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.

| If you checked the MIS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Your first name and middle initial Last name Your social security number 781 - 39 - 1104 | Filing Status | s X | Single Married filing jointly | Marri | ed filing separately | y (MFS) | Head of | hous | ehold (HOF | l) | | fying survi se (QSS) | ving |
|--|---------------------|-----------|---|------------------|---------------------------|-----------------|------------------|--------|----------------|--------------|---------|-------------------------|--------------|
| person is a child but not your dependent: Vour social security number NARESH KUMAR NALLA NALLA 18 jour number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Spouse's social security number 78 1 – 39 – 0 10 4 Chick here if you or your spouse of filling jointly, want \$3 to your spouse of filling jointly, want \$3 to your spouse of filling jointly, want \$3 to your spouse spouse of filling jointly, want \$3 to you will not change to be low will no | Check only one box. | If yo | u checked the MFS box, enter the | name of | your spouse. If you | u check | ed the HOH o | r QSS | S box, ente | r the c | • | ` , | e qualifying |
| NARESH KUMAR NALLA Taylor terrum, spouse's first name and middle initial Last name Spouse's social security number Spouse of this plot Spouse's social security number Spouse of this plot Spouse's filting plotting, warm \$3 to be considered in the spouse of this plot Spouse State ZiP code Spouse of this plot Spouse Standard Spouse Standard Spouse Standard Spouse Standard Spouse Standard Spouse S | | - | | | , | | | | , , , , | | | | , ,, , |
| If joint return, spouse's first name and middle initial Last name Last name Last name Apt. no. Presidential Election Campaign Check here in flyou, or your spouse of first name and street). If you have a freegn address, also complete spaces below. State ZIP code TX 786.26 Should be a foreign address, also complete spaces below. TX 786.26 Should be a foreign address, also complete spaces below. TX 786.26 Should be a foreign address, also complete spaces below. TX 786.26 Should be a foreign address, also complete spaces below. TX 786.26 Should be a foreign address, also complete spaces below. TX 786.26 Should be a foreign province/state/county Tx 786.26 Should be a foreign province/state/county Foreign province/state/county Foreign protal code Spouse Tx Tx Tx Tx Tx Tx Tx T | Your first name | and mi | ddle initial | Last na | ıme | | | | | Y | our so | ial security | number |
| Home address (number and street). If you have a P.O. box, see instructions. 6.12 HIGENOT WAY GEORGETONN City, town, or post office, if you have a foreign address, also complete spaces below. City, town, or post office, if you have a foreign address, also complete spaces below. TX 786.26 GEORGETONN TX 786.26 TX TX 786.26 | NARESH I | KUMAI | 3 | NALI | LΑ | | | | | 7 | 81-3 | 9-0104 | |
| City, town, or post office. It is you have a foreign address, also complete spaces below. City, town, or post office. It you have a foreign address, also complete spaces below. City, town, or post office. It you have a foreign address, also complete spaces below. City, town, or post office. It you have a foreign address, also complete spaces below. TX 786.26 TY TY TY 786.26 TY T | If joint return, s | pouse's | first name and middle initial | Last na | ıme | | | | | _ | | | |
| City, town, or post office. It is you have a foreign address, also complete spaces below. City, town, or post office. It you have a foreign address, also complete spaces below. City, town, or post office. It you have a foreign address, also complete spaces below. City, town, or post office. It you have a foreign address, also complete spaces below. TX 786.26 TY TY TY 786.26 TY T | | | | | | | | | | | | | |
| State City, town, or post office. If you have a foreign address, also complete spaces below. TX | Home address | (numbe | er and street). If you have a P.O. box, se | e instructi | ons. | | | | Apt. no. | Pı | esider | tial Electio | n Campaign |
| Country name Foreign country name Foreign province/state/country Foreign province/state/cou | 612 HUGI | ENOT | WAY GEORGETOWN | | | | | | | | | | |
| Foreign country name Foreign province/state/country Foreign province/state/country Foreign postal country own Foreign province/state/country Foreign postal country own Spouse Province/state/country Foreign postal country own Spouse Province/state/country Foreign postal country own Spouse Province/state/country Foreign postal country Spouse Province/state/country Foreign postal country Spouse Province/state/country Foreign postal country Spouse Province/state/country Spouse | City, town, or p | ost offic | ce. If you have a foreign address, also | complete s | spaces below. | Sta | te | ZIP | code | | | 0, | • |
| Spouse instructions Gardinary Capital transfer Gardinary Capital transfer Gardinary Gard | GEORGET | NWC | | | | TX | Σ | 78 | 626 | | | | |
| Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Someone can claim: | Foreign country | y name | | | Foreign province/sta | te/count | ty | Fore | eign postal co | de yo | our tax | or refund. | Ü |
| Assets sexchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) | | | | | | | | | | | | You | Spouse |
| Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). | Digital | At ar | ny time during 2022, did you: (a) re | ceive (as | a reward, award, | or payr | ment for prope | erty o | r services); | or (b) | sell, | | |
| Spouse itemizes on a separate return or you were a dual-status alien | Assets | exch | ange, gift, or otherwise dispose of | a digital | asset (or a financi | ial intere | est in a digital | asse | t)? (See ins | structi | ons.) | ☐ Yes | ⊠ No |
| Age/Blindness You: | Standard | Som | eone can claim: | ependen | t | use as | a dependent | | | | | | |
| Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you Child tax credit Credit for other dependents har four dependents, see instructions and check here Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Household employee wages not reported on Form(s) W-2 Tip income not reported on line 1a (see instructions) Household employee wages not reported on Form(s) W-2 Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 Wages from Form 8919, line 6 Other carried income (see instructions) Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Add lines 1a th | Deduction | | Spouse itemizes on a separate retu | ırn or you | u were a dual-stat | us alien | ı | | | | | | |
| Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you Child tax credit Credit for other dependents har four dependents, see instructions and check here Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Household employee wages not reported on Form(s) W-2 Tip income not reported on line 1a (see instructions) Household employee wages not reported on Form(s) W-2 Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 Wages from Form 8919, line 6 Other carried income (see instructions) Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Attach Sch. B If Add lines 1a through 1h Add lines 1a th | Age/Rlindness | . Vou | Were born before January 2 | 1958 Г | ☐ Are blind | Snouse | · 🗆 Was bo | rn he | fore Janua | n/2 1 | 958 | ☐ le blir | nd |
| If more | | - | | 1330 [| Ī | • | | | | , , | | | |
| If more than four dependents, see instructions and check here | - | | | | 1 ' ' | irity | | пр | . , | | · 1 | | |
| dependents, see instructions and check here | | (1) | Last name | | | | , | | Orilla ta | | | | |
| Income In | | | | | | | | | | - | + | | |
| Income Income Attach Form(s) W-2 here. Also Household employee wages not reported on Form(s) W-2 Tip income not reported on line 1a (see instructions) Lincome or Tip income not reported on line 1a (see instructions) Lincome or treported on Form(s) W-2 (see instructions) Lincome not reported on Form(s) W-2 (see instructions) Lincome or treported on Form(s) W-2 (see instructions) Lincome not reported on Form(s) W-2 (see inst | | s —— | | | | | | | | - | | | - |
| b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 26 f Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 g Wages from Form 8919, line 6 to Hother earned income (see instructions) d Nontaxable combat pay election (see instructions) d Add lines 1 a through 1h d It Alach Sch. B a Tax-exempt interest d It Alach Glain buttons d It Alach Glain | | 1 | | | | | | | | 1 | | | |
| b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Taxable dependent care benefits from Form 8839, line 26 f Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 g Wages from Form 8919, line 6 to Hother earned income (see instructions) d Nontaxable combat pay election (see instructions) d Add lines 1 a through 1h d It Alach Sch. B a Tax-exempt interest d It Alach Glain buttons d It Alach Glain | | 1a | Total amount from Form(s) W-2. | box 1 (se | e instructions) | | | | | | 1a | 18 | 4.203 |
| Attach Forms W-26 and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. It you declar through 1h Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b In Taxable interest . 2b In Taxable interest . 2b In Taxable amount . 4b In Taxable amount . 5b In Taxab | income | | | • | , | | | | | | | | |
| W-2 here. Also attach Forms W-2G and 1099-R it tax was withheld. If you did not get a Form h W-2, see instructions W-2G and 1099-R it tax was withheld. If you did not get a Form h W-2, see instructions W-2, see instructions. I to there are dincome (see instructions) W-2, see instructions. I to there are dincome (see instructions) W-2, see instructions. I to there are dincome (see instructions) W-2, see instructions. I to the are dincome (see instructions) W-2, see instructions. I to the are dincome (see instructions) W-2, see instructions. I to the are dincome (see instructions) W-2 and tack Sch. B and the are dincome (see instructions) I to the are dincome (see instructions) I to the are dincome (see instructions) I to the are dincome (see instructions) I to the are dincome (see instru | ٠, | | | | | | | | | | | | |
| W-2G and 1099-R if tax was withheld. If you did not get a Form Ways a yithheld. If you did not get a Form W-2, see instructions. Taxable dependent care benefits from Form 8839, line 29 If was withheld. If you did not get a Form Ways from Form 8919, line 6 Other earned income (see instructions) Add lines 1a through 1h Attach Sch. B are if required. Add lines 1a through 1h Tax-exempt interest 2a braxable interest 2b are life dividends 3a braxable amount 4b braxable amount 5b are pensions and annuities 5a braxable amount 5b are pensions and annuities 6a braxable amount 6b are pensions and annuities 7c Capital gain or (loss). Attach Schedule D if required. If not required, check here 7c Capital gain or (loss). Attach Schedule D if required. If not required, check here 9c see instructions 9c 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9c 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9c 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 172, 203. Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | d | · | • | * | | | | | | 1d | | |
