<b>1040</b>		artment of the Treasury—Internal Revenue Serv <b>5. Individual Income Ta</b>		n 20 <b>2</b>	2	OMB No. 1545	5-0074	IRS Use O	nly—Do	not wr	ite or staple i	in this space.		
Filing Status		Single	] Married f	iling separately (N	ИFS)	Head of	house	nold (HOH)			ifying surv se (QSS)	/iving		
one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	•	r spouse. If you c	heck	ed the HOH o	r QSS	box, enter		•	```	e qualifying		
Your first name	ddle initial							Your social security number						
SRI HARSHA TI				TIPPARAJU							***-**-2534			
If joint return, spouse's first name and middle initial Last n				st name					Spo	Spouse's social security number				
		r and street). If you have a P.O. box, see	instructions.				A	pt. no.		Presidential Election Campaign Check here if you, or your				
900 WASH			malata anaa	aa balaw	Cto	to.	ZIP c	- da		spouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also comp								to				Checking a		
LEANDER Foreign country name			TX Foreign province/state/county								w will not or refund.	•		
r oreign country name				Toreign province/state/county				l oreign postal dode y o			You	Spouse		
Digital		ny time during 2022, did you: (a) rec									Yes	X No		
Assets Standard		ange, gift, or otherwise dispose of a eone can claim: You as a de	-	Your spous			asser)	r (See Insi	ructio	ns.)				
Deduction	_	Spouse itemizes on a separate retur	•	·		·								
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	ouse	: 🗌 Was bo		ore Januar			🗌 ls bl	-		
Dependents	s (see	instructions):		(2) Social security	'	(3) Relations	nip (4			1		instructions):		
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax	credit	(	Credit for oth	her dependents		
than four dependents,											[	<u> </u>		
see instructions	s ——								1		[	╡───		
and check here											L	<u> </u>		
	1a	Total amount from Form(s) W-2, b	ov 1 (see in	estructions)						1a	11	 18,816.		
Income	b	Household employee wages not re		,						1b		10,010.		
Attach Form(s)	c	Tip income not reported on line 1a (see instructions)								10				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Fo	orm 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form	h	Other earned income (see instruct	ions) .							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (	see instruct	tions)		1	i							
	z	Add lines 1a through 1h								1z	11	18,816.		
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interes	t.			2b				
if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary divide	nds .			3b				
	4a	IRA distributions ,	4a		<b>b</b> Ta	axable amour	ıt			4b				
Standard Deduction for – • Single or	5a		5a			axable amour			•	5b				
	6a	Social security benefits 6a b Taxable amount							÷.	6b				
Married filing separately,	с 7				•		• •		$\square$	7				
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								8		12,000.		
jointly or	8      Other income from Schedule 1, line 10      .								9		)6,816.			
Qualifying surviving spouse,	10											<u>, , , , , , , , , , , , , , , , , , , </u>		
\$25,900 • Head of	10      Adjustments to income from Schedule 1, inte 20      1 <th1< th="">      1      1      1&lt;</th1<>							10 11	10	06,816.				
household,	12 Standard deduction or itemized deductions (from Schedule A)								12		12,950.			
\$19,400 • If you checked									13	1 -	,,,,,,,			
any box under Standard	iy box under								14	1	12,950.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		enter -0 This is y	our <b>t</b>	axable incon	ne .			15		93,866.		
See manuchoris.				-										

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	16,366.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,366.
	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	16,366.
	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	16,366.
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	22,429.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child, attach Sch. EIC.	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	1	
	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	22,429.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,063.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	6,063.
Direct deposit?	b	Routing number * * * * * X X X X C Type: Checking Savings		
See instructions.	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	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		structions	below.	X No
		signee's Phone Personal identi	fication	
	nai			
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 whicl		
Here				nt you an Identity
	ŶŎ			IN, enter it here
Joint return?			inst.)	
See instructions.	Sp			nt your spouse an
Keep a copy for your records.				ection PIN, enter it here
your records.			inst.)	
		one no. (816)896-3916 Email address TIPPARAJU2010@GMAIL.COM		
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 *****		Self-employed
				678)965-9522
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***1965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form <b>1040</b> (2022)

s.gov/Form1040 for instructions and t