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	IFS)	Head of	househ	old (HOF	H) [fying survi	iving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your engues. If you ch	nack	ed the HOH or	r 088 k	oov ente	r tha	•	se (QSS)	e aualifyina	
one box.		son is a child but not your dependent		our spouse. It you cr	ICCN	led the HOH of	l QOO I	oox, ente	i lile (Jilliu 3 i	iaine ii tiit	5 qualifying	
Your first name			Last nar	me					Y	our soc	ial security	number	
				ARRA							402-85-2114		
				st name							Spouse's social security number		
										175-99-2894			
SINDHURA KAMATH. Home address (number and street). If you have a P.O. box, see instructions.									_	Presidential Election Campaign			
				Apt. 110.						Check here if you, or your			
6796 CHARLESTOWN LN City, town, or post office. If you have a foreign address, also complete space				spaces below. State ZIP co			code			ouse if filing jointly, want \$3			
				'				tog			to go to this fund. Checking a box below will not change		
MASON Foreign country name			Te	Foreign province/state/county				~			w will not d or refund.	change	
			- 1.	To leight province/state/county			r oroigir poolar codo			You Spouse			
District	Λ± 0×	outine during 2000 did you (a) rea	oixa (aa			mant far nrana	H-1 04 0	om do ool	- or (b	VacII			
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-				Yes	⊠ No	
		eone can claim: You as a de		· · · · · · · · · · · · · · · · · · ·			assetji	(See III	Structi	0113.)			
Standard Deduction	_	·		•									
Deduction		Spouse itemizes on a separate return	ii or you	were a duar-status a	allel								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn befo	re Janua	ry 2, 1	1958	ls blir	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check th	e box	if qualifie	es for (see i	nstructions):	
If more	(1) Fi	irst name Last name		number	to you		Child tax c		ax cred	it C	redit for oth	er dependents	
than four	ABHI	NAV KEERTHAN NARRA		927-92-3004		Son				X		<	
dependents, see instruction	AKI	RA NANDHAN NARRA		940-91-2752		Son					>	<	
and check]	
here \square]]	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	13	2,433.	
	b	Household employee wages not re	eported	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 reported on Form(s) W-2 (see instructions)							1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6							1g				
get a Form	h	Other earned income (see instructions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i	i						
motructions.	z	Add lines 1a through 1h								1z	13	2,433.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b C	ordinary divider	nds .			3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here (see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	required. If not requi	ired	, check here				7			
Married filing	8	Other income from Schedule 1, line 10								8	-1	3,293.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	11	9,140.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of	11 Subtract line 10 from line 9. This is your adjusted gross income							11	11	9,140.			
household, \$19,400	12											5,900.	
If you checked	13												
any box under Standard	14	Add lines 12 and 13								14	2	5,900.	
Deduction,	15									15		3,240.	
see instructions.		▼		,									

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,744.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	11,744.	
	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	10,744.	
	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	10,744.	
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	9,806.	
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			
	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	9,806.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
nerana	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 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 amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	938.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	elow	X No	
Designee		signee's Phone Personal identif			
	na				
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	IRS se	nt you an Identity	
		/		IN, enter it here	
Joint return?		SOFTWARE ENGINEER	(see inst.)		
See instructions. Keep a copy for	Sp		e IRS sent your spouse an tity Protection PIN, enter it here		
your records.		SOFTWARE ENGINEER (see	-		
	Ph	one no. (252)412-8886 Email address SURESHBABU2604@GMAIL.COM			
D-1-1		eparer's name Preparer's signature Date PTIN		Check if:	
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 03/28/2023 P02470)833	Self-employed	
Preparer			Phone no. (678)965-9522		
Use Only	Fin		Firm's EIN 88-2145487		