| <b>1040</b>  |  | artment of the Treasury—Internal Revenue Servi<br>S. Individual Income Tax     |                               | m 20 <b>2</b>        | 2       | OMB No. 1545    | -0074       | IRS Use Only-  | –Do not w                       | rite or staple i  | in this space.           |  |
|--|--|--|-------------------------------|----------------------|---------|-----------------|-------------|----------------|---------------------------------|---|--------------------------|--|
| Filing Status  |  | Single   | Married                       | filing separately (N | /IFS)   | Head of         | house       | hold (HOH)     |                                 | lifying surv  | /iving                   |  |
| Check only one box.  |  | u checked the MFS box, enter the n<br>on is a child but not your dependent     |                               | ur spouse. If you cł | heck    | ed the HOH or   | QSS         | box, enter the | •                               | use (QSS)<br>name if th                                       | ie qualifying            |  |
| Your first name  | and mi   | iddle initial  | Last name                     | 9                    |         |                 |             |                | Your so                         | cial securit  | t <mark>y num</mark> ber |  |
|  |  |  | SRAVA                         | VANAM                |         |                 |             |                |                                 | ***-**-6926   |                          |  |
| If joint return, spouse's first name and middle initial Last name        |  |  |                               |                      |         |                 |             |                | Spouse's social security number |   |                          |  |
| Home address (number and street). If you have a P.O. box, see instructio |  |  |                               | s.                   |         |                 | A           | Apt. no.       |                                 |   | on Campaigr              |  |
| <u>1306 APP</u>  | LEBI   | RAIR LN  |                               |                      |         |                 |             |                |                                 | 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 |  |  | mplete spa                    |                      |         |                 | ZIP code te |                | to go to                        | this fund.  | Checking a               |  |
| MARLBOROUGH<br>Foreign country name                                      |  | For  | Foreign province/state/county |                      |         |                 |             |                | ow will not<br>or refund.       |   |                          |  |
|  |  |  | Poleign province/state/county |                      |         | y               | FUIEI       | in postal code | your tax                        | You   | Spouse                   |  |
| Digital<br>Assets  |  | ny time during 2022, did you: (a) rec<br>ange, gift, or otherwise dispose of a |                               |                      |         |                 |             |                |                                 | Yes   | X No                     |  |
| Standard Deduction   | Som  | eone can claim:  | pendent                       | Vour spouse          | e as    | a dependent     |             |                |                                 |   |                          |  |
| Age/Blindness  | You:   | Were born before January 2, 1  | 958                           | Are blind Spo        | ouse    | : Was bor       | n befo      | ore January 2  | , 1958                          | Is bl   | ind                      |  |
| Dependents   | (see   | instructions):   |                               | (2) Social security  | 0       | (3) Relationsh  | ip (4       | ) Check the bo | x if qualif                     | fies for (see   | instructions):           |  |
| If more  | (1) Fi   | irst name Last name  |                               | number               |         | to you          | 9           | Child tax cr   | edit                            | Credit for oth  | her dependents           |  |
| than four<br>dependents,   |  |  |                               |                      |         |                 |             |                |                                 | [   | <u> </u>                 |  |
| see instructions   | ·  |  |                               |                      |         |                 |             |                |                                 | L   | <u> </u>                 |  |
| and check here   |  |  |                               |                      |         |                 |             |                |                                 | <u>ا</u><br>۲   | <u> </u>                 |  |
|  | <b>1</b> a   | Total amount from Form(s) W-2, b   |                               | instructions)        |         |                 |             |                | 1a                              |   |                          |  |
| Income   | b  | Household employee wages not re  |                               |                      |         |                 |             |                | 1b                              |   | <u>, 133.</u>            |  |
| Attach Form(s)   | C  | Tip income not reported on line 1a   |                               |                      |         |                 |             |                | 1c                              |   |                          |  |
| 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  | rom Form                      | 2441, line 26 .      |         |                 | н.          |                | <b>1</b> e                      |   |                          |  |
| 1099-R if tax<br>was withheld.   | f  | Employer-provided adoption bene  | fits from F                   | Form 8839, line 29   |         |                 |             |                | 1f                              |   |                          |  |
| If you did not   | g  | Wages from Form 8919, line 6 .   |                               |                      |         | 1 1 1 1         |             |                | <b>1</b> g                      | 1   |                          |  |
| get a Form   | h  | Other earned income (see instruct  | ions)                         |                      |         |                 | ς κ         |                | 1h                              | 1   | 0.                       |  |
| W-2, see<br>instructions.  | i  | Nontaxable combat pay election (   | see instruc                   | ctions)              | •       | <b>1</b> i      |             |                |                                 |   |                          |  |
|  | Z  | Add lines 1a through 1h  | $\cdot$ $\cdot$ $\cdot$       |                      | • •     | · · · ·         | • •         | . <u>.</u>     | 1z                              | 6   | 67,733.                  |  |
| Attach Sch. B  | <b>2</b> a   | Tax-exempt interest  | 2a                            |                      | b T     | axable interest | t.          |                | 2b                              | 1   |                          |  |
| if required.   | 3a   |  | 3a                            |                      |         | ordinary divide |             |                | 3b                              |   |                          |  |
|  | 4a   |  | 4a                            |                      |         | axable amoun    |             | . <b>.</b>     | 4b                              |   |                          |  |
