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

OMB No. 1545-0074

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

In so box ff you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Your feat name and middle initial Last name Spouse	_		Single 🔀 Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	ehold (HOH)			ifying survi	ving		
Person is a child but not your dependent: Your test name and middle initial SUDRIER ROUGHER ADHA 21.0-82-60.39 Spouse's first name and middle initial Last name RAVULAPELLI ADHA 22.0-82-60.39 SOUNDAN RAVULAPELLI APL No. APL No. APL No. APL No. Presidential Electron Campaign City two, or post office. If you have a foreign address, also complete spaces below. AZ SOOTTSDALE Foreign country name Foreign province/statis-country Foreign prov	Check only	If vo	u checked the MES hox, enter the na	ame of v	vour spouse If you ch	neck	red the HOH or	089	Shox enter	the c	•	` ,	aualifyina		
## JOHNEER ADHA Last rame Spouse's first name and middle initial Last rame Spouse's social security number Stuth RAYULAPELLI Apt. no. Presidential Beccino Campaign City John, or post office. If you have a foreign address, also complete spaces below. State ZP code Spouse's pocial security number Az S3558 SCOTTISDALE Az S3558 S2588 SCOTTISDALE Az S3558 S2588	one box.	-			your opouse. If you on	10011	.00 110 11011 01	QUC	DOX, OITE	110 0	ilia o	riarrio il tric	y quamymig		
If joint rotum, spouse's first name and middle initial Last name Spouse's social security number RAVULAPELLT RAPL no. 120 STATE	Your first name and middle initial			Last na	Last name							Your social security number			
If joint rotum, spouse's first name and middle initial Last name Spouse's social security number RAVULAPELLT RAPL no. 120 STATE															
SUMAN RAVULAPELLI 182-84-0780 Presidential Election Campaign Presidential Election Campai															
Home address (number and street). If you have a P.O. box, see instructions.	SUMAN			RAVII							182-84-0780				
Colty, town, or post office, in you have a foreign address, also complete spaces below. State ZIP code A2 S2P code S2P code A2 S2P code S2P code A2 S2P		(numbe	er and street). If you have a P.O. box, see						Apt. no.						
City, twwn, or post office. If you have a foreign address, also complete spaces below. State	10455 E	7/T A	TITNDA						120						
SCOTTSDALE AZ 85258 box below will not change Foreign province/state/county Foreign postal color You Spouse Poreign postal color You Spouse Standard Stand				mplete s	nplete spaces below. State 2				P code spouse						
Foreign province/state/county					AZ			85							
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes (see instructions); (1) First name Last name DHRUV R ADHA Spouse S				I	Foreign province/state/county										
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Search and Cheduction Spouse itemizes on a separate return or you were adual-status alien Dependents (see instructions): Yes Shoot Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Were born before January 2, 1958 Are blind Age/Bindness You: Are born dependents Age/Bindness You: Are born January 2, 1958 Are blind Ag												You	Spouse		
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Spouse itemizes on a separate return or you were a dual-status alien	Assets							-				Yes	⊠ No		
Spouse itemizes on a separate return or you were a dual-status alien	Standard	Som	eone can claim:	penden	t Your spouse	as	a dependent								
Comparison Com	Deduction		Spouse itemizes on a separate retur	n or you	ı were a dual-status a	alien	1								
Comparison Com	Ago/Plindness	Valu	Word born before January 2 1	050 F	7 Are blind Sno		. Was bor	n ho	foro Januar	v 2 10	250	☐ le blir	nd		
If more than four dependents belian four dependents of the property of the pro				330 <u></u>	<u> </u>	use		$\overline{}$							
DHRUV R ADHA 093-39-8363 Son	_				1 ''			lib			· 1	,	•		
Sependents, see instructions and check nere		· ·			002 20 9263	2	Con	Oring tax or]					
Income In	dependents,														
Income		3 PKP	MAV ADHA		077-20-4203		3011]			-		
b Household employee wages not reported on Form(s) W-2. the Attach Form(s) w 2 here, Also attach Forms w 2 here, Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to W 4 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form 8995 instructions) to Ald lines 12 and 13 and 14 and 14 and 15 and 15 and 15 and 16 and	here]					
b Household employee wages not reported on Form(s) W-2. the Attach Form(s) w 2 here, Also attach Forms w 2 here, Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to W 4 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form(s) W-2 (see instructions) to Medicaid waiver payments not reported on Form 8995 instructions) to Ald lines 12 and 13 and 14 and 14 and 15 and 15 and 15 and 16 and	le a a ma a	1a	Total amount from Form(s) W-2. be	ox 1 (se	e instructions)			_			1a	21	 1.956.		
Attach Forms W-2 here. Also and 1099-R if tax was withheld. If you did not pet a Form have a few and the foliage of the fol	income			•											
W-2 here. Also that charters W-2G and 1099-R if tax was withheld. 1 you did not yet a Form N-2, see nstructions. W-2, see nstructions. I i Wages from Form 8919, line 6 Wages from Form 8919, line 29 If you charter with the form Form 8919 or Form 8919	Attach Form(s)	С									1c				
W-2G and was withheld. If Employer-provided adoption benefits from Form 8839, line 29 If a was withheld. If Employer-provided adoption benefits from Form 8839, line 29 If Wages from Form 8919, line 6 Other earned income (see instructions) Add lines 1a through 1h Tax exempt interest Add lines 1a through 1h Tax able amount Add lines 1a through 1h Tax able amo		d									1d				
