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	X S	Single Married filing jointly	Marrie	ed filing separately (M	/IFS)	Head of	hous	ehold (HOH)			fying survi se (QSS)	ving	
Check only one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you ch	necke	d the HOH or	QSS	S box, enter				qualifying	
		on is a child but not your dependen		,								. , ,	
Your first name and middle initial Last na				t name							Your social security number		
RAVI KUMAR TALA				LARI						***-**-4883			
If joint return, spouse's first name and middle initial Last name				name					Sp	Spouse's social security number			
Home address	numbe	r and street). If you have a P.O. box, see	l e instructio	ons.				Apt. no.	Pre	esiden	tial Election	n Campaign	
8249 RANCHVIEW DR											k here if you, or your		
City, town, or post office. If you have a foreign address, also complete sp				e spaces below. State Z						ouse if filing jointly, want \$3			
IRVING				TX			75			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			Fore	Foreign postal code y		your tax or refund.			
											You	Spouse	
Digital	At an	y time during 2022, did you: (a) red	ceive (as	a reward, award, or	paym	ent for prope	rty o	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial i	nteres	st in a digital	asse	t)? (See ins	tructio	ns.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	ependent	t	e as a	dependent							
Deduction		spouse itemizes on a separate retu	rn or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind Spo	use:	Was bor	n be	fore Januar	y 2, 19	958	☐ Is blir	nd	
Dependents	(see	nstructions):		(2) Social security		(3) Relationsh	ip	(4) Check the	box if	qualifi	es for (see ii	nstructions):	
If more		rst name Last name		number		to you		Child tax	credit		Credit for othe	er dependents	
than four]				
dependents, see instructions]]	
and check	·						>]]	
here]]	
Income	1a	Total amount from Form(s) W-2, b	oox 1 (see	e instructions)						1a	26	0,798.	
	b	Household employee wages not r	reported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	·	come 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 from Form 2441, line 26								1e			
was withheld.	f	Employer-provided adoption ben		Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6.					٠			1g			
get a Form W-2, see	h	Other earned income (see instruc					i			1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)								26	0 700		
		Add lines 1a through 1h				· · · · ·				1z	26	0,798.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			xable interest				2b			
	3a_	Qualified dividends	3a			dinary divider xable amoun			•	3b 4b			
Standard	4a 5a	Pensions and annuities	4a 5a			xable amoun				5b			
Standard Deduction for—	6a	Social security benefits	6a						•	6b			
Single or	C	Social security benefits 6a b Taxable amount							$\dot{\Box}$	OD			
separately, 7 Capital gain or (loss) Attach Schodulo D if required. If not r					· ·				Н	7			
\$12,930										8	-10	0,410.	
jointly or	9	Other income from Schedule 1, line 10							·	9		0,388.	
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10	10	-,	
\$25,900 • Head of	11		It line 10 from line 9. This is your adjusted gross income							11	16	0,388.	
household,	12	Standard deduction or itemized	•							12		2,950.	
\$19,400 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								13	1	2,950.	
Deduction, see instructions.	15									15			
JUE III JULIUI IS.													

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	29,221.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	29,221.	
	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	29,221.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	547.	
	24	Add lines 22 and 23. This is your total tax	24	29,768.	
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	28,658.	
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			
	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	28,658.	
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? See instructions.	b	Routing number * * * * * X X X X C Type: Checking Savings			
oee mandenons.	a	Account number * * * * * * * * * * * * * * 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	37	1,110.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See structions	elow.	X No	
	De	signee's Phone Personal identif	ication		
	naı	me no. number (PIN)			
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			nt you an Identity	
				IN, enter it here	
Joint return? See instructions.		SOFTWARE ENGINEER		-4	
Keep a copy for your records.	Sp	Ident	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
		one no. (515)505-5268 Email address TALARIRAVI001@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/14/2023 *****2	2702	Self-employed	
Preparer				678)965-9522	
Use Only			s EIN	**-***1965	
	1 (1)	Time addition of the properties to oppose	O E114	<u> </u>	