

For the year Jan. 1–Dec. 31, 2022, or other tax year beginning _____, 2022, ending _____, 20 ____ See separate instructions.

Filing Status
 Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Estate Trust
 If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:

 Check only one box.

Your first name and middle initial: HARICHANDANA Last name: MANUKONDA Your identifying number (see instructions): 190-71-9833

Home address (number and street). If you have a P.O. box, see instructions. 12905 FIRTH CT H12 Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. TAMPA State: FL ZIP code: 33612

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

(1) First name	Last name	(2) Dependent's identifying number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here

Income Effectively Connected With U.S. Trade or Business Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)			1a	57,810.
	b Household employee wages not reported on Form(s) W-2			1b	
	c Tip income not reported on line 1a (see instructions)			1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
	e Taxable dependent care benefits from Form 2441, line 26			1e	
	f Employer-provided adoption benefits from Form 8839, line 29			1f	
	g Wages from Form 8919, line 6			1g	
	h Other earned income (see instructions)			1h	
	i Reserved for future use		1i		
	j Reserved for future use			1j	
	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)		1k		
	z Add lines 1a through 1h			1z	57,810.
	2a Tax-exempt interest	2a		2b	
	3a Qualified dividends	3a		3b	
	4a IRA distributions	4a		4b	
5a Pensions and annuities	5a		5b		
6 Reserved for future use			6		
7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here			7		
8 Other income from Schedule 1 (Form 1040), line 10			8	-5,221.	
9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income			9	52,589.	
10 Adjustments to income:					
a From Schedule 1 (Form 1040), line 26		10a			
b Reserved for future use		10b			
c Reserved for future use		10c			
d Enter the amount from line 10a. These are your total adjustments to income			10d		
11 Subtract line 10d from line 9. This is your adjusted gross income			11	52,589.	
12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)			12	597.	
13a Qualified business income deduction from Form 8995 or Form 8995-A		13a			
b Exemptions for estates and trusts only (see instructions)		13b			
c Add lines 13a and 13b			13c		
14 Add lines 12 and 13c			14	597.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15	51,992.	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	7,052.
	17	Amount from Schedule 2 (Form 1040), line 3	17	0.
	18	Add lines 16 and 17	18	7,052.
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19	
	20	Amount from Schedule 3 (Form 1040), line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,052.
	23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b	
	c	Transportation tax (see instructions)	23c	
	d	Add lines 23a through 23c	23d	
24	Add lines 22 and 23d. This is your total tax	24	7,052.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	5,494.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,494.
	e	Form(s) 8805	25e	
	f	Form(s) 8288-A	25f	
	g	Form(s) 1042-S	25g	
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Reserved for future use	27	
28	Additional child tax credit from Schedule 8812 (Form 1040)	28		
29	Credit for amount paid with Form 1040-C	29		
30	Reserved for future use	30		
31	Amount from Schedule 3 (Form 1040), line 15	31		
32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	5,494.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																
	b	Routing number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X							
	X	X	X	X	X	X	X	X	X	X									
	d	Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____																		
	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	1,558.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No						
	Designee's name _____	Phone no. _____	Personal identification number (PIN) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>				

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
	Your signature _____	Date _____	Your occupation TECHNICAL SUPPORT ENGG ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
Phone no. _____	Email address _____								

Paid Preparer Use Only	Preparer's name _____	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/04/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
	Firm's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965