Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

	$\mathbf{X}$	Single Married filing jointly	Marrie	ed filing separately (	MFS)	Head of	househo	d (HOH)			fying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spouse. If you o	check	red the HOH or	r QSS bo	x. enter i		•	se (QSS) name if the	e qualifying	
	-	on is a child but not your dependent	-					.,					
			Last nar	Last name						Your social security number			
SARAVANA G				SH					15	156-02-6381			
		first name and middle initial		GANESH Last name						Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt	. no.	Pres	sident	tial Electio	n Campaign	
#855 JEN	NIFI	ER LANE								Check here if you, or your			
		ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	ate	ZIP code	9				ly, want \$3	
High Poi	nt			NC 2			2726				w will not o	Checking a change	
Foreign country name			F	Foreign province/state/county Foreign province/state/county			Foreign p				ur tax or refund.		
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payr	ment for prope	erty or se	rvices); c	or (b) s	ell,			
Assets		ange, gift, or otherwise dispose of a					-				Yes	X No	
Standard	Som	eone can claim:	pendent	Your spous	se as	a dependent		V /					
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a dual-status	alien	1							
Ago/Blindness	Valle	☐ Were born before January 2, 1	059	Are blind Sp	ouse	w D Was box	rn before	lanuary	2 10	50	☐ Is blir		
			930 _	- 			100					nstructions):	
Dependents		rst name Last name		(2) Social securit number	У	(3) Relationsh to you	ııp i	Child tax			•	er dependents	
If more than four	(1)	rst name Last name				10 700			credit				
dependents,											<u>_</u>		
see instructions	· —										<del></del>		
and check here $\square$											<del></del>	┪	
	1a	Total amount from Form(s) W-2, b	ov 1 (see	a instructions)						1a	7		
Income	b	Household employee wages not re							.	1b		7,300.	
Attach Form(s)	C			`					.	1c			
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)							.	1d			
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							.	1e			
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							.	1f			
was withheld.	g	Wages from Form 8919, line 6.							.	1g			
If you did not get a Form	h	Other earned income (see instruct							.	1h		0.	
W-2, see	i	Nontaxable combat pay election (s				1i			.				
instructions.	z	Add lines 1a through 1h		dollo(15)						1z	7	7,366.	
Attach Sch. B			2a		b Т	axable interes	t		•	2b	<u> </u>	.,	
if required.	3a		3a			Ordinary divide				3b			
	4a		4a			axable amoun			.	4b			
Standard	5a		5a			axable amoun			.	5b			
Deduction for—	6a		6a			axable amoun			.	6b			
Single or     Married filing	С	If you elect to use the lump-sum e		nethod. check here	(see	instructions)							
separately,	7	Capital gain or (loss). Attach Sche		•	•	,			$\overline{\sqcap}$	7	1		
\$12,950  Married filing	8	Other income from Schedule 1, lin							_	8	_	7,560.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							.	9		9,806.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26										- ,	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								10 11	6	9,806.	
household, \$19,400	12	Standard deduction or itemized							.	12		2,950.	
• If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							.	13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							.	15		6,856.	
see instructions.		•											

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	8,130.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,130.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	809.
	21	Add lines 19 and 20	21	809.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,321.
	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	7,321.
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	13,071.
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		
	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 <b>total payments</b>	33	13,071.
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	5,750.
11010110	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	5,750.
Direct deposit?	b	Routing number 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 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	nelow.	X No
Designee		signee's Phone Personal identii		
	na		Toution	
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	Yo	ur signature Date Your occupation If the	RS se	nt you an Identity
			ection P inst.)	IN, enter it here
Joint return? See instructions.	Sp		IRS se	nt your spouse an
Keep a copy for		Iden	tity Prote	ection PIN, enter it here
your records.		(see	inst.)	
		one no. (215)470-1792 Email address SARAVANAPWC@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 03/30/2023 P0247	0833	Self-employed
Use Only	Fir		ne no. (	678)965-9522
	Fin	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	88-2145487