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.

	s 🗌 S	Single 🔀 Married filing jointly 🗌	Marrie	ed filing separately (M	1FS)	Head of	house	hold (HOF	H) [fying survi	iving	
Check only one box.	If vo	u checked the MFS box, enter the na	amo of v	your engues. If you of	nook	ad tha UOU ar	, OSS	hov onto	r tha		se (QSS)	o gualifying	
one box.		on is a child but not your dependent		our spouse. It you cr	ICCK	ed the HOH of	QUU	DOX, CITE	i liie	Ciliu 3 i	iaine ii tii	e qualifying	
Your first name			Last nar	me					Y	our soc	ial security	v number	
				RUKALA							822-58-0102		
				st name						Spouse's social security number			
•	,ройоо с	The Hame and Findale limbal								APPLIED FOR			
	DEEPA YERUKALA Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							Presidential Election Campaign					
	,		iiioti dotic	5110.			ľ	tpt. no.			ere if you,		
City town or r			mnlete si	naces helow	Sta	te	ZIP c	ode 🕭				tly, want \$3	
ATLANTA						4		to go to this fund. Checking a box below will not change					
Foreign country name			Te					n postal co			w will not our refund.	cnange	
r oreign countr	y Harric		- 1.	oreign province/state/e	Journ	. y	Torcig	jii postai oc	,		You	Spouse	
Distal	۸+ or	ov time during 2022, did your (a) rec	oivo (oo	a roward award or	201/12	nant for propa	rtu or	oon iioool	or (b	lloo /			
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a					-				Yes	X No	
Standard		eone can claim: You as a de		<u>_</u>			assor	. (000 111	otraot	10110.)			
Standard Deduction	_	Spouse itemizes on a separate retur		•									
				_	211011	_							
Age/Blindnes	s You:	Were born before January 2, 1	958 _	Are blind Spo	use	: Was bor	\rightarrow	ore Janua			ls blin		
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box	if qualifie	es for (see i	instructions):	
If more	(1) F	rst name Last name		number		to you		Child ta	ax crec	dit C	credit for oth	er dependents	
than four												<u> </u>	
dependents, see instruction	s											<u> </u>	
and check _									<u></u>			<u></u>	
here											<u>L</u>		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	6	0,392.	
	b	Household employee wages not re	eported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•		- 1					1c			
attach Forms	d		eported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instruct					ή.			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					4 .		
	z	Add lines 1a through 1h								1z	6	0,392.	
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interest				2b			
if required.	3a		3a			rdinary divide				3b			
	4a		4a	,		axable amoun				4b			
Standard Deduction for—	5a		5a			axable amoun				5b			
Single or	6a		6a			axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e		•		,			. 📙		4		
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not requ	ired.	, check here			. Ц	7			
Married filing jointly or	8	Other income from Schedule 1, lin								8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	6	0,392.	
surviving spouse, \$25,900	10	Adjustments to income from Sche								10			
Head of household,	11	Subtract line 10 from line 9. This is	-	-						11		0,392.	
\$19,400	12										2	25,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
Standard	14	Add lines 12 and 13							14		5,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t	taxable incom	ne .			15	3	4,492.	
/													

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	3,726.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,726.
	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	3,726.
	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	3,726.
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	3,426.
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	1	
	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	3,426.
Defend	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Refund	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 amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	300.
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee ²	ins	structions	below.	X No
		signee's Phone Personal identi	fication	
	naı			
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 whicl		
Here				nt you an Identity
	10			N, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.			itity Prote inst.)	ection PIN, enter it here
		HOME MAKEK		
		pone no. (470)890-8262 Email address YSREEKANTHGOUD@GMAIL.COM paparer's name Preparer's signature Date PTIN		Check if:
Paid	F16	Pare Signature Date Filly		Self-employed
Preparer		Whater CLODAL WAVECULG		
Use Only			ne no.	
	Firi	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	ı's EIN	4040