1040		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	o not wr	ite or staple ir	this space.	
Filing Status Check only	5 X S	Single Married filing jointly] Married filing	g separately (N	eparately (MFS) Head of		household (HOH))	Qualifying surviving spouse (QSS)			
one box.		u checked the MFS box, enter the n on is a child but not your dependen	, ,	oouse. If you cl	neck	ed the HOH o	QSS	box, enter	the c	hild's	name if the	e qualifying	
Your first name and middle initial			Last name							Your social security number			
SRIKANTH			CHINDAM							696-92-6328			
lf joint return, s	pouse's	Last name					Sp	Spouse's social security number					
Home address	(numbe	r and street). If you have a P.O. box, see	instructions.				A	pt. no.	Pr	esiden	tial Electio	n Campaign	
2 COUNTRY CLUB DR											Check here if you, or your spouse if filing jointly, want \$3		
		F F				ZIP co		to	go to	this fund. C	Checking a		
MANCHESTER											w will not o or refund.	change	
Foreign country name			Foreign province/state/county									Spouse	
Digital		y time during 2022, did you: (a) rec								-	_	<u></u>	
Assets		ange, gift, or otherwise dispose of a	_	-		_	asset)	? (See ins	tructio	ons.)	Yes	X No	
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur		」Your spouse a dual-status a									
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	blind Spc	ouse	: 🗌 Was bo	rn befo	ore Januar	y 2, 1	958	🗌 Is blir	nd	
Dependents	s (see	instructions):	(2) Social security		(3) Relationsh	nip (4) Check the	e box if	qualifi	es for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax	c credi	t (Credit for oth	er dependents	
than four									<u> </u>				
dependents, see instructions	s ——												
and check									<u> </u>				
here													
Income	1a b	Total amount from Form(s) W-2, b							•	1a 1b	1	3,811.	
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2							10				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	e	Taxable dependent care benefits								1e			
1099-R if tax	f	Employer-provided adoption bene								1f			
was withheld.	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	ions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s)		 1 i							
	z	Add lines 1a through 1h								1z	1	3,811.	
Attach Sch. B	2a		2a		b Ta	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a		b 0	Ordinary divide	nds .			3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard Deduction for – • Single or	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
	6a	Social security benefits 6a b Taxable amount							÷	6b			
Married filing separately,	с	If you elect to use the lump-sum e											
\$12,950	7		edule D if required. If not required, check here \ldots							7			
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8				
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									+ 1	3,811.	
\$25,900	10												
 Head of household, 	11 Subtract line 10 from line 9. This is your adjusted gross income					•	11		3,811.				
\$19,400	12	Standard deduction or itemized							•	12	+ 1	2,950.	
 If you checked any box under 	13	Qualified business income deduct				5-A			•	13	-	0.050	
Standard Deduction,	14 15		· · · · ·	 . 0 This is v					•	14	+ 1	<u>2,950.</u>	
see instructions.	15	Subtract line 14 from line 11. If zer		a -u i mis is y	our	ахаріе іпсоп			•	15	1	861.	

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	86.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	86.
	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	86.
	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	86.
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	911.
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	911.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	825.
neiunu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	825.
Direct deposit? See instructions.	b	Routing number X		
	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 amount you owe .] [
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See		
	ins	tructions	below.	X No
	De nai	signee's Phone Personal identiti ne no. Personal identiti	ication	
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				nt you an Identity
	10			N, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.)	
See instructions. Keep a copy for	Sp			it your spouse an
your records.			inst.)	ection PIN, enter it here
,				
		Done no. (603)931-7772 Email address SRIKANTHCNDM09@GMAIL.COM opparer's name Preparer's signature Date PTIN		Check if:
Paid			0700	Self-employed
Preparer		PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/27/2023 P02082		
Use Only				678)965-9522
			's EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information. BAA REV 03/18/23 PRO		Form 1040 (2022)