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.

	s 🗌 S	Single 🔀 Married filing jointly 🗌	Marrie	ed filing separately (M	1FS)	Head of I	hous	ehold (HOF	H) [		ying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your shouse If you ch	nack	ed the HOH or	000	Shov ente	r the		se (QSS) name if the	e aualifyina
one box.		on is a child but not your dependent		our spouse. It you or	1001		QOC	box, crite	1 110	orma o r	iamo ii tii	5 qualifyirig
Your first name			Last nar	me					Y	our soc	ial security	v number
				EDIREDLA						***-**-5823		
				st name						Spouse's social security number		
				OGAPURAPU						***-**-8355		
		er and street). If you have a P.O. box, see						Apt. no.	-	_		n Campaign
	,	•						615	- 1		ere if you,	
5701 S MOPEC EXPY City, town, or post office. If you have a foreign address, also complete sp				spaces below. State			ZIP	7IP code		spouse if filing jointly, want \$3		
AUSTIN				TX						to go to this fund. Checking a box below will not change		
			Foreign province/state/county					_	your tax or refund.			
,						,			T.		You	Spouse
Digital	Δt an	ny time during 2022, did you: (a) rece	eive (as	a reward award or r	navr	ment for prope	rty o	r services):	or (b	) sell		
Assets		ange, gift, or otherwise dispose of a					-				Yes	X No
Standard Standard		eone can claim: You as a de						1		,		
Deduction	_	Spouse itemizes on a separate return										
									,			
Age/Blindness	You:	☐ Were born before January 2, 1	958 _	Are blind Spo	use	: Was bor		fore Janua	•		☐ Is bli	
Dependents				(2) Social security		(3) Relationsh	ip			· 1	•	instructions):
If more than four dependents,	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax cre				
	JAY	ANTH PEDIREDLA		***-**-2700		Son				×		<u>&lt;</u>
see instructions	s MAA	MAANVITHA PEDIREDLA		***-**-787		Daughter		×				
and check	, —						_					
here	J							L		$\perp$		
Income	1a	Total amount from Form(s) W-2, be	,	,	7					1a	22	5,640.
Attack Forms(s)	b	Household employee wages not re	•	17						1b		
Attach Form(s) W-2 here. Also	С	Fip 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 from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not	9	Wages from Form 8919, line 6 .			٠					1g		
get a Form W-2, see	h		ner earned income (see instructions)							1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	٠	<u>li</u>						- C 4 0
	<u>z</u>	Add lines 1a through 1h								1z		5,640.
Attach Sch. B if required.	2a		2a			axable interest				2b		
ii required.	3a		3a			ordinary divider				3b		
	4a		4a			axable amount				4b		
Standard Deduction for—	5a		5a			axable amount				5b		
Single or	6a		6a			axable amount				6b		
Married filing separately,	c	If you elect to use the lump-sum e				,			. 📙	7	1	
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	1	0 070
Married filing jointly or	8	Other income from Schedule 1, line 10								8		8,070.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	20	7,570.
\$25,900	10	Adjustments to income from Schedule 1, line 26							10			
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income										7,570.
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									$\frac{2}{1}$	25,900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A									_	
Standard Deduction,	14	Add lines 12 and 13								15		5,900.
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>										1,670.

Form 1040 (2022	2)			Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	31,272.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	31,272.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	2,500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	28,772.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.		
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	28,772.		
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	35,421.		
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				
	30	Reserved for future use				
	31	Amount from Schedule 3, line 15				
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32			
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	35,421.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6,649.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	6,649.		
Direct deposit?	b	Routing number * * * * * X X X X C Type: Checking Savings				
See instructions.	d	Account number				
	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 <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	below.	X No		
3	De	signee's Phone Personal ident	ification			
	naı	ne number (PIN)				
Sign Here	Un bel	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 whic	the bes h prepar	st of my knowledge and er has any knowledge.		
	Yo			nt you an Identity		
Joint return? See instructions. Keep a copy for your records.			inst.)	IN, enter it here		
	Sp		f the IRS sent your spouse an			
			itity Prote inst.)	ection PIN, enter it here		
		HOME MAKER				
		pone no. (408)666-6774 Email address PADMAKUMARP@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/21/2023 *****	2702	Self-employed		
Preparer						
Use Only			one no. (678)965-9522 m's EIN **-**1965			
	1.01			エノしコ		