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

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OMB No. 1545-0074

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

Filing Status	S Single Married filing jointly Married filing separately (MFS) Head of household (HOH)								Qualifying surviving spouse (QSS)			
Check only one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box, ent	er the c	•	, ,	e qualifying	
Your first name and middle initial			Last nar	me				Y	Your social security number			
SRIDEVI			TAMM	ISETTI				7	794-74-9450			
If joint return, spouse's first name and middle initial				me				Sp	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see				ons.			Apt. no.		Presidential Election Campaign			
1035, WESTSHORE CT, CAMDEN WES			WOOD						Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ost offic	ce. If you have a foreign address, also co	ddress, also complete spaces below.							Checking a		
MORRISV	LLE			Foreign province/state/county			27560 bo		x belo	w will not	change	
Foreign country	y name		F						your tax or refund. You Spouse			
 Digital	At an	ny time during 2022, did you: (a) rec	eive (as a	a reward, award, o	or pavn	nent for prope	rtv or services	s): or (b)	sell.			
Assets		ange, gift, or otherwise dispose of a					•			Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spou	ise as	a dependent	V					
Deduction		Spouse itemizes on a separate retur		were a dual-statu	s allen	_						
		Were born before January 2, 1	958		pouse		n before Janu	•		ls bli	-	
Dependent				(2) Social secur number	ity	(3) Relationsh to you	ip .		1		instructions):	
If more	(1) FI	rst name Last name		Hamber		to you	Child tax cr		1 (realt for otr	er dependents	
than four dependents,	_									L	╡──	
see instruction	s				>			<u> </u>			╡	
and check here	1								-+			
	1a	1a Total amount from Form(s) W-2, box 1 (see instructions)						1a		73,125.		
Income	b	Household employee wages not re							1b	†	3,123.	
Attach Form(s)	C	Tip income not reported on line 1a		()					1c	1		
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26										
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1e			
was withheld.	g	Wages from Form 8919, line 6 .							1g			
If you did not get a Form	h	ther earned income (see instructions)							1h		0.	
W-2, see	i	Nontaxable combat pay election (see instructions)										
instructions.	z	Add lines 1a through 1h							1z	7	73,125.	
Attach Sch. B	2a		2a		b Ta	axable interes	t		2b			
if required.	3a	the second secon	3a		b 0	rdinary divide	nds		3b			
	4a	IRA distributions	4a			axable amoun			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t	1 11	5b			
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t		6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check her	e (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
Married filing	8	Other income from Schedule 1, line 10							8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	7	73,125.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26							10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								7	73,125.	
household, \$19,400	12	Standard deduction or itemized	•						12		2,950.	
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								1	2,950.	
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									50,175.	
)												

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	8,856.	
Credits	17	Amount from Schedule 2, line 3	17	,	
	18	Add lines 16 and 17	18	8,856.	
	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	8,856.	
	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	8,856.	
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	6,338.	
16	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			
	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	6,338.	
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	2,585.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See			
	ins	structions		⊠ No	
	De	signee's Phone Personal identifunction no. Personal identifunction no.	ication		
			Alaa laas	the of many laws at 1 days	
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				nt you an Identity	
	10			IN, enter it here	
Joint return?		EMPLOYEE (see	nst.)		
See instructions. Keep a copy for your records.	Sp	Ident	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (571)519-4500 Email address SRIRATNA.T@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/08/2023 P02082	2703	Self-employed	
Preparer			Phone no. (678) 965-9522		
Use Only			s EIN	84-3171965	