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 one box.		Single Married filing jointly uchecked the MFS box, enter the n		d filing separately (Nour spouse, If you c				spou	ifying surv ise (QSS) name if th	Ü	
		on is a child but not your dependen		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , ,			1 1 7 3	
Your first name	and mi	ddle initial	Last nar	ne				Your social security number			
PRAVENI				PELLA				***-**-3712			
If joint return, s	pouse's	first name and middle initial	Last nar						Spouse's social security number		
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.		1	Apt. no.	Presider	Presidential Election Campaign		
206 S EN	(ERA	LD ST						Check h	ere if you,	or your	
City, town, or post office. If you have a foreign address, also con				nplete spaces below. State Z					pouse if filing jointly, want \$3		
ANAHEIM				CA					o go to this fund. Checking a lox below will not change		
Foreign country name			Foreign province/state/county			Foreig			our tax or refund.		
									You Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a							Yes	⊠ No	
Standard		eone can claim: You as a de			e as a depender		. Joes moura	0110110.)			
Deduction Deduction		Spouse itemizes on a separate return				"					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse: Was I		ore January 2		☐ Is bl		
Dependents	s (see	instructions):		(2) Social security		- Ollip	I) Check the bo	x if qualif	ies for (see	instructions):	
If more	(1) F	rst name Last name		number	to you	1	Child tax cre		Credit for otl	her dependents	
than four										<u></u>	
dependents, see instruction	s —				7				[
and check									l		
here	ļ								l		
Income	1a	Total amount from Form(s) W-2, b		and the second s		11 11 1		1a	3	33,328.	
	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.				n n .		1g			
get a Form W-2, see	h	Other earned income (see instruct						1h		0.	
instructions.	i	Nontaxable combat pay election (see instr	uctions)		1i				20.000	
	Z	Add lines 1a through 1h						1z		33,328.	
Attach Sch. B	2a		2a		b Taxable inter			2b			
if required.	3a		3a		b Ordinary divi			3b			
	4a		4a		b Taxable amo			4b			
Standard Deduction for—	5a		5a		b Taxable amo			5b			
Single or	6a		6a		b Taxable amo			6b			
Married filing separately,	C		If you elect to use the lump-sum election method, check here (see instructions)							1 400	
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						J 7		-1,489.	
Married filing jointly or	8	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		This is your total in				9		8,409. 73,430.	
Qualifying surviving spouse,	10							10			
\$25,900	11	Adjustments to income from Schedule 1, line 26							-	1,319.	
 Head of household, 	12	Standard deduction or itemized						11		72,111.	
\$19,400 If you checked	13							13	-	12,950.	
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A							-	12 050	
Standard Deduction,	15	Add lines 12 and 13								12,950. 59,161.	
see instructions.		Subtract line 14 from line 11. If zero or less, enter -U This is your taxable income								, J, TOI.	

Form 1040 (202	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	8,636.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	8,636.	
	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	8,636.	
	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	8,636.	
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	11,245.	
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			
	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	11,245.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,609.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,609.	
Direct deposit? See instructions.	b	Routing number * * * * * * * X X X X X C Type: Checking Savings			
	d	Account number * * * * * * * * *			
	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 Designee	Do	you want to allow another person to discuss this return with the IRS? See			
	ins	structions	oelow.	X No	
		signee's Phone Personal identi	fication		
	naı		100		
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?		ELECTRICAL ENGINEER (see	inst.)		
See instructions. Keep a copy for	Sp		IRS sent your spouse an		
your records.			tity Prote inst.)	ection PIN, enter it here	
,					
		one no. (312) 358-1469 Email address PRAVENI 972@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:	
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/03/2023 *****	2703	Self-employed	
Preparer	2				
Use Only	-		Phone no. (678) 965-9522 Firm's EIN **-**1965		
	1.00	J GGGGGGG	U LIIV	<u> </u>	