<b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or staple i	in this space.
Check only		Single Married filing jointly Married filing separately (MFS) Head of ho										Qualifying surviving spouse (QSS)	
one box.	,	u checked the MFS box, enter the nation is a child but not your dependent	,	our spou	use. If you ch	neck	ed the HOH or	QSS	box, ent	er the	child's	name if th	e qualifying
Your first name	and m	iddle initial	Last nan	ne							Your so	cial securit	y number
SAI KARTHIK PAMI				DI							***-**-8460		
lf joint return, sp	ouse's	first name and middle initial	Last nan	ne						\$	Spouse'	s social sec	curity number
Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ns.				ŀ	Apt. no.				on Campaigr
<u>1145 HID</u>	DEN	RIDGE						1	159			ere if you,	
City, town, or post office. If you have a foreign address, also complete s IRVING				paces below. State				ZIP code to			spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county								or refund.	
Digital		ny time during 2022, did you: (a) rece											
Assets		ange, gift, or otherwise dispose of a						asset)	? (See in	nstruc	tions.)	Yes	X No
Standard Deduction		eone can claim:  You as a de  Spouse itemizes on a separate retur					a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	ind <b>Spo</b>	use	Was bo	n befo	ore Janu	ary 2,	1958	Is bl	ind
Dependents	(see	instructions):		<b>(2)</b> S	ocial security		(3) Relationsh	ip (4			È I		instructions):
If more	(1) F	irst name Last name			number		to you		Child	ax cre	dit	Credit for ot	her dependents
than four dependents,												[	<u> </u>
see instructions												[	
and check here	2											[	<u> </u>
	1a	Total amount from Form(s) W-2, be	) 2 1 (200	inetrue	tions)						1a		<u> </u>
Income	b	Household employee wages not re									1b		±/, <u>5</u> 00.
Attach Form(s)	c	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		
W-2G and	е	Taxable dependent care benefits f									1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .								12	<b>1</b> g		
get a Form	h	Other earned income (see instructi	ions) .					ų .			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<b>1</b> i						
	z	Add lines 1a through 1h		· ·		•					1z	4	17,386.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b	1	
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .	· ·	•	3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard	5a		5a				axable amoun				5b		
• Single or	6a										6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)									7		
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
<ul> <li>Married filing jointly or</li> </ul>	ly or							• •	•	8			
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						•	• •	• •	9 10		17,386.
\$25,900	10	Adjustments to income from Schedule 1, line 26											
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			-				• •		11		<u>17,386.</u>
\$19,400 r	12	Standard deduction or itemized						• •	• •	• •	12		L2,950.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction					5-A	<u>1</u>	• •	a	13	-	0 0 5 5
Standard Deduction,	14	Add lines 12 and 13					oveble kree	• •	• •	• •	14		L2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	U OF IESS	, enter -	o This is ye	ourt	axable incom		• •	• •	15		34,436.

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

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Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	16	3,926.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,926.
	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	3,926.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
Payments	24	Add lines 22 and 23. This is your <b>total tax</b>	24	3,926.
	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	7,509.
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	1	
	31	Amount from Schedule 3, line 15	1	
	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	7,509.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,583.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,583.
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 36		
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		structions	elow.	× No
•		signee's Phone Personal identif	ication r	
	na			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		-
	YO	5		it you an Identity N, enter it here
Joint return? See instructions.		IT (see		
	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	IRS sen	t your spouse an
Keep a copy for your records.				ction PIN, enter it here
your records.	-	(see i	nst.)	
		one no. (573) 576-4520 Email address SPAMIDIUSA@SEMO.EDU		
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/10/2023 *****2		Self-employed
	Fir		ne no. (	678)965-9522
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	**-**5487
Go to www.irs.go	ov/Form	m1040 for instructions and the latest information. BAA REV 01/02/23 PRO		Form <b>1040</b> (2022)

rs.gov/Form1040 for instructions and th