E1040		rtment of the Treasury-Internal Revenue Serv <b>5. Individual Income Ta</b>		urn	202	2	OMB No. 1545	-0074	IRS Use (	Only—	Do not w	ite or staple	n this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly [ u checked the MFS box, enter the r on is a child but not your dependen	name of y	0	separately (N use. If you c	,			nold (HOF box, ente	, <u> </u>	spou	ifying surv ise (QSS) name if th	U U	
Your first name	and m	ddle initial	Last nar	me							Your so	cial securit	y number	
				SETTY	,						123-45-4671			
				Last name							Spouse's social security number			
				JABISETTY							123-45-5570			
Home address	-						pt. no.	-	Presidential Election Campaign					
6061 EOI	TESTI	RIAN WOODS CT										ere if you,		
		ce. If you have a foreign address, also co	omplete sp	oaces bel	ow.	Sta	ite	ZIP c	ode				tly, want \$3	
KALAMAZOO												to go to this fund. Checking a box below will not change		
Foreign country name												your tax or refund.		
									3			You Spouse		
Digital	At ar	y time during 2022, did you: (a) rec	eive (as a	a reward	award or	navr	ment for prope	rtv or	services)	or (	b) sell			
Assets		ange, gift, or otherwise dispose of a										Yes	X No	
Standard		eone can claim:  You as a de	-	<u> </u>			a dependent							
Deduction		Spouse itemizes on a separate retu	•		•									
Age/Blindnes	s You:	Were born before January 2, 1	1958	Are bl	ind Spo	ouse	: 🗌 Was boi	n befo	re Janua	ry 2,	1958	Is bl	ind	
Dependent	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip (4	) Check th	e box	k if qualif	ies for (see	instructions):	
If more		rst name Last name			number		to you		Child ta	x cre	dit	Credit for oth	ner dependents	
than four	ABH	IRAM JABISETTY		968-		7	Son						X	
dependents,	PRA	NAY JABISETTY			-96-140		Son						×	
see instruction and check	s —					-						[		
here	]						· · · · · · · · · · · · · · · · · · ·					[		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a	12	24,121.	
income	b	b Household employee wages not reported on Form(s) W-2								1b				
Attach Form(s)	с	Tip income not reported on line 1a (see instructions)							1c					
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	n Form(s	s) W-2 (see i	nstru	uctions)				1d				
W-2G and	е	Taxable dependent care benefits	m 2441,											
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f					
lf you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form	h	Other earned income (see instruct	tions) .								1h		0.	
W-2, see	i	Nontaxable combat pay election (see instructions)												
instructions.	z	Add lines 1a through 1h									1z	12	24,121.	
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes	t.			2b			
if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .			3b			
/	4a	IRA distributions	4a			bТ	axable amoun	t			4b			
Standard Deduction for—	5a	-	5a				axable amoun				5b			
	6a	Social security benefits	6a				axable amoun				6b			
<ul> <li>Single or Married filing</li> </ul>	c	If you elect to use the lump-sum election method, check here (see instructions)									1			
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here												
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, line 10							8		8,951.			
jointly or	9		I lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		)5,170.	
Qualifying surviving spouse,	10												<u>, 170.</u>	
\$25,900										10	1.0	)E 170		
<ul> <li>Head of household,</li> </ul>	11     Subtract line 10 from line 9. This is your adjusted gross income       d,     12       Standard deduction or itemized deductions (from Schedule A)									$\frac{5,170}{5,000}$				
\$19,400	19,400 12 Standard deduction or itemized deductions (from Schedule A)								12		25,900.			
<ul> <li>If you checked any box under</li> </ul>	iny box under dia and dia and dia and dia							13	+ ,					
Standard Deduction,	14				 0. This is y				• •		14		<u>25,900.</u> 70,270	
see instructions.	15	Subtract line 14 from line 11. If ze	TO OF IESS	s, enter -	-o This is y	our	laxable incom	ie .	• •		15		79,270.	

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	9,102.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,102.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	1,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	8,102.
	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	8,102.
Payments	25	Federal income tax withheld from:		
2	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	7,288.
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	7 /	
	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	7,288.
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 refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings		
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		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	814.
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	below.	× No
		signee's Phone Personal ident	ification	
	nar			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and tu ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		
Here				, ,
	Yo	5 · · · · · · · · · · · · · · · · · · ·		nt you an Identity IN, enter it here
Joint return? See instructions.			inst.)	
	Sp		e IRS ser	nt your spouse an
Keep a copy for your records.	-			ection PIN, enter it here
your records.		HOME MAKER (see	e inst.)	
		one no. (609)721-0984 Email address SATEESHJSF@GMAIL.COM		1
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/16/2023 P0208	2703	Self-employed
	Fin		ne no. (	678)965-9522
			n's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/09/23 PRO		Form <b>1040</b> (2022)

BAA