<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		ım 202	2	OMB No. 1545	-0074	IRS Use On	ly—Do no	ot writ	e or staple ir	this space.	
Filing Status	<b>x</b> s	Single	Marrie	d filing separately	MFS)	Head of	house	hold (HOH)			ying survi e (QSS)	ving	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS	box, enter	he chil	d's r	ame if the	e qualifying	
Your first name and middle initial Last name											al security		
VENKATA AJAY KRISHNA ADAB				DAPA						***-**-3864			
If joint return, spouse's first name and middle initial Last na				ame					Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	vpt. no.	Presi	ident	ial Electio	n Campaign	
967 BUTT	ER C	CREEK CT								Check here if you, or your spouse if filing jointly, want \$3			
City, town, or p	ce. If you have a foreign address, also co	baces below. State Z			ZIP c	ode				Dhecking a			
HOFFMAN ESTATES				IL			60169 bo				v will not a		
Foreign country name				Foreign province/state/county				Foreign postal code yo			your tax or refund.		
Digital	At an	ny time during 2022, did you: (a) rece		roward award o	( DO)//	mont for propo	tu or		r (b) co				
Assets		ange, gift, or otherwise dispose of a									Yes	XNo	
Standard		eone can claim:  You as a de	-							- /			
Deduction	<u> </u>	Spouse itemizes on a separate return	n or you	were a dual-status	alien	1							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore January	,		🗌 Is blir		
Dependents				(2) Social securit number	y	(3) Relationsh	ip (4			1		nstructions):	
If more	(1) Fi	rst name Last name		Turriber		to you		Child tax	credit	C	redit for oth	er dependents	
than four dependents,											L	<u></u>	
see instructions	s ——										L	<u></u>	
and check here										_	L	<u></u>	
	4.5									4.0			
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re		,	• •		• •			1a 1b	20	0,444.	
Attach Form(s)	c	Tip income not reported on line 1a	•						-	1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits f							. [	1e			
1099-R if tax	f	Employer-provided adoption bene			€.				. [	1f			
was withheld.	g	Wages from Form 8919, line 6							. [	1g			
get a Form	h	Other earned income (see instructi	ons) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s		uctions)		1i							
	z	Add lines 1a through 1h								1z	20	0,444.	
Attach Sch. B	2a	Tax-exempt interest	2a		bТ	axable interest				2b			
if required.	3a	Qualified dividends	3a	30.	bС	Ordinary divide	nds .			3b		34.	
	4a	IRA distributions , , , , ,	4a		bΤ	axable amoun	t			4b			
Standard Deduction for— • Single or	5a	Pensions and annuities	5a		bΤ	axable amoun	t			5b			
	6a	Social security benefits	6a		bΤ	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum e	lection m	nethod, check here	e (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here $\ .\ .\ .\ .$						$\Box \downarrow$	7		-107.		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10							·  _	8			
Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							·	9	20	0,371.		
surviving spouse, \$25,900									-	10			
Head of household,									11		0,371.		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A)								-	12	1	2,950.		
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti			n 899	5-A	· ·		-	13		1.	
Standard Deduction,	14	Add lines 12 and 13								14		<u>2,951.</u>	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -u This is	your	taxable incom	e.		·	15	18	7,420.	

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	40,201.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	40,201.						
	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	40,201.						
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4.						
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	40,205.						
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	29,719.						
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26							
	27	Earned income credit (EIC)								
attach Sch. 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         . <th.< th="">         .         <th< th=""><th></th><th></th></th<></th.<>								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	3,313.						
	33	Add lines 25d, 26, and 32. These are your total payments	33	33,032.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34							
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a							
Direct deposit? See instructions.	b	Routing number       *       *       *       X       X       X       X       C Type:       Checking       Savings								
	d	Account number * * * * * * * * * * * * * * * * * * X X X X								
	36	Amount of line 34 you want applied to your 2023 estimated tax								
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	7,300.						
	38	Estimated tax penalty (see instructions)								
Third Party		by you want to allow another person to discuss this return with the IRS? See								
Designee		structions		X No						
	De nai	signee's Phone Personal identif ne no. Personal identif	cation							
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of mv knowledge and						
-		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here	Yo	5 · · · · · · · · · · · · · · · · · · ·	IRS sent you an Identity							
				N, enter it here						
Joint return? See instructions.			ŕ							
Keep a copy for	Sp		IRS sent your spouse an ity Protection PIN, enter it here inst.)							
your records.		(see i								
	Ph	one no. (978)393-6608 Email address AJAYKRISHNA143@GMAIL.COM								
Deid	Pre	eparer's name Preparer's signature Date PTIN		Check if:						
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/16/2023 *****2	2703 Self-employed							
Preparer	Firi		ie no. (678)965-9522							
Use Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	's EIN **-**1965							
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/09/23 PRO Form 1040 (2022)										

irs.gov/Form1040 for instructions and the