E1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple i	in this space.	
Filing Status		Single Married filing jointly Married filing separately (MFS) Head of household (HOH)							Qualifying surviving spouse (QSS)				
one box.	,	u checked the MFS box, enter the nation is a child but not your dependent	, ,	use. If you cl	heck	ed the HOH or	QSS	box, enter	the cl	nild's	name if th	e qualifying	
Your first name and middle initial			Last name							Your social security number			
SURYA ADITHYA			JAGARLAMU	JAGARLAMUDI							189-43-6097		
lf joint return, sp	Last name	Last name					Sp	Spouse's social security number					
Home address		er and street). If you have a P.O. box, see	instructions.				A	Apt. no.		Presidential Election Campaign Check here if you, or your			
	mplete spaces be	plete spaces below. State Z				ode				tly, want \$3			
OVERLAND PARK			KS 6				662				w will not	Checking a change	
Foreign country name			Foreign province/state/county For					oreign postal code yo			or refund.		
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a reward	d. award. or	pavr	nent for prope	rtv or	services):	or (b)	sell.			
Assets		ange, gift, or otherwise dispose of a									Yes	X No	
Standard Deduction		eone can claim:  You as a de Spouse itemizes on a separate return				a dependent							
		Were born before January 2, 1			ouse		n befo	ore Januar	y 2, 19	958	🗌 ls bl	ind	
Dependents	(see	instructions):	(2) S	Social security		(3) Relationsh	ip <b>(</b> 4	) Check the	box if	qualifi	es for (see	instructions):	
If more	(1) Fi	irst name Last name		number		to you		Child tax cre		0	Credit for oth	her dependents	
than four									]		[		
dependents, see instructions									]		[		
and check	, 								]		[		
here 🗌											[		
Income	1a	Total amount from Form(s) W-2, bo			•					1a	1	L1,200.	
	b	Household employee wages not re	•				• •		•	1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a					• •		•	1c			
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	• •		·	1d			
W-2G and 1099-R if tax	e	Taxable dependent care benefits fr			• •		• •		·	1e			
was withheld.	f	Employer-provided adoption bene			•		• •		·	1f			
If you did not	g	Wages from Form 8919, line 6 .		• • • •	• •		• •		·	1g			
get a Form W-2, see	h	Other earned income (see instructi			• •	· · · ·	· ·		·	1h	-	0.	
instructions.	I	Nontaxable combat pay election (s			• •	<u>1</u> i						1 000	
	<u>z</u>			· · · ·	ьт				·	1z		L1,200.	
Attach Sch. B if required.	2a 2a		2a			axable interest Ordinary divider			·	2b			
	<u>3a</u>		3a 4a			axable amoun			·	3b 4b			
Other stand	4a 5a		+a 5a			axable amoun			·	40 5b			
Standard Deduction for –	5a 6a		6a			axable amoun			·	50 6b			
Single or     Marriad filing	C	If you elect to use the lump-sum el							÷	00			
Married filing separately,	7				•	,	• •			7			
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8				
jointly or	g         Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						·	9	1	L1,200.			
Qualifying spouse,	g spouse, 10 Adjustments to income from Schedule 1 line 26							•	10		.1,200.		
\$25,900 • Head of	10       Adjustments to income from Schedule 1, line 20						•	11	1 1	L1,200.			
household,							•	12		L1,200. L2,950.			
\$19,400 • If you checked	13	Qualified business income deducti				5-A			•	13			
any box under Standard	14	Add lines 12 and 13								14	1	L2,950.	
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	e .			15	1 -	0.	
see instructions.		~	-	,									

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	0.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	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	0.
	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	0.
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	831.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a <sup>L</sup> qualifying child,	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		
	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	
	33	Add lines 25d, 26, and 32. These are your total payments	33	831.
Refund Direct deposit?	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	831.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	831.
	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 <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See		_
Designee	ins	tructions		× No
	De: nar	signee's Phone Personal idential number (PIN)	ication	
0:000		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of my knowlodge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	IRS ser	it you an Identity
		Prote		N, enter it here
Joint return?		STUDENT (see	<i>'</i>	
See instructions. Keep a copy for	Sp			it your spouse an ection PIN, enter it here
your records.		(see		
	Ph	one no. (408)659-9689 Email address ADITHYA62710@GMAIL.COM		
		parer's name Preparer's signature Date PTIN		Check if:
Paid		PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/07/2023 P02082	2702	Self-employed
Preparer	-			678)965-9522
Use Only			's EIN	84-3171965
			3 LIN	Form <b>1040</b> (2022)
GO IO WWW.IFS.go	UV/FOM	1040 for instructions and the latest information. BAA REV 02/24/23 PRO		Form 1040 (2022)