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.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (N	1FS)	Head of	househ	old (HOH	H) [ifying su se (QSS		ng	
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	d the HOH or	QSS b	ox, ente	r the		•	,	qualifying	
		on is a child but not your dependent												
Your first name and middle initial Last name						Y	Your social security number							
SANTOSH REDDY SAM			SAMA	LA					4	***-**-4375				
If joint return, spouse's first name and middle initial Last name							Spouse's social security numbe							
CHAIANNE ALEXIS NICOLE						4	***-**-5442							
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	ot. no.	F	residen	itial Elec	tion	Campaign	
							Check here if you, or your							
							spouse if filing jointly, want \$3 to go to this fund. Checking a							
VIENNA				VA			2218	00100			w will no		0	
Foreign country name			F	Foreign province/state/county			Foreign postal code yo			our tax	or refun	d.		
											You	, [Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oaym	ent for prope	rty or s	ervices)	; or (b) sell,				
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	nteres	st in a digital	asset)?	(See in	struct	ions.)	Yes	; [⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	as a	dependent								
Deduction		Spouse itemizes on a separate retur	า or you	were a dual-status a	alien									
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	Was bor	n befor	e Janua	ry 2,	1958	☐ Is	blind	I	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	1.00	$\overline{}$			es for (se	e ins	tructions):	
If more		irst name Last name	(a) residuations.		ax cred	credit Credit for other depende								
than four														
dependents,									1			〒		
see instruction and check	s						,		1			〒		
here]					10						一		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a		 170	,666.	
Income	b	Household employee wages not re	ported o	on Form(s) W-2		W 7				1b				
Attach Form(s)	С	Tip income not reported on line 1a	(see ins	structions)						1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	vaiver 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 bene	fits 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 instruction	itions)						1h			0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		1i								
mistractions.	Z	Add lines 1a through 1h								1z	1 -	L70	,666.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t.			2b				
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds .			3b				
	4a	IRA distributions	1a		b Ta	xable amoun	t			4b				
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t			5b				
Deduction for— Single or	6a	Social security benefits	ба		b Ta	xable amoun	t			6b				
Married filing	С	If you elect to use the lump-sum e	ection n	nethod, check here (see ir	nstructions)					4			
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	required. If not requ	ired,	check here				7				
Married filing	8	Other income from Schedule 1, lin	ner income from Schedule 1, line 10							8		-34	,400.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	1 -	L36	,266.	
surviving spouse, \$25,900	iving spouse, 10 Adjustments to income from Schedule 1 line 26													
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	136,266.				
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	25,900.			
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13				
any box under Standard	14	4 Add lines 12 and 13							14	25,900.				
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our ta	xable incom	ne .			15	15 110,366.			

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,515.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	15,515.		
	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	15,515.		
	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	15,515.		
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	15,066.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a 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	7			
	30	Reserved for future use	1			
	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	1,610.		
	33	Add lines 25d, 26, and 32. These are your total payments	33	16,676.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,161.		
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,161.		
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings				
See instructions.	d	Account number * * * * * * * * *				
	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 www.irs.gov/Payments or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee		structions		X No		
	De nai	signee's Phone Personal identii me no. number (PIN)	ication			
Sign	Un	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	the bes	st of my knowledge and		
Here				nt you an Identity		
	10			tection PIN, enter it here		
Joint return?		SOFTWARE ENGINEER (see	inst.)			
See instructions.	Sp		the IRS sent your spouse an			
Keep a copy for your records.			ntity Protection PIN, enter it here e inst.)			
		377 27 3412				
		one no. (703)338-6111 Email address SAMALA.SANTOSHREDDY@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:		
Paid			2702	Self-employed		
Preparer						
Use Only			Phone no. (678)965-9522 Firm's FIN **-***1965			