| ## was withheld. If you did not get a Form ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you did not get instructions ## was withheld. If you get to use the lump-sum election method, check here (see instructions) ## was withheld. If you did not get instructions ## was withheld. If you get you was with you was | | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | | |
| get a Form W2-2, see instructions. 1 | | f | Employer-provided adoption ber | · | | | | | | 1f | | | |
| h Other earned income (see instructions) 1 | | g | | | | | | | | 1g | | | |
| Instructions. Z Add lines 1 a through 1h | | h | Other earned income (see instruc | ctions) | | | | | | | | | 0. |
| Add lines 1a through 1h Attach Sch. B Attach Sch. B if required. 2a | | i | Nontaxable combat pay election | | | | | | | | | | |
| If required. 3a | instructions. | z | Add lines 1a through 1h | | | | | | 1z | 18 | 4,203. | | |
| dather of which it is a standard beduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 The standard of household, \$19,400 The standard of household, \$10,000 The standard of household any box under Standard Deduction, \$12,950. Deduction, \$12,950. Ala IRA distributions | Attach Sch. B | 2a | Tax-exempt interest | 2a | | b T | axable interes | t | | | 2b | | |
| Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description of Married filing 10 | if required. | 3a | Qualified dividends | 3a | | b 0 | rdinary divide | nds | | | 3b | | |
| Comparison of the diling separately separa | | 4a | IRA distributions | 4a | | b T | axable amoun | ıt. | | | 4b | | |
| Single or Married filing separately, \$12,950 Married filing jointly or Qualifying source, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$25,000 If you checked any box under Standard Deduction, \$25,000 Add lines 12 and 13 Social security benefits | Standard | 5a | Pensions and annuities | 5a | | b T | axable amoun | ıt. | | | 5b | | |
| Married filing separately, 7 Married filing separately, 7 Married filing jointly or Qualifying soruse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 7 If you checked any box under Standard Deduction, 7 Deduction, 15 Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 6a | Social security benefits | 6a | | b T | axable amoun | ıt. | | | 6b | | |
| Standard deduction or itemized deduction from Schedule A) Capital gain or (loss). Attach Schedule D if required, if not required, check here 7 Capital gain or (loss). Attach Schedule I if required, if not required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 7 Capital gain or (loss). Attach Schedule I if required, check here 9 17 17 203. 19 Capital gain or (loss). Attach Schedule I if not required, check here 9 17 17 203. 10 11 17 17 203. 11 17 17 203. 11 17 17 203. 11 17 17 203. 11 17 17 203. 11 17 17 203. 18 19 10 11 17 17 17 17 18 18 19 19 19 19 19 19 19 19 | Married filing | С | If you elect to use the lump-sum | election | method, check he | re (see | instructions) | | | | | | |
| jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Poeduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 ff zero or less enter -0- This is your total income | | 7 | Capital gain or (loss). Attach Sch | edule D i | f required. If not re | equired | , check here | | | | 7 | | |
| Qualifying surviving spouse, \$25,900Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9172, 203.Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11172, 203.If you checked any box under Standard Deduction, \$19,40012Standard deduction or itemized deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131412, 950.Deduction, Deduction, 15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15159, 253. | Married filing | 8 | - | | | | | | | | 8 | -1 | 2,000. |
| ## Add fines 12 and 13 Add lines 14 from line 11 If zero or less enter -0- This is your taxable income 10 11 12 13 14 15 16 172,203. 11 172,203. 11 172,203. 11 172,203. 11 172,203. 11 172,203. 11 172,203. 11 172,203. 12 12 12 12,950. 13 14 15 15 17 17 17 17 17 17 17 17 | Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, | 7, and 8. | This is your total | income | e | | | | 9 | 17 | 2,203. |
| Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income | | 10 | Adjustments to income from Sch | edule 1, | line 26 | | | | | | 10 | | |
| \$19,400 If you checked any box under Standard Poeduction, Deduction, Deduction, Deduction, 12 Standard deduction or itemized deductions (from Schedule A) | Head of | 11 | Subtract line 10 from line 9. This | is your a | djusted gross ind | come | | | | | 11 | 17 | 2,203. |
| any box under Standard 14 Add lines 12 and 13 | | 12 | Standard deduction or itemized | d deduct | ions (from Sched | ule A) | | | | | 12 | 1 | 2,950. |
| Standard 14 Add lines 12 and 13 1. 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income. 15 159,253 | If you checked | 13 | Qualified business income deduc | ction from | n Form 8995 or Fo | rm 899 | 5-A | | | | 13 | | |
| | Standard | | | | | | | | | | 14 | | |
| | | 15 | Subtract line 14 from line 11. If zo | ero or les | s, enter -0 This i | s your t | taxable incon | 1е | | | 15 | 15 | 9,253. |

