1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 2	2022	OMB	No. 1545	-0074	IRS Use (Dnly—D	o not wr	rite or staple i	n this space.	
Filing Status Check only one box.	lf yo	Single Arried filing jointly under the MFS box, enter the nation is a child but not your dependent	ame of y		arately (MFS If you chec		Head of e HOH or				spou	ifying surv ıse (QSS) name if th	0	
Your first name	and mi	iddle initial	Last na	me						Y	our so	cial securit	y number	
SATYASRI				AMURI							***-**-0126			
		s first name and middle initial	Last na							_	Spouse's social security number			
,														
Home address	numbe	er and street). If you have a P.O. box, see	instructio	ons				A	ot. no.	D	rosidor	tial Electic	on Campaigr	
5121 CAT									107 (ere if you,		
-		ce. If you have a foreign address, also co	mplete s	paces below.	St	ate		ZIP co		s	oouse	if filing join	tly, want \$3	
JACKSONVILLE				FL 3221									Checking a	
Foreign country name			Foreign province/state/county Foreign pos							box below will not change your tax or refund.				
releighteeding	namo								reign peeta eee			You Spouse		
Digital	At or	ny time during 2022, did you: (a) rec		a roward a	ward or pay	mont f	or propo	rty or o		or (b)				
Digital Assets		ange, gift, or otherwise dispose of a										Yes	X No	
Standard		eone can claim: You as a de	-		ur spouse as				1000		01101)			
Deduction		Spouse itemizes on a separate retur												
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spous	e: 🗌	Was bor	n befo	re Janua	ry 2, 1	958	🔄 Is bli	nd	
Dependents	(see	instructions):			al security	(3)	Relationsh	ip (4)	Check th	e box	if qualif	ies for (see	instructions):	
If more	(1) F	irst name Last name		nur	nber		to you		Child ta	x cred	it	Credit for oth	ner dependents	
than four														
dependents, see instructions														
and check	, 													
here											_	[
Income	1 a	Total amount from Form(s) W-2, b	ox 1 (se	e instructior	is)	•					1 a	13	32,920.	
	b	Household employee wages not reported on Form(s) W-2								•	1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)	· · · · ·		• • •	• •	· · ·	•	1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W	-2 (see instr	uction	s)	•			1d			
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line	26	• •					1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839	, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form	h	Other earned income (see instruct	ions)		· · · ·			ц. н.			1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions) .	С		. <u>1</u> i							
	Z	Add lines 1a through 1h						• •			1z	13	32,920.	
Attach Sch. B	2a	Tax-exempt interest	2a		b	Taxabl	e interest	· .		•	2b			
if required.	3a	Qualified dividends	3a		b(Ordina	ry divider	nds .			3b			
	4a	IRA distributions	4a		b	Taxabl	e amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b	Taxabl	e amoun	t			5b			
Beduction for— Single or	6a	Social security benefits	6a		b	Taxabl	e amoun	t			6b			
Married filing	С	If you elect to use the lump-sum e	lection r	method, che	ck here (see	e instru	ctions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If	not required	d, chec	k here				7			
Married filing	8	Other income from Schedule 1, lin	e 10								8	-1	0,337.	
jointly or Qualifying									9	12	22,583.			
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 adjusted gross income								11	12	22,583.		
household, \$19,400	12	Standard deduction or itemized	deduct	i ons (from S	chedule A)			· .			12	1	L2,950.	
If you checked	13	Qualified business income deduct	ion from	Form 8995	or Form 89	95-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	o or les	s, enter -0	This is your	taxab	le incom	e.			15		9,633.	
see maruenons.														

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

Form 1040 (2022)

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	20,147.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	20,147.	
	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	20,147.	
	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	20,147.	
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	16,952.	
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	16,952.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a		
	b	Routing number * * * X X X X C Type: Checking Savings			
See instructions.	d	Account number * * * * * * * * * * * * * * * * * * X X X 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 amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	3,242.	
	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 identif ne no. Pursonal identif	ication		
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the hes	t of my knowledge and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		,	
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity	
			Protection PIN, enter it here		
Joint return?		SOFTWARE ENGINEER (see	,		
See instructions. Keep a copy for	Sp			nt your spouse an action PIN, enter it here	
your records.		(see			
	Ph	one no. (989) 572-3740 Email address NANDA2S@CMICH.EDU			
	No. and	eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2023 *****2	2703	Self-employed	
Preparer	-			678)965-9522	
Use Only			s EIN	**-***5487	
Go to www.irs.a		n1040 for instructions and the latest information. BAA REV 01/14/23 PRO		Form 1040 (2022)	

rs.gov/Form1040 for instructions and the