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

2022

OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single 🔀 Married filing jointly 🗌	Marrie	ed filing separately (M	1FS)	Head of	housel	nold (HOH	H) [_	fying survi	iving	
Check only	lf v.o	u shooked the MEC hove enter the n	ama af i	varia analisa If vari ah	ماد	ad the LIOLL or	. 000	hav anta	w +b o .	•	se (QSS)	o avalifyina	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you cr	ieck	ea the HOH of	QSS	box, ente	er trie (Jiliu S i	iame ii me	e qualifying	
Vour firet name				me					V	OUR SOC	ial security	, number	
				Last name							Your social security number		
				POSANI							776-91-1559 Spouse's social security number		
	pouse s	ilist flame and filliddle lititial		ast name									
VANI A Home address (number and street). If you have a P.O. box, see ins				ATHOTA nstructions. Apt. no.						APPLIED FOR Presidential Election Campaign			
	,		ii isti uctio	J115.							ere if you,		
7201 S C			malata a	nagos balow	C+o	+0	ZIP co	.423				ly, want \$3	
City, town, or post office. If you have a foreign address, also complete			inbiere si	' '				to			to go to this fund. Checking a		
MCKINNEY			1.								w will not o	change	
Foreign country name			-oreign province/state/d	ount	inty FO		oreign postal code y		your tax or refund. You Spouse				
	•		. ,										
Digital		ny time during 2022, did you: (a) rece									Yes	⊠ No	
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asseij	/ (See III	Structi	0115.)		NIO	
Standard		eone can claim:		•			`						
Deduction		Spouse itemizes on a separate return	n or you	i were a duai-status a	allen								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn befo	re Janua	ıry 2, 1	1958	ls bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check th	ne box	if qualifie	es for (see i	nstructions):	
If more	(1) Fi	irst name Last name		number	4	to you		Child to	ax cred	it C	redit for oth	er dependents	
than four													
dependents, see instructions				_									
see instructions and check	S												
here													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	15	6,763.	
IIICOIII C	b	Household employee wages not re	eported	on Form(s) W-2						1b			
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)	₹					1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	nents not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits f								1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instructi	ions)							1h		0.	
W-2, see	i	Nontaxable combat pay election (s				l 1i							
instructions.	z	Add lines 1a through 1h								1z	15	6,763.	
Attach Sch. B	2a		2a		b T	axable interest	t .			2b			
if required.	3a		3a			rdinary divider				3b			
	4a		4a			axable amoun				4b			
Standard	5a		5a	,		axable amoun				5b			
Deduction for —	6a		6a			axable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum el							. П				
separately,	7	Capital gain or (loss). Attach Sched		•		,				7	1		
\$12,950 Married filing	8	Other income from Schedule 1, line								8			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	15	6,763.	
Qualifying surviving spouse,	10	Adjustments to income from Sche								10	13	0,703.	
\$25,900 Head of										11	1 [6,763.	
Head of household,	11 Subtract line 10 from line 9. This is your adjusted gross income						12						
\$19,400 If you checked	12	Qualified business income deduction from Form 8995 or Form 8995-A									 	5,900.	
any box under		Add lines 12 and 13								13	+	E 000	
Standard Deduction,	14 15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								14		5,900.	
see instructions.	10	Subtract line 14 from line 11. If zer	o or iess	s, enter -u This is yo	Jur 1	axable Incom	ie .			15	1 13	0,863.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	20,024.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	20,024.		
	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	20,024.		
	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	20,024.		
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	28,351.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)				
attach Sch. 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	28,351.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,327.		
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	8,327.		
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 36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount 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	ins	structions	below.	X No		
		signee's Phone Personal ident number (PIN)	ification			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	o the bes	st of mv knowledge and		
_		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic				
Here	Yo		If the IRS sent you an Identity			
			Protection PIN, enter it here (see inst.)			
Joint return? See instructions.		SOF IWAKE ENGINEER	, <u> </u>			
Keep a copy for	Sp		he IRS sent your spouse an entity Protection PIN, enter it here			
your records.		HOME MAKER (see	inst.)			
	Ph	one no. (816)468-3962 Email address POSANI.TEJA@GMAIL.COM				
Daid	Pre	eparer's name Preparer's signature Date PTIN		Check if:		
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 P0208	2703	Self-employed		
Preparer	Fin		Phone no. (678)965-9522			
Use Only			Firm's FIN 84-3171965			