<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20	22	OMB N	o. 1545-0	074 IRS	Use Only	—Do not w	rite or staple i	in this space.	
Filing Status Check only one box.	lf yo	Single Married filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y	ed filing separat /our spouse. If y			lead of ho HOH or G			spoi	lifying surv use (QSS) name if th	U	
Your first name	and mi	iddle initial	Last na	me						Your so	cial securit	y number	
MANOJ			MURALIDHARA							***-**-8683			
	oouse's	s first name and middle initial	Last name							Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. n	0.	Preside	ntial Electio	on Campaigr	
225 CEDA			211							Check here if you, or your			
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	Z	ZIP code				tly, want \$3	
SEATTLE				WA 9								Checking a	
Foreign country name									box below will not change your tax or refund.				
,				5				5			You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward awar	d or paym	ent for	r property	v or servi	ces): or	(b) sell			
Assets		ange, gift, or otherwise dispose of a									Yes	XNo	
Standard		eone can claim: Vou as a de	0	<b>`</b>									
Deduction		Spouse itemizes on a separate retur											
Age/Blindness		Were born before January 2, 1		Are blind	Spouse:		vas born	before J	anuary 2	2, 1958	Is bl	ind	
Dependents				(2) Social se		<b>b</b>	lationship	100.00		12/		instructions):	
If more		irst name Last name		numbe			o you		nild tax ci			her dependents	
than four											]		
dependents,											[	╡───	
see instructions and check	s ——											<u> </u>	
here									$\overline{\Box}$		[	<b>-</b>	
	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						. 1a	13	36,017.	
Income	b	Household employee wages not reported on Form(s) W-2								. 1b			
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								. 1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d	0		
W-2G and	е	Taxable dependent care benefits f								. 1e			
1099-R if tax	f	Employer-provided adoption bene								. 1f			
was withheld. If you did not	g	Wages from Form 8919, line 6								. 1g			
get a Form	h	Other earned income (see instruct								. 1h		0.	
W-2, see	i	Nontaxable combat pay election (s					11						
instructions.	z	Add lines 1a through 1h									13	36 <mark>,</mark> 017.	
Attach Sch. B	2a		2a		b Ta	axable i	interest			. 2b	0		
if required.	3a	Qualified dividends	3a		b O	rdinary	dividenc	ls		. 3b			
	4a	IRA distributions ,	4a		b Ta	axable	amount .			. 4b	i l		
Standard	5a	Pensions and annuities	5a		b Ta	axable	amount .			. 5b	ù .		
Deduction for-	6a	Social security benefits	6a		b Ta	axable	amount .			. 6b			
<ul> <li>Single or Married filing</li> </ul>	С	If you elect to use the lump-sum e	lection r	method, check l	here (see i	nstruct	tions) .		E				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	f required. If not	required,	check	here .		E	7			
Married filing	8	Other income from Schedule 1, lin	e 10							. 8	-1	10,221.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>tot</b> a	al income					. 9	12	25 <u>,</u> 796.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	11	Subtract line 10 from line 9. This is	your a	djusted gross i	ncome					. 11	12	2 <mark>5,</mark> 796.	
household, \$19,400	12	Standard deduction or itemized	deduct	ions (from Sche	edule A)					. 12	]	12,950.	
If you checked	13	Qualified business income deduct	on from	Form 8995 or l	Form 8995	5-A .				. 13			
any box under Standard	14	Add lines 12 and 13				· •				. 14		12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 Thi	s is your <b>t</b> a	axable	income		· ·	. 15	11	12,846.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

Form 1040 (2022	2)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	20,919.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	20,919.	
	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	20,919.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	20,919.	
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	26,098.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)			
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	1		
	30	Reserved for future use         .	4		
	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	26,098.	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	5,179.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	5,179.	
Direct deposit?	35a b	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	5,175.	
See instructions.		Routing number         *         *         *         X         X         X         X         C Type:         Checking         Savings           Account number         *         *         *         *         *         *         *         X<			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .			
You Owe	37	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)	01		
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions	elow.	X No	
Ū	De	signee's Phone Personal identif	ication		
	na				
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 which			
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		SOFTWARE DEVELOPER (see	nst.)		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.		ldent (see	-	ection PIN, enter it here	
,	Db				
		one no.     (213)666-6536     Email address     MANOJ.M1197@GMAIL.COM       eparer's name     Preparer's signature     Date     PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/18/2023 *****2	2075	Self-employed	
Preparer	-			678) 965-9522	
Use Only			ne no. (678)965-9522 's EIN **-***1965		
Co to wave in a			3 LIN	Form <b>1040</b> (2022)	
GO LO WWW.113.90		n1040 for instructions and the latest information. BAA REV 03/22/23 PRO		(2022)	

rs.gov/Form1040 for instructions and the