E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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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 (M	1FS)	Head of	househ	old (HO	H)		fying surv se (QSS)	iving	
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	er the c		` ,	e qualifying	
	-	on is a child but not your dependent	-	,									
Your first name	and mi	ddle initial	Last nar	me					Y	Your social security number			
BHASKAR NEE			NEER	EERATI							***-**-0624		
If joint return, spouse's first name and middle initial Last name										Spouse's social security number			
SHWETHA KOKKULA											***-**-8824		
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	ot. no.	Pi	residen	tial Election	n Campaign	
							Check here if you, or your						
City, town, or post office. If you have a foreign address, also complete spaces below.						ZIP code				spouse if filing jointly, want \$3 to go to this fund. Checking a			
CHARLESTON				IL						oox below will not change			
Foreign country name			Foreign province/state/county			Foreign postal code yo		our tax	or refund.	Ü			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	payme	ent for prope	rty or s	ervices)	; or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a									Yes	X No	
Standard	Som	eone can claim:	pendent	Your spouse	as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Rlindness	You:	Were born before January 2, 1	958 [Are blind Spo	use:	☐ Was bor	rn hefo	re Janus	ary 2 1	958	ls bli	nd	
		Verification and the second and the	000 <u> </u>	<u> </u>		(3) Relationsh	1		•			instructions):	
Dependents		rst name Last name		(2) Social security number		to you	lib (1)		ax cred	· 1	,	ner dependents	
If more than four	(1)11	Last hame		1977-0-00-00-00-00-00-00-00-00-00-00-00-00		10,00		Offilia tax cre			F		
dependents,								<u>,</u>	╡			┪	
see instructions	s —								_				
and check here \Box	1					10			_			-	
	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	15	4,071.	
Income	b	Household employee wages not re				37				1b	1	71,0/11.	
Attach Form(s)	c	Tip income not reported on line 1a								1c			
W-2 here. Also	d	The state of the s								1d			
attach Forms W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e				
1099-R if tax	f	Employer-provided adoption bene	-							1f			
was withheld.	g	Wages from Form 8919, line 6.		11 0111 0000, 1110 25						1g			
If you did not get a Form	h	Other earned income (see instructi								1h		0.	
W-2, see	i	Nontaxable combat pay election (s				1	i i			- 111			
instructions.	z	Add lines 1a through 1h	ee msu	delions)						1z	15	64,071.	
Attach Sch. B	2a		2a		h Tay	 kable interest	+			2b	1 10	1,071.	
if required.	3a		3a			dinary divider				3b			
	4a		4a			kable amount				4b			
Standard	5a		5a			kable amount				5b			
Deduction for—	6a		6a			kable amount				6b			
Single or Married filing	С	If you elect to use the lump-sum e								OD			
separately,	7	Capital gain or (loss). Attach Scheo								7	1 _	-3,000.	
\$12,950 Married filing	8	Other income from Schedule 1, lin		· · · · · · ·					. ш	8		0,936.	
jointly or	9									9		0,135.	
Qualifying spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										-, -55.	
\$25,900 Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								10	1 /	10,135.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								12		25,900.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										.0,000.	
any box under	14										2	25,900.	
Standard Deduction,	15									15		4,235.	
see instructions.		222,432,113,114,113,114,112,112,112,112,112,112,112,112,112	2 0, 1000	2, 2/10/ 0 / 1/110/0 ye								. 1, 233.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	16,366.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	16,366.		
	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	16,366.		
	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	16,366.		
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	24,765.		
	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)	Y			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	5			
	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	24,765.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,399.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	8,399.		
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 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		structions	below.	X No		
		signee's Phone Personal ident	ification			
	nai		Section 1991			
Sign		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 whic				
Here				nt you an Identity		
	YO			IN, enter it here		
Joint return?		SOFTWARE DEVELOPER (see	inst.)			
See instructions.	Sp			nt your spouse an		
Keep a copy for your records.			ntity Prote inst.)	ection PIN, enter it here		
you. rootruo.		SOFTWARE DEVELOTER .	11151.)			
		one no. (657) 445-9714 Email address BHASKARN1990@GMAIL.COM		Observativity		
Paid		eparer's name Preparer's signature Date PTIN	0700	Check if:		
Preparer	(P	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/03/2023 *****				
Use Only			one no. (678) 965-9522			
- ,	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	's FIN	**-***1965		