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|---------------------------------|---------|---|------------------------|-------------------|-------------------|------------------------|---------------|-------------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 32,056. |
| Credits | 17 | Amount from Schedule 2, lin | ne 3 | | | |] | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 32,056. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | 20 | 6,971. |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 6,971. |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 25,085. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 25,085. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 38 | ,286. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 38,286. |
| lf | 26 | 2022 estimated tax paymen | ts and amount a | pplied from 20 | 21 return | | | 26 | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | • | - | - | | | 33 | 38,286. |
| Defund | 34 | If line 33 is more than line 24 | | | | | | 34 | 13,201. |
| Refund | 35a | Amount of line 34 you want | | | | • | . 🗆 1 | 35a | 13,201. |
| Direct deposit? | b | Routing number 1 1 1 | | | c Type: | | Savings | | |
| See instructions. | d | Account number 1 4 2 | | | | | Ŭ | | |
| | 36 | Amount of line 34 you want | | | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | |
| You Owe | 0. | For details on how to pay, g | | • | | | | 37 | |
| | 38 | Estimated tax penalty (see in | _ | | | 38 | | | |
| Third Party | Do | you want to allow another | , | | | ? See | | | |
| Designee | | structions | | | | | omplete b | elow. | ⋈ No |
| • | | signee's | | Phone | | | onal identifi | cation | |
| | naı | | | no. | | | oer (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | |
| Here | | | piete. Deciaration (| | | ased on an information | | | nt you an Identity |
| | YO | ur signature | | Date | Your occupation | | | IN, enter it here | |
| Joint return? | | | | | SOFTWARE | ENGINEER | (see in | | |
| See instructions. | Sp | ouse's signature. If a joint return, I | both must sign. | Date | Spouse's occupa | tion | | | nt your spouse an |
| Keep a copy for your records. | | | | | | | | - | ection PIN, enter it here |
| your records. | | | | | | | (see ir | ist.) | |
| | | one no. (512)466-227 | | Email address | NARESH192 | 2@GMAIL.COM | | | |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | 1 | RAM SAGAR | GUPTA TALLAN | 1 02/04/2023 | P02082 | | Self-employed |
| Use Only | Fir | m's name GLOBAL TA | | | | | | | 678)965-9522 |
| | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's | EIN | 88-2145487 |
| Go to www.irs.g | ov/Forn | n1040 for instructions and the late | st information. | | BAA | REV 01/28/23 PRO | | | Form 1040 (2022) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

