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

OMB No. 1545-0074

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

Filing Status Check only			_	ed filing separately (M	·	_		•		spou	se (QSS)		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	neck	ted the HOH or	r QSS bo	ox, ente	er the o	child's	name if th	e qualifying	
Your first name			Last nar	me					Y	our soc	ial security	v number	
				IBATI						676-33-2359			
If joint return, spouse's first name and middle initial Last name										Spouse's social security number			
, , , , , , , , , , , , , , , , , , , ,				LLELA						APPLIED FOR			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Presidential Election Campaign					
10717 N	MACA	ARTHUR BLVD					36	6	C	heck h	ere if you,	or your	
		ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	ite	ZIP coc					tly, want \$3	
IRVING				TX						to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county			Foreign	Foreign postal code you			our tax or refund.		
											You	Spouse	
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	,		-		-				Yes	⊠ No	
Standard		eone can claim: You as a de					asset).	(000 111	Struoti	0110.)			
Deduction		Spouse itemizes on a separate return											
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Uas bor	$\overline{}$				☐ Is bli		
Dependents	s (see i	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check th	ne box	if qualifi	es for (see i	instructions):	
If more	(1) Fi	rst name Last name		number	to you		Child tax c		ax cred	credit Credit for other		er dependents	
than four	NEH.	A SRI SAI AMBATI		989-98-465		Daughter					2	×	
dependents, see instruction:	s ——												
and check	,											<u> </u>	
here													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	9	5,714.	
	b	Household employee wages not reported on Form(s) W-2								1b			
Attach Form(s) W-2 here. Also	С	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 f								1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g	-		
get a Form W-2, see	h	Other earned income (see instructi					. 1			1h		0.	
instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		<u>1i</u>				-		NE 714	
	<u>z</u>	Add lines 1a through 1h								1z	9	5,714.	
Attach Sch. B if required.	2a	'	2a			axable interest				2b			
	3a_		3a			ordinary divider				3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a		5a 6a			axable amoun axable amoun				5b			
Single or	6a		_							6b			
Married filing separately,	с 7	If you elect to use the lump-sum election method, check here (see instructions)								7	1		
\$12,950	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
Married filing jointly or										9	 		
Qualifying surviving spouse,	9 10										+ 9	5,714.	
\$25,900		Adjustments to income from Schedule 1, line 26									_		
Head of household,	11											05,714.	
\$19,400 If you checked	12										+ - 4	25,900.	
any box under											1	E 000	
Standard Deduction,	14 15									15		<u>25,900.</u> 39 814	
see instructions.	10	Sasaactinic 14 nonthine 11. Il Zei	0 01 1033	s, ortion or initials ye	Jui	CONCENTRATION OF THE CONTRACT				13		9,814.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,968.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	7,968.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,468.	
	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	7,468.	
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	8,106.	
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	8,106.	
Defend	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	638.	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	638.	
Direct deposit?	b	Routing number 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 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 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	selow.	X No	
	De na	signee's Phone Personal identi ne no. number (PIN)	fication		
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the her	et of my knowledge and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo	ur signature Date Your occupation If the	RS se	nt you an Identity	
		Prot	ection P	IN, enter it here	
Joint return?		SOFTAMKE ENGINEER	(see inst.)		
See instructions. Keep a copy for	Sp		ne IRS sent your spouse an ntity Protection PIN, enter it here		
your records.			inst.)	COLIGITY IIV, CITICI II TICIC	
	———Ph	one no. (513)306-9736 Email address MAMBATI562@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 P0208	2703	Self-employed	
Preparer			Phone no. (678)965-9522		
Use Only			Firm's EIN 84-3171965		