E1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Ta		n 20 2	2	OMB No. 1545	-0074	IRS Use Or	ıly—Do n	ot writ	e or staple in this space.		
Filing Status	X S	Single Married filing jointly] Married f	ïling separately (N	/IFS)	Head of	housel	nold (HOH)			ying surviving se (QSS)		
one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	•	r spouse. If you cl	neck	ed the HOH or	QSS	box, enter	the chil	d's r	name if the qualifying		
Your first name and middle initial Last				ast name							Your social security number		
HARAVINI)		CHEETI	HEETI						105-63-7300			
lf joint return, s	oouse's	first name and middle initial	Last name	.st name						Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt.								.pt. no.	Pres	ident	tial Election Campaign		
331 FULI	ON S	ST						1		Check here if you, or your spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete PEORIA								ode 02	to go	o to t	his fund. Checking a w will not change		
Foreign country name			Fore	Foreign province/state/county			Foreign postal code yo			tax o	or refund.		
											You Spouse		
Digital		y time during 2022, did you: (a) rec					-						
Assets		ange, gift, or otherwise dispose of a	-			-	asset)	? (See inst	ruction	s.)	Yes 🛛 No		
Standard Deduction		eone can claim:	-	Your spouse [] ere a dual-status a									
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	ouse	: 🗌 Was bor	_	ore January			Is blind		
Dependents		,		(2) Social security		(3) Relationsh	ip (4			1	es for (see instructions):		
If more	(1) Fi	rst name Last name		number	_	to you		Child tax	credit	C	redit for other dependents		
than four dependents,										+			
see instructions	s ——									+	<u> </u>		
and check here										+			
	10	Total amount from Form(a) W/ 2 h		atmustices)									
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re	`				• •		· -	1a 1b	60,483.		
Attach Form(s)	c	Tip income not reported on line 1a							÷	10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. [1d			
W-2G and	е	Taxable dependent care benefits f				· · · ·			. [1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Fo	orm 8839, line 29					. [1f			
If you did not	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	see instruct	tions)		<u>1</u> i							
	Z	Add lines 1a through 1h	· · ·		•				·	1z	60,483.		
Attach Sch. B	2a		2a			axable interes			·	2b			
if required.	3 a		3a			ordinary divide			· -	3b			
	4a		4a			axable amoun			· -	4b			
Standard Deduction for –	5a		5a			axable amoun			· -	5b			
 Single or 	6a	Social security benefits 6a b Taxable amount . . If you elect to use the lump-sum election method, check here (see instructions) 								6b			
Married filing separately,	с 7				•	,	• •		HF	7			
\$12,950Married filing			edule D if required. If not required, check here \ldots \ldots \Box							8	-5,519.		
jointly or	9	8 Other income from Schedule 1, line 10 .					·	9	54,964.				
Qualifying spouse,	10	Adjustments to income from Sche	: F	10	51,501.								
\$25,900 • Head of	11	Subtract line 10 from line 9. This is							÷F	11	54,964.		
household,	12 Standard deduction or itemized deductions (from Schedule A) .						. †	12	12,950.				
\$19,400 • If you checked	13	Qualified business income deduct				5-A			. †	13	,,,,,,,		
any box under Standard	14								. [14	12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			our 1	taxable incom	e.		. [15	42,014.		
		~											

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	4,863.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,863.
	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	4,863.
	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	4,863.
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	6,279.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	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	6,279.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,416.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,416.
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 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 Designee	Do	you want to allow another person to discuss this return with the IRS? See		_
	ins	structions	elow.	× No
	De nai	signee's Phone Personal identif ne no. Personal identif	ication	
<u>.</u>				
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	ur signature Date Your occupation If the	IRS ser	it you an Identity
		Prote	ection Pl	N, enter it here
Joint return?		SOFTWARE ENGINEER (see	nst.)	
See instructions. Keep a copy for	Sp			t your spouse an
your records.		ldent (see		ction PIN, enter it here
	Dh		,	
Paid		one no. (361)228-3052 Email address HARAVINDRA0777@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/18/2023 P02082		,
Use Only				678)965-9522
			s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form 1040 (2022)