E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		d filing separately (I						spou	fying survise (QSS)	Ü	
0110 00%		on is a child but not your dependent		our opouco. Il you o	110010		u u	, 50%, 611161		ilia o	namo n ti	o quamying	
Your first name and middle initial				Last name						Your social security number			
SESHANK HARSHA				CHAGANTI						151-98-0533			
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.				Pre	Presidential Election Campaign			
1890 WEST HILLCREST DR											Check here if you, or your		
City, town, or post office. If you have a foreign address, also com-				mplete spaces below. State			ZIP	code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
NEWBURY PARK			CA			91320 bo			box below will not change				
Foreign country name			Foreign province/state/county			У	Foreign postal code yo			your tax or refund.			
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			The second	Yes	X No	
-		eone can claim: You as a de				a dependent	asse	t): (Occ mo	luotic	113.)			
Standard Deduction		Spouse itemizes on a separate return											
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bo	rn bet	fore January	/ 2, 19	958	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	qir	(4) Check the	box if	qualifi	es for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cre		(Credit for oth	her dependents	
than four											[
dependents, see instruction	s												
and check	,									_	[
here]									\perp			
Income	1a	Total amount from Form(s) W-2, b					5		•	1a	3	30,640.	
	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s) W-2 here. Also	C	Tip income 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 1f			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6						1g					
get a Form W-2, see	h	Other earned income (see instruct				· · · · · · · · · · · · · · · · · · ·	. i		•	1h		0.	
instructions.	i	Nontaxable combat pay election (see instru	uctions)		<u>l</u> 1i				4-		00 (10	
	Z	Add lines 1a through 1h Tax-exempt interest	0-		 ът.				•	1z		30,640.	
Attach Sch. B if required.	2a		2a 3a	35.		axable interes Irdinary divide			•	2b 3b		35.	
	3a 4a	_	4a	33.		axable amoun			•	4b			
Pton doud	5a	THE RESERVE TO THE RE	5a			axable amoun				5b			
Standard Deduction for— Single or Married filing	6a		6a			axable amoun				6b			
	C		Storage .	nethod check here					$\dot{\Box}$	O.D			
separately,	7	If you elect to use the lump-sum election method, check here (see instructions)								7			
\$12,950 Married filing	8	Other income from Schedule 1, lin							_	8		0.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	5	30,675.		
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26									1		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									8	30,675.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								11		12,950.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	_	,	
any box under Standard	14	Add lines 12 and 13								14	1	12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		67 , 725.	
		₹											

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,511.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	10,511.	
	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	10,511.	
	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	10,511.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	10,509.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	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	10,509.	
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 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	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe	_ =	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	2.	
	38	Estimated tax penalty (see instructions)			
Third Party		by you want to allow another person to discuss this return with the IRS? See structions	elow	X No	
Designee		signee's Phone Personal identif			
	nai		iodiioii		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to			
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.	
11010	Yo		the IRS sent you an Identity rotection PIN, enter it here		
Joint return?			ee inst.)		
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	he IRS sent your spouse an		
Keep a copy for			lentity Protection PIN, enter it here		
your records.	_	(see	nst.)		
		one no. Email address SESHANK.HARSHA@GMAIL.COM		01 1 1	
Paid		eparer's name Preparer's signature Date PTIN	2000	Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2023 P02082		Self-employed	
Use Only			none no. (678) 965-9522		
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	m's EIN 84-3171965		