E 1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Ta		urn	2022	2	OMB No. 1545	-0074	IRS Use O	nly—D	o not wr	ite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of y				Head of ed the HOH or		. ,		spou	fying surv se (QSS) name if th	0
Your first name	and mi	ddle initial	Last na	ime						Yo	our soo	cial securit	y number
Potuluri R Ganta			a						4	440-69-7840			
If joint return, spouse's first name and middle initial Last name				me						Spouse's social security			urity number
Anvitha Ganda				avaram						6	655-67-3956		
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				on Campaigr
<u>8585</u> bis												ere if you, f filing ioin	or your tly, want \$3
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	baces below. State			ZIP c	ziP code t				Checking a	
Frisco			TX							w will not	change		
Foreign country name F			Foreign province/state/county			Foreign postal code			our tax	or refund.			
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Yo	our spouse	as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a du	al-status al	lien							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	d Spou	ıse	: 🗌 Was bor	n befo	ore Januar	v 2, 1	958	🗌 ls bli	ind
Dependents				1	al security		(3) Relationsh						instructions):
If more	(1) First name Last name			num			to you		Child tax cre		t o	Credit for oth	ner dependents
than four	AAD	YA REDDY Ganta		884-07-3		95 Daught		r 🗙]		[
dependents,	-					<u>5 Daugneer</u>]		[
see instructions and check												[
here 🗌]		[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructio	ons)						1a	28	36,967.
meome	b	Household employee wages not re	eported	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 rep	Form(s) W-2 (see instructions)						1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	rm 2441, lin	ne 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 883	9, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .	· · ·								1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)			•	· · · · ·	· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions) .		•	1 i						
	Z	Add lines 1a through 1h						• •		•	1z	28	36,967.
Attach Sch. B	2a	· ·	2a				axable interest			•	2b		
if required.	<u>3a</u>		3a				rdinary divider			•	3b		
	4a	-	4a	>			axable amoun			•	4b		
Standard Deduction for— • Single or	5a		5a				axable amoun			·	5b		
	6a	Social security benefits 6a b Taxable amount							·	6b			
Married filing separately,											7		2 000
\$12,950	7	Other income from Schedule 1, lin	or (loss). Attach Schedule D if required. If not required, check here					• •			7		-3,000.
Married filing jointly or	8 9	Other income from Schedule 1, line 10 .											338.
Qualifying spouse,												28	34,305.
\$25,900 Adjustments to income it off Schedule 1, inte 20										·	10	2	24 205
Head of household,	12	Subtract line 10 from line 9. This is your adjusted gross income							•	12		<u>34,305.</u> 25,900.	
\$19,400 • If you checked	12 Standard deduction or itemized deductions (from Schedule A)								<u>.</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
any box under	14	Add lines 12 and 13								-	25,900.		
Standard Deduction,	15	Subtract line 14 from line 11. If zer				ur 1	axable incom	e			15		58,405.
see instructions.	- 1			,									

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	49,688.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	49,688.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	2,000.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	47,688.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	652.		
	24	Add lines 22 and 23. This is your total tax	24	48,340.		
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	46,228.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
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	72.		
	33	Add lines 25d, 26, and 32. These are your total payments	33	46,300.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
neiunu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a			
Direct deposit?	b	Routing number X				
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 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	2,040.		
	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.	× No		
	De na	signee's Phone Personal identifi ne no. number (PIN)	cation			
0.		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to				
Sign		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				
Here				it you an Identity		
		Prote	ction Pl	N, enter it here		
Joint return?		CONSULTANT (see i	nst.)			
See instructions. Keep a copy for	Sp			t your spouse an		
your records.				ction PIN, enter it here		
	Dh					
		Dene no. Email address reddygantasri31@gmail.com parer's name Preparer's signature Date PTIN		Check if:		
Paid			010	Self-employed		
Preparer		ISHI KRISHNA BOORLA 01/31/2023 P01751				
Use Only		n's name Madagoni.com Phon				
		n's address 247 E Front St Trenton NJ 08611 Firm's	5 EIIN	82-2800155		
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information. BAA REV 01/24/23 PRO		Form 1040 (2022)		