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	X S	Single Married filing jointly	Marrie	ed filing separately (M	/IFS)	☐ Head of	house	hold (HOH)		fying surv se (QSS)	/iving	
one box.		u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you ch	necke	ed the HOH or	r QSS	box, enter	the		, ,	ne qualifying	
Your first name and middle initial				Last name						Your social security number			
MADHUSUDHAN RAO			ATMA	KURI					6	689-45-9457			
If joint return, spouse's first name and middle initial Last				ast name						Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	Apt. no.	P	residen	tial Election	on Campaign	
721 SHADOWOOD PKWY SE										Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a			
City, town, or post office. If you have a foreign address, also com				mplete spaces below. State 2									
ATLANTA			GA				303	39			tnis tuna. w will not		
Foreign country name			Foreign province/state/county			Foreig				your tax or refund.			
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	paym	ent for prope	rty or	services);	or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial i	ntere	st in a digital	asset)	? (See ins	truct	ions.)	X Yes	☐ No	
Standard	Som	eone can claim:	pendent	Your spouse	e as a	a dependent							
Deduction		Spouse itemizes on a separate return	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 befo	ore Januar	y 2, ⁻	1958	☐ Is bl	ind	
Dependent	s (see	(see instructions):		(2) Social security		(3) Relationsh	nip (4) Check		box	if qualifi	es for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cr		lit (Credit for otl	her dependents	
than four]		[
dependents, see instruction	s]		[
and check	·]		[<u> </u>	
here]]		[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a			
	b	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	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax 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 instructions)								1h			
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	Z	Add lines 1a through 1h								1z			
Attach Sch. B	2 a	Tax-exempt interest	2a			xable interest				2b			
if required.	3a		3a			dinary divide				3b		28.	
	4a		4a			xable amoun				4b			
Standard	5a	-	5a			xable amoun				5b			
Deduction for— Single or	6a	,	6a			xable amoun	it		·	6b			
Married filing separately,	С								Ц				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							Ш	7	-	-3 , 000.	
Married filing jointly or	8	Other income from Schedule 1, line 10								8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	-	-2 , 972.	
surviving spouse, \$25,900	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							٠	11		-2 , 972.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	1 -	12,950.	
If you checked any box under	13	Qualified business income deducti								13			
Standard Deduction,	14	Add lines 12 and 13								14	1	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	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	0.	
Credits	17	Amount from Schedule 2, lir	ie 3						17		
	18	Add lines 16 and 17							18	0.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ie 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	0.	
	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	0.	
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d		
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return				26		
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	·		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ie 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. These are your total payments							33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34		
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							35a		
Direct deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X									
See instructions.	d	Account number X X X	X X X X	XXXX	X X X X X	XX					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	-				
Amount	37	Subtract line 33 from line 24	. This is the am o	ount vou owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37	0.	
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		instructions							oelow.	X No	
		signee's	Phone		onal identification						
		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to									
Sign	Un bel	der penalties of perjury, I declare t lief, they are true, correct, and com	hat I have examine	ed this return and of preparer (othe	d accompanying sch r than taxnaver) is ba	iedules an ased on al	d statemen informatio	ts, and to	the bes	st of my knowledge and er has any knowledge	
Here		Your signature		Date	1			he IRS sent you an Identity			
	10	ur signature	Date Your occupation					IN, enter it here			
Joint return? See instructions.					STUDENT			(see	see inst.)		
	Sp	ouse's signature. If a joint return, I	Date	ion		the IRS sent your spouse an					
Keep a copy for your records.									dentity Protection PIN, enter it here (see inst.)		
,		Dhamas (7770) 271 (150			Email address MRAO.GEN5@GMAIL.COM						
	_	Phone no. (770) 371-6159 Preparer's name Preparer's signa		Email address		DTINI		Ob a all if			
Paid	Pre	eparer's name	Preparer's signat	eparer's signature			Date PT				
Preparer Use Only									Self-employed		
								Phone no.			
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm	's EIN			
	Fir		Y CT E BRU	NSWICK N	J 08816 BAA	REV 03/2	2/23 PRO		's EIN	Form 1040 (