu	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 X C Type: Checking Savings			
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			
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	27	1 401	
	38		37	1,401.	
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	elow.	X No	
Designee	De	signee's Phone Personal identif	•		
	na				
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	ur signature Date Your occupation If the	IRS se	nt you an Identity	
				IN, enter it here	
Joint return?		SOFTWARE DEVELOPER (see			
See instructions. Keep a copy for your records.	Sp			nt your spouse an ection PIN, enter it here	
		(see		The state of the s	
	Ph	one no. (609) 401-6968 Email address NALLASHREYA96@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2023 P02082	2703	Self-employed	
Preparer			ne no. (678) 965-9522		
Use Only			Firm's EIN 84-3171965		