## was withheld. If you did not get a Form horn 8891, line 6	W-2G and	е									1e				
gwages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) 2 Add lines 1a through 1h 4attach Sch. B f required. 3a Qualified dividends 4a IRA distributions 4a IRA distributions 5a b Taxable amount 6a Social security benefits 6a b Taxable amount 6b If you elect to use the lump-sum election method, check here (see instructions) 6b If you elect to use the lump-sum election method, check here (see instructions) 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Subtract line 10 from line 9. This is your adjusted gross income 11 211,956. 12 211,956. 12 211,956. 13 211,956. 14 4b 15 221,956. 15 In Taxable amount 16 4b 15 221,956. 16 5a b Taxable amount 17 21,000. 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1099-R if tax	f									1f				
Detection Person		g	Wages from Form 8919, line 6							1g					
nstructions. 2 Add lines 1a through 1h Attach Sch. B f required. 3a Qualified dividends	get a Form	h									1h		0.		
Attach Sch. B At	W-2, see	i													
## deduction for—Single or Married filing surpring spouse, \$25,900	motractions.	z										21	1,956.		
tandard leduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, Single or Head of household, \$19,400 If you checked any box under Standard Deduction, 155 B Taxable amount . 5b B Taxable amount . 5c B Taxable income	Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t			2b				
tandard deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000. The deduction for—Single or Married filing store in the feducation for sequired in the feducation for the feducation for social security benefits .	if required.	3a					•				3b				
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, and a special part of the size of the following the f		4a	IRA distributions	4a		b T	axable amount	t.			4b				
Single or Married filing separately, \$12,950	Standard	5a	Pensions and annuities	5a		b T	axable amount	t.			5b				
Married filing separately, \$12,950		6a	Social security benefits 6a b Taxable amount							<u>.</u>	6b				
### Capital gain or (loss). Attach Schedule Diffrequired, theory needs from the required, theory needs from the required of the required filing jointly or Qualifying surviving spouse, \$25,900 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### 9	Married filing	С													
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	\$12,950	7	, ,		f required. If not requi	ired	, check here				7	_	3,000.		
Qualifying surviving spouse, surviving spouse, P25,900 40 Justments to income from Schedule 1, line 26 10 Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 208,956 If you checked any box under Standard Deduction, Deduction, Deduction, 13 Add lines 12 and 13 14 25,900 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable income 15 Subtract line 14 from line 1.1 If zero or less enter -0- This is your taxable income 15 183,056	Married filing	8	Other income from Schedule 1, line 10								8				
Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 12 If zero or less enter -0- This is your taxable income 10 Subtract line 10 from line 9. This is your adjusted gross income 11 208,956. 12 25,900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									20	8,956.		
household, \$19,400 If you checked any box under Standard Add lines 12 and 13	surviving spouse, \$25,900	Adjustments to income from Schedule 1, line 20								—					
\$19,400 12 Standard deduction or itemized deductions (from Schedule A)	Head of	_													
any box under Standard 14 Add lines 12 and 13 15 Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income. 15 Subtract line 14 from line 11. If zero or less enter -0. This is your taxable income. 15 183, 056	\$19,400	-	- '									2	<u>5,900.</u>		
Standard 14 Add lines 12 and 13 1	If you checked any box under														
	Standard										$\overline{}$				
	see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is yo	our t	taxable incom	ıe			15	<u>5 183,056.</u>			

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	31,604.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	31,604.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	2,500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	29,104.		
	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	29,104.		
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	20,362.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
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	20,362.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
riciana	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 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	8,977.		
	38	Estimated tax penalty (see instructions)				
Third Party	Do	you want to allow another person to discuss this return with the IRS? See				
Designee		structions	elow.	⋉ No		
		signee's Phone Personal identif				
		me no. number (PIN)				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, 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			IN, enter it here		
Joint return?		EMPLOYEE (see	inst.)			
See instructions.	Sp		If the IRS sent your spouse an			
Keep a copy for your records.			,	ection PIN, enter it here		
you. recerue.		EMPLICIEE				
		one no. (480)886-6824 Email address ADHASUDHEER@GMAIL.COM		Charle if		
Paid		Preparer's signature Preparer's signature Date PTIN A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2000	Check if:		
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/02/2023 P02082				
Use Only			hone no. (678)965-9522			
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	's EIN	84-3171965		