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

2022

OMB No. 1545-007

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 name	_	ed filing separately (Nour spouse. If you ch		_				spou	ifying surv Ise (QSS) name if th	Ü	
	pers	on is a child but not your dependent	:										
Your first name and middle initial				me					Y	Your social security number			
KARTHIK 1			PALL.	PALLAGOLLA						745-43-0728			
If joint return, spouse's first name and middle initial Last name				me					S	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	F	resider	ntial Election	on Campaign	
1825 S CRAWFORD ST											Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	olete spaces below. State ZI							spouse if filing jointly, want \$3 to go to this fund. Checking a		
MOUNT PLEASANT				MI				358			w will not		
Foreign country name			Foreign province/state/county F				Forei	oreign postal code yo			your tax or refund.		
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	a reward, award, or	paym	nent for prope	rty or	services)	; or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial i	ntere	st in a digital	asset)? (See in:	struct	ions.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as a	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Janua	ıry 2,	1958	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check th	ne box	if qualif	ies for (see	instructions):	
If more		rst name Last name		number		to you		Child tax cred		lit	Credit for ot	her dependents	
than four													
dependents, see instructions											[
and check	5 —										[
here \square													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		1,622.	
111001110	b	Household employee wages not reported on Form(s) W-2								1b			
Attach Form(s) W-2 here, Also	С	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	h	Other earned income (see instructi	ions) .			1	ή.			1h	_	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>	i						
	Z	Add lines 1a through 1h		· · · · · · · · · · · · · · · · · · ·						1z		1,622.	
Attach Sch. B	2a	' <u>-</u>	2a			axable interest				2b			
if required.	3a_		3a			rdinary divide				3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a		5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun	t			6b	-		
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)							. 님	_			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. Ш	7			
Married filing jointly or Qualifying surviving spouse, \$25,900	8	Other income from Schedule 1, line 10								8	+	1 600	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	+	1,622.	
	10	Adjustments to income from Schedule 1, line 26								10	+		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11	+	1,622.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	+	12,950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	+ -	10 050		
Standard Deduction,	14 15	Add lines 12 and 13								14	-	12 , 950.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		0.	

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Tax and	16	Tax (see instructions). Check if any	from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16		0.
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17								0.
	19	Child tax credit or credit for other dependents from Schedule 8812								
	20	Amount from Schedule 3, line 8						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If ze	ero or less,	enter -0				22		0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21								0.
	24	Add lines 22 and 23. This is your	total tax					24		0.
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions)								
	d									
.,	26	2022 estimated tax payments and						26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812								
	29	American opportunity credit from				29		-		
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15				31		1		
	32					_		32		
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	34	If line 33 is more than line 24, sub						33		
Refund	35a	Amount of line 34 you want refur						35a		
Direct deposit?	b	Routing number X X X X					Savings	Jou		
See instructions.	d									
	36	Amount of line 34 you want appli								
Amount	37	Subtract line 33 from line 24. This	s is the am	ount you owe.				37		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								0.
	38					38				
Third Party		you want to allow another perstructions					omplete b	بينمامين	₩ Na	
Designee				Phone		_	onal identif		× No	
	nar	signee's ne		no.			ora (PIN)	Callon		
Sign	Un	der penalties of perjury, I declare that I I	nave examine	ed this return and	l accompanying sch	nedules and stateme	nts. and to	the bes	t of my knowl	ledge and
	bel	ief, they are true, correct, and complete.	Declaration	of preparer (other	than taxpayer) is b	ased on all information	on of which	prepare	r has any kno	wledge.
Here	Yo	Your signature		Date	Your occupation	I	If the IRS sent you an Identity Protection PIN, enter it here			
Joint return? See instructions.				STUDENT			(see i			\Box
	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				IRS sen	nt your spouse	e an
Keep a copy for your records.							, ,	ection PIN, en	ter it here	
your records.							(see i	nst.)		
		one no. (989) 488-3561		Email address	KARTHIK2781	997@GMAIL.CO				
Paid		·	parer's signat			Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYA	M PRIYA	RAM SAGAR	GUPTA TALLAM	03/31/2023	P02082		Self-em	<u> </u>
Use Only	Fir							e no. (678) 965-	<u>-9522</u>
	Fir	m's address 245 ROONEY C	T E BRU	INSWICK N	J 08816		Firm'	s EIN	84-317	<u> 11965 </u>
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest info	ormation.		BAA	REV 03/22/23 PRO			Form 10	140 (2022)