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.

	\mathbf{X}	Single Married filing jointly	Marrie	d filing separately (l	MFS)	Head of	househo	ld (HOH)			ying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you o	hecke	ed the HOH or	r QSS bo	ox. enter			se (QSS) name if the	e aualifvina	
		son is a child but not your dependent						,					
				Last name							Your social security number		
NEELESH KUMAR REI				EDDYPELLI						***-**-2348			
If joint return, sp	oouse's	s first name and middle initial	Last nar	ne					Sp	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	t. no.	Pre	esident	tial Electio	n Campaign	
510 MARSH TRAIL CIRCLE											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 s				e spaces below. State Z			ZIP cod	е				tly, want \$3 Checking a	
ATLANTA				GA			30328 b				w will not		
Foreign country name			Foreign province/state/county			y	Foreign postal code yo			your tax or refund.			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	payn	nent for prope	rty or se	ervices);	or (b) :	sell,	_		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial	intere	est in a digital	asset)?	(See inst	ructio	ns.)	Yes	⊠ No	
Standard	Som	eone can claim: You as a de	pendent	☐ Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse:	Was bor	n before	January	v 2, 19	958	☐ Is blii	nd	
Dependents				(2) Social security	,	(3) Relationsh	ip (4)	Check the	box if	qualifie	es for (see i	instructions):	
If more		irst name Last name		number		to you		Child tax cred		lo	redit for oth	er dependents	
than four													
dependents,											Ī	<u> </u>	
see instructions and check	· —						>						
here						7							
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .						1a	4	5,961.	
meome	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s) W-2 here. Also	С	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				
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	ons) .				, .			1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		<u>li</u>					ļ		
	Z	Add lines 1a through 1h								1z	4	5,961.	
Attach Sch. B	2 a		2a			axable interest				2b			
if required.	<u>3a</u>		3a			rdinary divide				3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a		5a			axable amoun				5b			
Single or	6a		6a			axable amoun				6b			
Married filing separately,	c	If you elect to use the lump-sum e			•					-			
\$12,950	7	Capital gain or (loss). Attach Scheo			,				Ш	7		4 000	
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8		4,200.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								10	4	1,761.	
\$25,900	10	Adjustments to income from Schedule 1, line 26										1 761	
 Head of household, 	11		7. This is your adjusted gross income							11		1,761.	
\$19,400	12	Standard deduction or itemized		•	,				•	12	1	2,950.	
If you checked any box under	13 14	Qualified business income deduction from Form 8995 or Form 8995-A								13	-	2 050	
Standard Deduction,	15	Add lines 12 and 13							14		2,950.		
see instructions.	13	Captract line 14 HOIT line 11. If Zer	0 01 1635	, criter -u Tills IS)	, our t	azabie ilicoli			•	15		8,811.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	3,254.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	3,254.		
	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	3,254.		
	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	3,254.		
Payments	25	Federal income tax withheld from:		/2327		
Taymonto	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	4,722.		
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	-7.1=1		
	27	Earned income credit (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	1			
	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	4,722.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,468.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,468.		
Direct deposit?	b	Routing number * * * * 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	37	Subtract line 33 from line 24. This is the amount you owe .				
You Owe	01	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				
		structions	oelow.	⋉ No		
		signee's Phone Personal identit				
	naı					
Sign	Un bel	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	the bes	st of my knowledge and		
Here				ent you an Identity		
	10			PIN, enter it here		
Joint return?		STUDENT	inst.)			
See instructions.	Sp		the IRS sent your spouse an			
Keep a copy for your records.			dentity Protection PIN, enter it here see inst.)			
, ou. 1000. uo.						
		one no. (317)969-2177 Email address NEELESHKUMARREDDYPELLI@GMAIL.COM		Chaol: if:		
Paid		eparer's name Preparer's signature Date PTIN	0000	Check if:		
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/18/2023 *****		Self-employed		
Use Only				(678)965-9522		
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***1965		