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

2022	
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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	housel	hold (HOI	H) [	_	fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your enguee If you ch	nack	ed the HOH or	220.5	hov ente	or the		se (QSS)	a qualifying	
one box.		on is a child but not your dependent		our spouse. It you cit	IECK	led the HOH of	QSS	DOX, CITE	ei tile	Cilliu 5 i	iairie ii iiri	e qualifyirig	
Your first name			Last nar	me					Y	our soc	ial security	/ number	
										Your social security number 123-45-7639			
If joint return, spouse's first name and middle initial  Last na				/LABATHULA						Spouse's social security number			
										123-45-0738			
RAJA SATISH KUMAR PRODDOKU  Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.							Presidential Election Campaign						
							Check here if you, or your						
City, town, or post office. If you have a foreign address, also complete spaces below.  State					ZIP co		s	spouse if filing jointly, want \$3					
NORWALK				·				to go			to go to this fund. Checking a box below will not change		
			1 1							your tax or refund.			
. o. o.g., ooa	,			5. 5.g., p. 555, 55, 5		.,	. 0.0.9	n poota ot	,		You	Spouse	
Digital	Δt an	y time during 2022, did you: (a) rece	aiva (as	a reward award or r	าลง/r	ment for prope	rty or	sarvicas)	or (h	) sell			
Assets		ange, gift, or otherwise dispose of a					-				Yes	X No	
Standard		eone can claim:  You as a de					40001,	- (000 m)					
Deduction .		Spouse itemizes on a separate return		•									
		·											
Age/Blindness	You:	Were born before January 2, 1	958 _	Are blind Spor	use	: Was bor	$\overline{}$	re Janua			Is bli		
Dependents				(2) Social security		(3) Relationsh	ip (4				•	nstructions):	
If more	<b>(1)</b> Fi	First name Last name		number		to you		Child tax c		lit C	credit for oth	er dependents	
than four dependents,	REH	EHANSH PRODDOKU		856-85-6250	)	Son		×			L		
see instruction:	s								<u> </u>				
and check	. —								<del>_</del>		L		
here											L		
Income	1a	Total amount from Form(s) W-2, be	•							1a	24	0,622.	
Attach Form(s)	b	Household employee wages not re	•							1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a							1c				
attach Forms	d		dicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	9	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instructi					· ·			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>					2.4	0 (00	
	<u>z</u>	Add lines 1a through 1h								1z	24	0,622.	
Attach Sch. B if required.	2a	·	2a			axable interest				2b		20	
	3a	_	3a 4a			ordinary divider axable amount				3b 4b		20.	
	4a												
Standard Deduction for—	5a		5a 6a			axable amount axable amount				5b			
Single or	6a	Social security benefits If you elect to use the lump-sum e					ι			6b			
Married filing separately,	с 7	Capital gain or (loss). Attach Sched		,		,			. 📙	7		3,252.	
\$12,950 Married filing	8	Other income from Schedule 1, lin				-			. ш	8		0.	
jointly or	9									9	2.4		
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>										3,894.	
\$25,900										10	2.4	2 004	
Head of household,	11	Subtract line 10 from line 9. This is								11		3,894.	
\$19,400	12									12	4	5,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	1	F 000		
Standard Deduction,	14 15	Add lines 12 and 13							15		5,900.		
see instructions.	10	Subtracting 14 HOITIME 11. II Zer	o or iess	s, GITTOI -U ITIIS IS YC	Jui	CONTRACTOR INCOME				15		7,994.	

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	39,988.
Credits	17	Amount from Schedule 2, line 3	17	
3133113	18	Add lines 16 and 17	18	39,988.
	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	37,988.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	23.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	38,011.
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	41,936.
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	1	
	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 <b>total payments</b>	33	41,936.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,925.
nerana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,925.
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		
	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 <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)	0.	
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	elow.	<b>X</b> No
Ü	De	signee's Phone Personal identif	ication	
	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 which		
Here	Yo			nt you an Identity
				IN, enter it here
Joint return? See instructions.		SOFTWARE PROFESSIONAL V		t your spouse an
Keep a copy for	Sp			ection PIN, enter it here
your records.		SOFTWARE PROFESSIONAL (see	nst.)	
	Ph	one no. (203)981-4639 Email address REVATHI.MYLABATHULA@GMAIL.COM		
Doid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082	2703	Self-employed
Preparer				678)965-9522
Use Only	Fire		s EIN	84-3171965