| Standard<br>Deduction for—   | 5a   | H  | 5a                            |                      |         | axable amoun    |             |                | 5b<br>6b                        |   |                          |  |
| Single or  | <b>6</b> a   | Social security benefits 6a b Taxable amount                                   |                               |                      |         |                 |             |                |                                 | -   |                          |  |
| Married filing separately,   | °<br>C   | If you elect to use the lump-sum e   |                               |                      |         |                 | • •         | · · · L        |                                 |   |                          |  |
| \$12,950   | 7  | Capital gain or (loss). Attach Sche  |                               |                      | 7 CE1   |                 |             |                |                                 |   |                          |  |
| <ul> <li>Married filing<br/>jointly or</li> </ul>                        | or Add lines to the the Field R. This is your total income |  |                               |                      |         |                 |             | 8              |                                 | <u>-7,651.</u>  |                          |  |
| Qualifying spouse,   | 9<br>10  | Add lines 12, 20, 30, 40, 50, 60, 7<br>Adjustments to income from Sche         | 9<br>10                       |                      | 60,082. |                 |             |                |                                 |   |                          |  |
| \$25,900   | 11   | Subtract line 10 from line 9. This is  |                               |                      | ne .    |                 |             |                | 11                              | -   | 60,082.                  |  |
| <ul> <li>Head of household,</li> </ul>                                   | 12   | Standard deduction or itemized   |                               | -                    |         |                 |             |                | 12                              |   | <u>12,950.</u>           |  |
| \$19,400<br>• If you checked   | 13   | Qualified business income deduct   |                               |                      |         | 5-A             |             |                | 13                              |   | <u>.</u> 2, 200.         |  |
| any box under  | 14   | Add lines 12 and 13  |                               |                      | 000     | · · · · ·       |             |                | 14                              | -   | 12,950.                  |  |
| Standard<br>Deduction,   | 15   | Subtract line 14 from line 11. If zer  |                               |                      | our 1   | axable incom    | e .         |                | 15                              |   | 47,132.                  |  |
| see instructions.  |  |  | ,                             | ,                    |         |                 |             |                |                                 | -1  |                          |  |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

| 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                   | 5,985.                    |
| Credits                          | 17      | Amount from Schedule 2, line 3   | 17                   |                           |
|                                  | 18      | Add lines 16 and 17  | 18                   | 5,985.                    |
|                                  | 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                   | 5,985.                    |
|                                  | 23      | Other taxes, including self-employment tax, from Schedule 2, line 21   | 23                   | 0.                        |
|                                  | 24      | Add lines 22 and 23. This is your <b>total tax</b>   | 24                   | 5,985.                    |
| 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                  | 7,669.                    |
| If you have a                    | 26      | 2022 estimated tax payments and amount applied from 2021 return  | 26                   |                           |
| qualifying child,                | 27      | Earned income credit (EIC)   | $\mathbf{D}$         |                           |
| 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  | 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                   | 7,669.                    |
| Refund                           | 34      | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid  | 34                   | 1,684.                    |
| neruna                           | 35a     | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here   | 35a                  | 1,684.                    |
| Direct deposit?                  | b       | Routing number * * * * * X X X X C Type: Checking Savings  |                      |                           |
| See instructions.                | d       | Account number * * * * * * * * * * * * * * * * * * 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 <b>amount you owe</b> .   |                      |                           |
| 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                      | Do      | you want to allow another person to discuss this return with the IRS? See  |                      |                           |
| Designee                         | ins     | structions   | below.               | X No                      |
|                                  |         | signee's Phone Personal identi   | lication             |                           |
|                                  | nar     |  |                      |                           |
| Sign                             |         | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to<br>ief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which  |                      | ,                         |
| Here                             |         |  |                      | nt you an Identity        |
|                                  | 10      |  |                      | IN, enter it here         |
| Joint return?                    |         | SYSTEM ENGINEER (see   | inst.)               |                           |
| See instructions.                | Sp      |  |                      | nt your spouse an         |
| Keep a copy for<br>your records. |         |  | tity Prote<br>inst.) | ection PIN, enter it here |
| <i>you roooraor</i>              |         |  | ilist.)              |                           |
|                                  |         | one no. (857) 205-3063 Email address BSRAVANAM@GMAIL.COM   | ,                    | Ohaala ifa                |
| Paid<br>Preparer<br>Use Only     |         | eparer's name Preparer's signature Date PTIN   | 0 7 0 0              | Check if:                 |
|                                  | -       | 1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/20/2023 *****  |                      | Self-employed             |
|                                  | -       |  |                      | 678)965-9522              |
|                                  |         |  | 's EIN               | **-**1965                 |
| Go to www.irs.go                 | ov/Forn | n1040 for instructions and the latest information. BAA REV 03/09/23 PRO  |                      | Form <b>1040</b> (2022)   |

rs.gov/Form1040 for instructions and th