<b>1040</b>	· ·	rtment of the Treasury—Internal Revenue Serv <b>5. Individual Income Tax</b>		2022	2	OMB No. 1545-	0074	IRS Use Only-	–Do not w	rite or staple in this s	pace.	
Filing Status			] Married filing	1 5 (	,			hold (HOH) [	spou	lifying surviving use (QSS)		
one box.	pers	u checked the MFS box, enter the n on is a child but not your dependent		ouse. If you che	ecke	d the HOH or	QSS	box, enter the	e child's	name if the qua	lifying	
Your first name and middle initial Last name				ame						Your social security number		
VENKATA RATNA MAHIJA GATI				IGANTI					***-**-2731			
lf joint return, sp	first name and middle initial	Last name	ne					Spouse'	s social security n	lumbei		
Home address (	numbe	r and street). If you have a P.O. box, see	instructions.				A	pt. no.		ntial Election Can		
5960 SIE	GEN	LN					1	206		nere if you, or you		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spaces b	elow.	State	e	ZIP c			if filing jointly, wa this fund. Check		
BATON ROUGE				LA			708			ow will not chang		
Foreign country		Foreign	preign province/state/county F			Foreig	Foreign postal code your tax or refund.			Spouse		
Digital		y time during 2022, did you: (a) rec										
Assets		ange, gift, or otherwise dispose of a					asset)	? (See instrue	ctions.)	Yes X N	10	
Standard Deduction	_	eone can claim:		Your spouse a dual-status al		a dependent						
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are k	olind Spou	ise:	Was bor	n befo	ore January 2	, <mark>19</mark> 58	Is blind		
Dependents	(see	instructions):	(2)	Social security		(3) Relationshi	p (4	) Check the bo	x if quali	fies for (see instruc		
If more	(1) Fi	rst name Last name		number		to you	<u> </u>	Child tax cre	edit	Credit for other dep	endents	
than four dependents,					_							
see instructions											_	
and check	2							<u> </u>		<u> </u>		
here 🗌												
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re				• • • •	61 P	• • • •	1a 1b		88.	
Attach Form(s)	b	Tip income not reported on line 1a			•		• •		10		-	
W-2 here. Also	d	Medicaid waiver payments not rep				tions)	• •		1d			
attach Forms W-2G and	e	Taxable dependent care benefits f			Struc		• •		1e		-	
1099-R if tax	f	Employer-provided adoption bene			•				1f			
was withheld.	g	Wages from Form 8919, line 6 .		0000, 1110 20					1g			
If you did not get a Form	h	Other earned income (see instruct			÷				1h		0.	
W-2, see	i	Nontaxable combat pay election (				<b>1</b> i	1					
instructions.	z	Add lines 1a through 1h							1z	77,6	88.	
Attach Sch. B	2a		2a	b	Ta	xable interest			2b	-		
if required.	3a		3a	b	o Or	dinary dividen	ds .		3b	6		
	4a	IRA distributions	4a	b	Та	xable amount			4b			
Standard	5a	Pensions and annuities	5a	b	Та	xable amount			5b	L.		
Deduction for—	6a	Social security benefits	6a	b	л Та	xable amount			6b		-	
Single or Married filing	С	If you elect to use the lump-sum e	lection method	, check here (s	see ir	nstructions)		[			-	
separately, \$12,950	7	Capital gain or (loss). Attach Sche	7									
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, line 10							8	-7,9	17.	
jointly or Qualifying	or Additions to the the She Che Z and 9. This is your total income							9	69,7			
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, line 26						10			
Head of	11	Subtract line 10 from line 9. This is	s your <b>adjustec</b>	l gross incom	е	2 A A A			11	69,7	71.	
household, \$19,400	12	Standard deduction or itemized	deductions (fro	om Schedule A	4)		· .		12	12,9	50.	
If you checked	13	Qualified business income deduct	ion from Form	8995 or Form 8	3995	БА	<u>.</u> .		13			
any box under Standard	14	Add lines 12 and 13				• • • •	• •		14			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, enter	-0 This is you	ur ta	axable incom	е.	· · · ·	15	56,8	21.	

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	8,119.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,119.
	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	8,119.
	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	8,119.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	9,760.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)		
attach Sch. EIC.	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	9,760.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,641.
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,641.
Direct deposit?	b	Routing number         *         *         *         0         3         2         6         c Type:         X Checking         Savings		
See instructions.	d	Account number * * * * * 9 8 3 7		
	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		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions		X No
	De	signee's Phone Personal ident ne no. number (PIN)	tification	
0.		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t	the bes	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
		Pro	tection P	IN, enter it here
Joint return? See instructions. Keep a copy for		SOLIWAVE ČOVELLI APPONINC	e inst.)	
	Sp			nt your spouse an ection PIN, enter it here
your records.			e inst.)	
	Ph	one no. (484)954-7392 Email address MAHIJAVENKATA@GMAIL.COM		
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2023 *****	*2703	Self-employed
	-			(678) 965-9522
			one no. ( n's EIN	**-***5487
Co to usual int a			I S LIN	Form <b>1040</b> (2022)
GO to www.irs.go	JV/POIN	n1040 for instructions and the latest information. BAA REV 01/28/23 PRO		Form 1040 (2022)

rs.gov/Form1040 for instructions and the