E 1040		artment of the Treasury-Internal Revenue Servi		202	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not	write or staple	in this space.		
Filing Status Check only one box.	If yo	□ Single □ Married filing jointly											
Your first name and middle initial Last na				name							Your social security number		
VENKATESWARA REDDY YAI				A					888-79-2181				
				name					Spous	e's social se	curity number		
									590-49-2909				
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				A	.pt. no.	Presid	ential Elect	ion Campaign		
1820 LEG	ENDS	5 LN					5	104		Check here if you, or your			
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spaces	s below.	Sta	te	ZIP c	ode			ntly, want \$3		
DAYTONA		FL 3			321	14		elow will no	Checking a t change				
Foreign country name			Foreign province/state/county			Foreig	n postal code		ax or refund				
										You	Spouse		
Digital	At an	ny time during 2022, did you: (a) rece	eive (as a rev	vard, award, or r	oavr	nent for prope	rtv or	services): o	r (b) sell				
Assets		ange, gift, or otherwise dispose of a									X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent	Vour spouse	as	a dependent							
Deduction	<u> </u>	Spouse itemizes on a separate retur		-									
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	e blind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1958	🗌 ls b	olind		
Dependents	(see i	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the b	box if qua	alifies for (see	e instructions):		
If more	(1) Fi	rst name Last name	number to you			to you	Child tax cr		redit	Credit for o	ther dependents		
than four													
dependents, see instructions													
and check													
here 🗌													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see inst	tructions)					. 1	a 1	20,362.		
moomo	b Household employee wages not reported on Form(s) W-2									b			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)							. 1	с			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1	d				
W-2G and	е	Taxable dependent care benefits f	rom Form 24	41, line 26 .					. 1	е			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Forr	m 8839, line 29					. 1	f			
If you did not	g	Wages from Form 8919, line 6 .							. 1	g			
get a Form	h	Other earned income (see instruction	ons)				· ·		. 1	h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	z	z Add lines 1a through 1h									20,362.		
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interest	: .		. 2	b			
if required.	3a	Qualified dividends	3a		b 0	ordinary divide	nds .		. 3	b			
	4a	IRA distributions	4a		b T	axable amoun	t		. 4	b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5	b			
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t		. 6	b			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection metho	od, check here (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
 Married filing 	8 Other income from Schedule 1, line 10						. 8	3	7,934.				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									28,296.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	. 1	0	561.								
Head of	11	Subtract line 10 from line 9. This is	your adjust	ed gross incom	ne				. 1	1 1	27,735.		
household, \$19,400	12	Standard deduction or itemized	deductions	(from Schedule	A)				. 1		12,950.		
 If you checked 	13	Qualified business income deducti	on from Forr	n 8995 or Form	899	5-A			. 1	3			
any box under Standard	14	Add lines 12 and 13							. 1	4	12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, ent	ter -0 This is yo	our i	axable incom	e.		. 1		14,785.		
See manuctions.		~											

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	21,384.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	21,384.
	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	21,384.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,145.
	24	Add lines 22 and 23. This is your total tax	24	22,529.
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	12,982.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	1	
	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	12,982.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
neiuliu	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 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X 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 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	9,839.
	38	Estimated tax penalty (see instructions)		
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See		
	ins	tructions	elow.	X No
	De nai	signee's Phone Personal identifi ne no. Personal identifi	cation	
			L	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				t you an Identity
	10			N, enter it here
Joint return? See instructions.		APPLICATION PROGRAMMER-V (see i	nst.)	
	Sp			your spouse an
Keep a copy for your records.		l denti (see i	-	ction PIN, enter it here
year recorder				
		one no. (979)676-8597 Email address YVREDDY2K16@GMAIL.COM parer's name Preparer's signature Date PTIN		Check if:
Paid				Self-employed
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 03/13/2023 P02470		
Use Only				578)965-9522
		n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	3 EIN	88-2145487
Go to www.irs.g	ov/Forn	1040 for instructions and the latest information. BAA REV 03/02/23 PRO		Form 1040 (2022)