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

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OMB No. 1545-0074

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	1FS)	Head of	hous	ehold (HOH	l)		fying survivse (QSS)	ving	
one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you ch	necke	ed the HOH or	QSS	box, ente	r the c			qualifying	
	pers	on is a child but not your dependent	t:										
Your first name and middle initial				Last name							Your social security number		
MAYUKHA BZ				BAIRY							***-**-7690		
If joint return, s	first name and middle initial	t name						Spouse's social security number					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Pr	Presidential Election Campaign			
8337 SOL	TH \	ALLEY HIGHWAY						#416 Check			k here if you, or your		
City, town, or post office. If you have a foreign address, also com-				mplete spaces below. State			ZIP				f filing jointl		
ENGLEWOOD				CO			80			to go to this fund. Checking a box below will not change			
Foreign country name			Foreign province/state/county			/	Foreign postal code				or refund.	Ü	
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or p	paym	ent for prope	rty o	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital	asset (or a financial i	ntere	st in a digital	asse	t)? (See ins	struction	ons.)	Yes	⊠ No	
Standard	Som	neone can claim: You as a dependent Your spouse as a dependent											
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n be	fore Janua	ry 2, 1	958	ls blin	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip	(4) Check the	e box if	f qualifi	es for (see ir	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cr		t (Credit for othe	er dependents	
than four dependents,	9				-								
see instructions	3 ——				N.						L		
and check										\rightarrow			
here L						7		L					
Income	1a	Total amount from Form(s) W-2, b			-		6.1			1a	-/.	5,634.	
Attach Form(s)	b	Household employee wages not re			•		٠		•	1b			
W-2 here. Also	С	Tip income not reported on line 1a							•	1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	e	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 get a Form	g	Wages from Form 8919, line 6 .								1g			
W-2, see	h	Other earned income (see instruct								1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)								1z	7	5,634.	
Attach Sch. B	2a	Add lines 1a through 1h Tax-exempt interest	2a		h Ta	xable interest				2b	/ /	3,034.	
if required.	3a		3a			rdinary divider				3b			
	4a		4a			xable amoun				4b			
Standard	5a		5a			xable amoun				5b			
Deduction for—	6a		6a			xable amoun				6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
\$12,950 Married filing	8	Other income from Schedule 1, line 10							8		7,863.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		7,771.		
surviving spouse,	10	Adjustments to income from Sche		(E)						10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	6	7,771.	
household, \$19,400	12	Standard deduction or itemized								12		2,950.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	8995	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is yo	our t a	axable incom	ie			15		4,821.	
occ monucions.													

Form 1040 (202	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,679.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	7,679.		
	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	7,679.		
	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	7,679.		
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	11,967.		
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)	Y			
	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	F			
	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	11,967.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,288.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,288.		
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings				
See instructions.	d	Account number * * * * * * * * *				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
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	Do	you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions	below.	X No		
		signee's Phone Personal identi me no. number (PIN)	fication			
	nai		the beau			
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		
	10	Prot	ection P	IN, enter it here		
Joint return?		SOFTWARE DEVELOPER (see	inst.)			
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here		
your records.			inst.)	ection Pily, enter it here		
	Dh		iai 8			
		one no. (330) 907-2589 Email address MAYUKHA1531@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2023 *****	2703	Self-employed		
Preparer				le no. (678) 965-9522		
Use Only	-		rm's EIN **-**1965			
	5 55	100 00 00000				