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		ed filing separately (N				spou	ifying surv ise (QSS) name if th	Ü	
		on is a child but not your dependent									
Your first name and middle initial				me			ľ	Your social security number			
LOKESH				PADUCHURI					***-**-0989		
If joint return, spouse's first name and middle initial Last name				iame				Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Presider	ntial Election	on Campaign	
2100 HYLAN DRIVE				34C			34C	Check h	ere if you,	or your	
City, town, or post office. If you have a foreign address, also complete sp				spaces below. State Z			code		pouse if filing jointly, want \$3 o go to this fund. Checking a		
ROCHESTER				NY			623		oox below will not change		
Foreign country name			F	Foreign province/state/county			Foreign postal code yo		our tax or refund.		
									You	Spouse	
Digital		ny time during 2022, did you: (a) rec									
Assets	exch	ange, gift, or otherwise dispose of		_			t)? (See instru	ctions.)	Yes	⊠ No	
Standard Deduction		eone can claim:			e as a depende alien	ent					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse: Was	born be	fore January 2	, 1958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security	(3) Relation	onship	(4) Check the bo	x if qualif	ies for (see	instructions):	
If more		irst name Last name		number	to yo		Child tax cre		Credit for otl	ner dependents	
than four	2								[
dependents,									[
see instructions and check	s —										
here]								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				1a	13	31,095.	
	b	Household employee wages not reported on Form(s) W-2									
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6 .				ii ii		1g			
get a Form	h	Other earned income (see instructions)						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)									
	Z	Add lines 1a through 1h						1z	13	31,095.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxable inte	erest		2b			
if required.	3a	Qualified dividends	3a		b Ordinary div	/idends		3b			
	4a	IRA distributions	4a		b Taxable am	ount .		4b			
Standard	5a		5a		b Taxable am			5b			
Deduction for— Single or	6a		6a		b Taxable am		<u>.</u>	6b			
Married filing separately,	С	If you elect to use the lump-sum e						_			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						<u>7</u> 8			
Married filing jointly or	8	Other income from Schedule 1, line 10								9,722.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								21,373.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								21,373.	
\$19,400	12	Standard deduction or itemized						12	1 -	12,950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A									
Standard Deduction,	14	Add lines 12 and 13						14		L2,950.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								08,423.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	19,857.	
Credits	17	Amount from Schedule 2, line 3	17		
0.000	18	Add lines 16 and 17	18	19,857.	
	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	19,857.	
	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	19,857.	
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	26,616.	
	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			
	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	26,616.	
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,759.	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	6,759.	
Direct deposit?	b	Routing number * * * * * * 0 3 2 2 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * * * 4 2 0 1			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
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		you want to allow another person to discuss this return with the IRS? See			
Designee		structions	oelow.	X No	
Ü	De	signee's Phone Personal identi	fication		
	nai	me no. number (PIN)			
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 whicl			
Here				nt you an Identity	
	, ,	Prot	rotection PIN, enter it here		
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (see	inst.)		
	Sp	Iden	IRS sent your spouse an ity Protection PIN, enter it here		
	9		inst.)		
		one no. (682)208-4109 Email address LOKESHUI16@GMAIL.COM		The state of the s	
Paid		eparer's name Preparer's signature Date PTIN	Acres and trace area	Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2023 *****	2703	Self-employed	
Use Only	Fin		none no. (678) 965-9 <u>522</u>		
Joe Offing	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	's FIN **-***5487		