1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		rn 20 2 :	2	OMB No. 1545-	0074	IRS Use Only-	-Do not w	rite or staple in this space.	
Filing Status Check only one box.	lf yo	ingle X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of yo	filing separately (N ur spouse. If you ch					spou	ifying surviving ıse (QSS) name if the qualifying	
Your first name	and mi	ddle initial	Last name	е					Your so	cial security number	
ANVESH			SOMA	SOMA						743-25-8372	
If joint return, spouse's first name and middle initial			Last name	Last name					Spouse'	s social security number	
RAVALI			NALLA	JALLA					683-1	L9-5948	
Home address (numbe	r and street). If you have a P.O. box, see	instruction	IS.			A	pt. no.	Presider	ntial Election Campaigr	
2900 OAK	CHA	ASE CV								ere if you, or your	
City, town, or po	ost offic	e. If you have a foreign address, also co	mplete spa	aces below.	Sta	te	ZIP c			if filing jointly, want \$3 this fund. Checking a	
LEANDER				TX			786			ow will not change	
Foreign country name		Foreign province/state		/county		Foreig	Foreign postal code		or refund.		
										You Spouse	
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a			-		-			Yes X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	as	a dependent					
Deduction		pouse itemizes on a separate return	n or you v	vere a dual-status a	alien						
		Were born before January 2, 1	958	Are blind Spo	use		1.	ore January 2,	The second second	Is blind	
Dependents				(2) Social security		(3) Relationsh	ip (4			ies for (see instructions):	
If more	(1) Fi	(1) First name Last name		number		to you		Child tax cre	edit	Credit for other dependents	
than four dependents,	AAF	ARUSH SOMA		546-26-5623	-26-5623	Son		×			
see instructions							-				
and check								<u> </u>			
here											
Income	1a	Total amount from Form(s) W-2, be					• •		1a	354,401.	
	b	Household employee wages not re	1b								
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	<u> </u>	
W-2G and 1099-R if tax	e	Taxable dependent care benefits f			•		• •		1e		
was withheld.	f	Employer-provided adoption bene		-orm 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 instruction			•	1	Ť		1h	0.	
instructions.	i	Nontaxable combat pay election (s				· · 1i			- 4-	254 401	
	<u>z</u>	Add lines 1a through 1h				· · · ·	• •		1z	,	
Attach Sch. B if required.	2a		2a 3a			axable interest Irdinary divider			2b 3b		
	<u>3a</u>		3a 4a			axable amount			4b		
a	4a 5a		+a 5a			axable amount			4D 5b		
Standard Deduction for –	5a 6a		6a			axable amount			6b		
Single or	C	If you elect to use the lump-sum elect					• •	· · · · ·			
Married filing separately,	7	Capital gain or (loss). Attach Scher	· · · _	7	-2 000						
\$12,950Married filing	8	Other income from Schedule 1, lin							8	-3,000.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	355,295.	
Qualifying spouse,	9 10	Adjustments to income from Sche		10							
\$25,900	11	Subtract line 10 from line 9. This is		11							
 Head of household, 	12	Standard deduction or itemized							12	<u>355,295.</u> 25,900.	
\$19,400 • If you checked	13	Qualified business income deducti			,	5-A			13		
any box under	14	A 111 10 110			000	• • • • •			14		
Standard Deduction,	14	Subtract line 14 from line 11. If zer		enter -0 This is w	our f	axable incom	 e		14	Television of the second se	
see instructions.			0 01 1000,	ontor of this is ye					15	<u>JZ</u> 9, J9J.	

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	66,726.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	66,726.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	64,726.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,252.
	24	Add lines 22 and 23. This is your total tax	24	65,978.
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	42,113.
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	4,694.
	33	Add lines 25d, 26, and 32. These are your total payments	33	46,807.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
neruna	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 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 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	19,674.
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		_
Designee		tructions		X No
	Den	signee's Phone Personal identifine Personal identifine Personal identifine Personal identifies Personal id	ication	
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the beet	
Sign		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 sen	t you an Identity
		Prote	ection PI	N, enter it here
Joint return?		SOFTWARE DEVELOPER (see i	nst.)	
See instructions. Keep a copy for	Sp			t your spouse an
your records.		BI DEVELOPER (see i		ction PIN, enter it here
	Ph			
		one no. (216) 777-0466 Email address ACHUT.SOMA@GMAIL.COM parer's name Preparer's signature Date PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/08/2023 P02082	2702	Self-employed
Preparer				
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 03/22/23 PRO		Form 1040 (2022)

Go to www.irs.gov/Form1040 for instructions a st information.

BAA