E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		d filing separately (Nour spouse, If you c				5	spous	iying surv se (QSS) name if th	Ü	
		on is a child but not your dependen		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , ,					
Your first name and middle initial				Last name						Your social security number		
BHAGYA				AKULA GOVIND						***-**-4030		
If joint return, s	pouse's	first name and middle initial	Last nar	iame					Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pre	sident	tial Election	on Campaign	
4867 ASI	HFORI	D DUNWOODY RD		72				Check here if you, or you			or your	
City, town, or post office. If you have a foreign address, also complete s				spaces below. State Z			ZIP code		spouse if filing jointly, want \$3 o go to this fund. Checking a			
ATLANTA				GA					oox below will not change			
Foreign country name			F	Foreign province/state/county			Foreign postal cod	you	our tax or refund.			
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								☐ Yes	⊠ No	
Standard		eone can claim: You as a de				$\overline{}$						
Deduction		Bpouse itemizes on a separate retur						>				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse: [Was bor	n before January	2, 19	58	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security	(3) Relationsh	ip (4) Check the	box if o	qualifie	es for (see	instructions):	
If more	(1) F	rst name Last name		number		to you	Child tax	credit	C	redit for oth	ner dependents	
than four												
dependents, see instruction	s ——											
and check												
here L]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .		A			1a	6	6,510.	
	b	Household employee wages not reported on Form(s) W-2							1b			
Attach Form(s) W-2 here. Also	C	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 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6.							1g			
get a Form W-2, see	h								1h		0.	
instructions.	i	Nontaxable combat pay election (see instri	uctions)		. <u>li</u>					- F10	
	Z	Add lines 1a through 1h							1z	6	6,510.	
Attach Sch. B	2a		2a			able interest			2b			
if required.	3a		3a			nary divider		•	3b			
	4a		4a			able amount			4b			
Standard Deduction for— Single or	5a		5a				t		5b			
	6a		6a			able amount		$\dot{\Box}$	6b			
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)						片	7			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		7 010	
Married filing jointly or	8 9	Other income from Schedule 1, line 10							9		7,010.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									59,500.	
\$25,900	11	Adjustments to income from Schedule 1, line 26									59,500.	
 Head of household, 	12								11		2,950.	
\$19,400 If you checked	13	Standard deduction or itemized deductions (from Schedule A)								1	2,930.	
any box under	14	Add lines 12 and 13							13 14	1	2,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15	T	16,550.		
see instructions.		Capital III I I I I I I I I I I I I I Ze	0 0 1033	, onto 0-, iiilo lo y	Jui Lax	abic incom			10	- 4	.0,000.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,864.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	5,864.	
	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	5,864.	
	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	5,864.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	6,004.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)	Y		
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	7		
	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	6,004.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	140.	
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	140.	
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 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	Do	you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	elow.	× No	
	De	signee's Phone Personal identif me no. number (PIN)	ication		
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bee	t of my knowledge and	
Sign	bel	tief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.	
Here				nt you an Identity	
		Prote		N, enter it here	
Joint return?		BIB DEVELOTER, IBSTER	inst.)		
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here	
your records.		(see	,	Section 1 IIV, enter it here	
	Ph	one no. (302)407-1864 Email address LEXMANI219@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/02/2023 *****	100 M		
Preparer	17		ne no. (678) 965-9522		
Use Only	-		Firm's EIN **-**5487		