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

2022

OMB No. 1545-007

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

Filing Status	s 🔀 S	Single Married filing jointly	Marrie	d filing separately (M	(IFS)	☐ Head of I	househo	ld (HOH)			ifying surv	viving		
Check only one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you ch	necke	ed the HOH or	QSS bo	x, enter	the cl		se (QSS) name if th	ne qualifying		
Your first name					st name						Your social security number			
			HATA	HALAGUNDA NAGARAJA						454-54-0998				
				st name						Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt	. no.	Dr	seider	tial Flection	n Campaign		
14 CAPANO DRIVE				C3						Presidential Election Campai Check here if you, or your				
		ce. If you have a foreign address, also co	mplete sr	spaces below. State ZI				IP code sp		spouse if filing jointly, want \$3				
NEWARK								to			o go to this fund. Checking a box below will not change			
Foreign country name									our tax or refund.					
. o. o.g., ooana,	,		"	or origin provinces etates		,	- Clouding				You	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	pavn	nent for prope	rtv or se	rvices):	or (b)	sell.				
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No		
Standard	Som	eone can claim:	pendent	☐ Your spouse	e as a	a dependent		V/						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before	Januar	y 2, 19	958	☐ Is bl	ind		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) (heck the	box if	qualifi	ies for (see	instructions):		
If more	(1) F	rst name Last name		number		to you		Child tax	credit	(Credit for oth	ner dependents		
than four]		[
dependents, see instructions	s]		[
and check]					
here]		[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					•	1a	12	20,269.		
	b	b Household employee wages not reported on Form(s) W-2												
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	a (see ins	structions)					**	1c	1			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	1			
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	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 instruct	ions) .				· · ·		•	1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i								
	Z	Add lines 1a through 1h							•	1z	12	20,269.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	i .			2b				
if required.	3a	Qualified dividends	3a		b O	rdinary divider	nds .			3b				
	4a	IRA distributions	4a		b Ta	axable amount	t			4b				
Standard	5a		5a		b Ta	axable amount	t			5b				
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b				
Married filing	С	If you elect to use the lump-sum e		· ·	,	,			Ш					
separately, \$12,950	7	Capital gain or (loss). Attach Sche							Ш	7	1			
Married filing jointly or	8	Other income from Schedule 1, line 10							*	8	1	0.		
Qualifying	9									9	12	20,269.		
surviving spouse, \$25,900	10									10	1			
Head of	11	11 Subtract line 10 from line 9. This is your adjusted gross income								11		20,269.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									1	L2,950.		
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13				
any box under Standard	14								*21	14		L2,950.		
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									1 10	7,319.		

Form 1040 (2022	2)			Page 2								
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	19,592.								
Credits	17	Amount from Schedule 2, line 3	17									
o, ound	18	Add lines 16 and 17	18	19,592.								
	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	19,592.								
	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	19,592.								
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	19,415.								
.,	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	19,415.								
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 X X X X X X X X X X X X X X X										
	d	Account number X X X X X X X X X X 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	37	177.								
	38	Estimated tax penalty (see instructions)										
Third Party		you want to allow another person to discuss this return with the IRS? See	- T	N-								
Designee				⊠ No								
	na		ication									
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here				nt you an Identity								
	10			IN, enter it here								
Joint return? See instructions. Keep a copy for your records.		SENIOR SOFTWARE ENGINEER (See	inst.)									
	Sp	Ident	the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)									
	Ph	one no. (302) 690-7733 Email address RAKSHITHA.HN87@GMAIL.COM										
	Pre	eparer's name Preparer's signature Date PTIN		Check if:								
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/05/2023 P02082	2703	Self-employed								
Preparer			Phone no. (678) 965-9522									
Use Only	Fin		Firm's EIN 84-3171965									