Department of the Treasury Internal Revenue Service

NARESH KUMAR NALLA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

| | Sequence No. 01 |
|-----------|---------------------|
| Your soci | ial security number |
| 791_30 | _0104 |

| Par | t I Additional Income | | | |
|---------|--|------------------|----|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E . | 5 | -12,000. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | - | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | - | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | - | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | 0- | | |
| 0 | Total ather income. Add lines On through On | 8z | | |
| 9 10 | Total other income. Add lines 8a through 8z | | 9 | -12 000 |

Schedule 1 (Form 1040) 2022 Page **2**

| Par | t II Adjustments to Income | | | |
|----------|---|---|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis governr | | | |
| | officials. Attach Form 2106 | L | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | [| 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | [| 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | L | 17 | |
| 18 | Penalty on early withdrawal of savings | L | 18 | |
| 19a | Alimony paid | | I9a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | _ | 22 | |
| 23 | Archer MSA deduction | L | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | _ | | |
| J | Housing deduction from Form 2555 | _ | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| _ | 1041) | - | | |
| Z | Other adjustments. List type and amount:24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 25 26 | , | | 23 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |
| | 1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a | | 2 0 | |

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR NARESH KUMAR NALLA

Your social security number 781-39-0104

| Par | Nonretundable Credits | | | | |
|-----|--|----------|-------------|---|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2447 Form 2441 | | 2 | | |
| 3 | Education credits from Form 8863, line 19 | | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | | | 5 | 6,971. |
| 6 | Other nonrefundable credits: | | | | |
| а | General business credit. Attach Form 3800 | 6a | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | | |
| С | Adoption credit. Attach Form 8839 | 6c | | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | | |
| е | Alternative motor vehicle credit. Attach Form 8910 | 6e | | | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | - | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | | |
| 1 | Amount on Form 8978, line 14. See instructions | 6I | | | |
| Z | Other nonrefundable credits. List type and amount: | | | | |
| | | 6z | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | | 7 | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20 | -SR, | or 1040-NR, | 8 | 6,971. |

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

| Par | Other Payments and Refundable Credits | | | · |
|-----|---|-----|----|---|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) . | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| а | Form 2439 | 13a | | |
| b | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b | | |
| С | Reserved for future use | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| е | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Reserved for future use | 13g | | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | | |
| Z | Other payments or refundable credits. List type and amount: | | | |
| | | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through | 13z | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31 | | 15 | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13**

Your social security number

| NARI | ESH KUMAR NALLA | | | | | | 781-3 | 9-0104 | 1 |
|-------|--|----------|--------------|----------------|---------|--------------------|--|-------------|-----------|
| Par | | | | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | instru | ctions. If you are | e an indi | vidual, rep | port farm |
| _ | rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2022 that would require you | to file | Farm(a) 1 | 0002.0 | `aa ina | tru etiono | | | |
| | | | | | | | | | |
| В | f "Yes," did you or will you file required Form(s) 1099? . | | | • • | • • | | | . L T | es No |
| 1a | Physical address of each property (street, city, state, ZIF | P code |) | | | | | | |
| Α | SATYA RAGHAVENDRA NAGAR MALKAJGIRI TE | ELANG | ANA IN | 5000 | 047 | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | rty list | ed | | Fa | ir Rental | Persor | nal Use | QJV |
| | (from list below) above, report the number of fair | | | | | Days | Da | ıys | Q0 V |
| A | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| B | if you meet the requirements to f qualified joint venture. See instru | | | В | | | | | |
| C | qualified joint venture. Odd institu | 10110110 | ·· | С | | | | | |
| Type | of Property: | | | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | lties | 8 | Other (descril | be) | | |
| | | | | | | Propertie | | | |
| Incon | ne: | | | Α | | В | <u>. </u> | | С |
| 3 | Rents received | 3 | | | 00. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,5 | 00. | | | | |
| 8 | Commissions | 8 | | , - | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 8 | 00. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,5 | 00. | | | | |
| 15 | Supplies | 15 | | 2,3 | 00. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 5,5 | 00. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 12,6 | 00. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | |
| | result is a (loss), see instructions to find out if you must | | | | | | | | |
| | file Form 6198 | 21 | - | -12,0 | 00. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 12,00 | | (|) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 600. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 12, | 600. | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | - | | | | 24 | , | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | (| 12,000.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not | | | | | |) | | _12 000 |

