1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wri	te or staple i	n this space.	
Filing Status Check only	5 X S								Qualifying surviving spouse (QSS)				
one box.		u checked the MFS box, enter the na on is a child but not your dependent	, ,	ouse. If you cł	neck	ed the HOH o	r QSS	box, enter	the ch	nild's i	name if th	e qualifying	
Your first name and middle initial Last na				st name							Your social security number		
PRASHANTH REDDY KUNT			KUNTA	NTA						123-45-8646			
If joint return, spouse's first name and middle initial Last name				ime					Spo	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt.							pt. no.			tial Electio ere if you,	on Campaign or your		
City, town, or post office. If you have a foreign address, also complete s				paces below. State ZIP of				ode	to	go to f		tly, want \$3 Checking a change	
Foreign country	Foreign	Foreign province/state/county Foreign				n postal code your tax or refund.			Spouse				
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a								-	Yes	X No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur		Your spouse dual-status a									
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are k	olind Spo	use	: 🗌 Was bo	_	ore Januar			Is bli	-	
Dependents			(2)	Social security number		(3) Relationsh	nip (4			· .		instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	0	Credit for oth	er dependents	
than four dependents,]			<u> </u>	
see instructions	s ——]		L	<u> </u>	
and check here							·]		L	<u></u>	
	1a	Total amount from Form(s) W-2, b		ctions)]	1a		 06,199.	
Income	b	Household employee wages not re	•		Σ.				•	1b		<u>, 199.</u>	
Attach Form(s)	c	Tip income not reported on line 1a					• •		•	10			
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							•	1d			
attach Forms W-2G and	e	Taxable dependent care benefits f			10110		• •		•	1e			
1099-R if tax	f	Employer-provided adoption bene								1f			
was withheld.	g	Wages from Form 8919, line 6.								1g			
lf you did not get a Form	h	Other earned income (see instructi								1h		0.	
W-2, see	i	Nontaxable combat pay election (s				1i							
instructions.	z									1z	9	6,199.	
Attach Sch. B	2a	U I	2a		bТ	axable interes	t.			2b			
if required.	3a		3a			ordinary divide				3b			
	4a		4a		bТ	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		bТ	axable amoun	t			5b			
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t			6b			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection method	, check here (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if require	ed. If not requ	ired	, check here				7			
Married filing	8	Other income from Schedule 1, line 10								8	-1	.0,784.	
jointly or Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . <t< td=""><td></td><td>9</td><td></td><td>5,415.</td></t<>							9		5,415.			
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 26							10			
Head of	11	Subtract line 10 from line 9. This is	your adjusted	l gross incon	ne					11	6	35,415.	
household, \$19,400	12	Standard deduction or itemized								12		2,950.	
If you checked	13	Qualified business income deducti				5-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less, enter	-0 This is y	our 1	taxable incon	ne.			15		2,465.	
		*											

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	11,562.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	11,562.	
	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	11,562.	
	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	11,562.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2	4		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	14,564.	
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	4		
	30	Reserved for future use .	4		
	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	14,564.	
	33	Add lines 25d, 26, and 32. These are your total payments	33 34	3,002.	
Refund	34 35a		34 35a	3,002.	
Direct deposit?	b 35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	358	5,002.	
See instructions.		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	57	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See			
		tructions	elow.	X No	
		signee's Phone Personal identiti	ication ₁		
	nar				
Sign		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 which		, ,	
Here				nt you an Identity	
	10			N, enter it here	
Joint return?		DATA ENGINEER (see	nst.)		
See instructions. Keep a copy for	Sp			nt your spouse an	
your records.		lident (see		ection PIN, enter it here	
-	Ph	one no. (414)439-6417 Email address PRASHANTHREDDYKUNTA@GMAIL.COM			
		parer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/16/2023 P02082	2703	Self-employed	
Preparer			ne no. (678)965-9522		
Use Only			's EIN	84-3171965	
Go to www irs a		1040 for instructions and the latest information. BAA REV 03/09/23 PRO		Form 1040 (2022)	