Department of the Treasury Internal Revenue Service

Residential Energy Credits

Go to www.irs.gov/Form5695 for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. **158**

Name(s) shown on return NARESH KUMAR NALLA Your social security number 781-39-0104

| Part | Residential Clean Energy Credit (See instructions before completing this part.) | | |
|------|--|----|------------|
| Note | Skip lines 1 through 11 if you only have a credit carryforward from 2021. | | |
| 1 | Qualified solar electric property costs | 1 | 23,235. |
| 2 | Qualified solar water heating property costs | 2 | |
| 3 | Qualified small wind energy property costs | 3 | |
| 4 | Qualified geothermal heat pump property costs | 4 | |
| 5 | Qualified biomass fuel property costs | 5 | |
| 6a | Add lines 1 through 5 | 6a | 23,235. |
| b | Multiply line 6a by 30% (0.30) | 6b | 6,971. |
| 7a | Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) | 7a | ☐ Yes ☐ No |
| | Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11. | | |
| b | Print the complete address of the main home where you installed the fuel cell property. | | |
| | Number and street Unit No. | | |
| | City, State, and ZIP code | | |
| 8 | Qualified fuel cell property costs | - | |
| 9 | Multiply line 8 by 30% (0.30) | - | |
| 10 | Kilowatt capacity of property on line 8 above 10 | | |
| 11 | Enter the smaller of line 9 or line 10 | 11 | |
| 12 | Credit carryforward from 2021. Enter the amount, if any, from your 2021 Form 5695, line 16 | 12 | |
| 13 | Add lines 6b, 11, and 12 | 13 | 6,971. |
| 14 | Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet (see instructions) | 14 | 32,056. |
| 15 | Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5 | 15 | 6,971. |
| 16 | Credit carryforward to 2023. If line 15 is less than line 13, subtract line 15 from line 13 | | |

Page 2

30

Part II **Energy Efficient Home Improvement Credit** 17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) 17a Yes No Caution: If you checked the "No" box, you cannot claim the energy efficient home improvement credit. Do not complete Part II. Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. Unit No. Number and street City, State, and ZIP code Yes No Were any of these improvements related to the construction of this main home? . . . 17c Caution: If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home. 18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . 18 Qualified energy efficiency improvements (original use must begin with you and the component must 19 reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions). Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC 19a Exterior doors that meet or exceed the version 6.0 Energy Star program requirements 19b Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the 19c d Exterior windows and skylights that meet or exceed the version 6.0 Energy 19d Maximum amount of cost on which the credit can be figured 19e \$2,000 If you claimed window expenses on your Form 5695 prior to 2022, enter the amount from the Window Expense Worksheet (see instructions); otherwise 19f Ω Subtract line 19f from line 19e. If zero or less, enter -0-. . . . 19g 2,000. 19h **h** Enter the smaller of line 19d or line 19g 0. Add lines 19a, 19b, 19c, and 19h 0. 20 20 0. 21 21 22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions). Energy-efficient building property. Do not enter more than \$300 22a 0. Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . . 22b Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more 22c 0. 23 23 24 24 25 Maximum credit amount. (If you jointly occupied the home, see instructions) 25 26 26 27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the energy efficient home 27 28 28 Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit 29 29

Energy efficient home improvement credit. Enter the smaller of line 28 or line 29. Also include this

30