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

2022
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

	<b>X</b> 5	Single   Married filing jointly	Marrie	ed filing separately (N	ЛFS)	Head of	househo	ld (HOH			ying survi	ving		
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	your enguee If you o	hackad	the HOH or	. 088 h	ov enter	the c		se (QSS)	e auglifyina		
one box.		son is a child but not your dependent		our spouse. If you or	HECKEU	ule HOH of	QOO DI	ox, eriter	tile C	illiu 5 i	iame ii m	, qualifying		
				ast name							Your social security number			
SHARATH CHANDRA MYA				YAKALA							***-**-8170			
		s first name and middle initial	Last nar							Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ар	t. no.	Pr	esiden	tial Electio	n Campaign		
282 KEME	SEY	DR							CI	Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete space				paces below. State ZI			ZIP cod	е				ly, want \$3		
NORTH BRUNSWICK				NJ			0890				nis tuna. C w will not d	Checking a change		
Foreign country name			F	Foreign province/state/county			Foreign			your tax or refund.				
											You	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payme	nt for prope	rty or se	ervices);	or (b)	sell,				
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial i	interest	in a digital	asset)?	(See ins	truction	ons.)	Yes	⊠ No		
Standard	Som	eone can claim:	pendent	Your spouse	e as a	dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien									
Age/Blindness	You	Were born before January 2, 1	958	Are blind Spo	ouse:	Was bor	rn befor	. Januar	v 2 1	958	☐ Is blii	nd		
Dependents				(2) Social security		(3) Relationsh	(4)	_	•			nstructions):		
If more		irst name Last name		number		to you		Child tax		· 1		er dependents		
than four											Г	7		
dependents,	9							Ē	1		Ī	<del></del>		
see instructions and check	3						-		]			<u> </u>		
here	-								]					
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	4	7,739.		
mcome	b	Household employee wages not re	eported o	on Form(s) W-2 .		7				1b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c					
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						• •	1d					
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						. 1	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 .							1.1	1g				
get a Form	h	Other earned income (see instruct	ions) .				, .			1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		. <u>1i</u>								
	Z	Add lines 1a through 1h							•	1z	4	7,739.		
Attach Sch. B	2a		2a			able interest			•	2b				
if required.	3a	A SOCIAL CONTROL OF A STATE OF A	3a			inary divider			• •	3b				
	4a		4a	-		able amoun			•	4b				
Standard Deduction for—	5a		5a			able amoun				5b				
Single or	6a		6a			able amoun				6b				
Married filing separately,	c	If you elect to use the lump-sum e							Н	-				
\$12,950	7	Capital gain or (loss). Attach Sche							Ш	7		2 002		
Married filing jointly or	8	Other income from Schedule 1, line 10							•	8		3,983.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	4	3,756.		
\$25,900	10	Adjustments to income from Schedule 1, line 26								10	1	2 756		
<ul> <li>Head of household,</li> </ul>	11 12	Subtract line 10 from line 9. This is your adjusted gross income								11		3,756.		
\$19,400 • If you checked	13					Δ				13	1	2,950.		
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A								14	1	2,950.		
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15		0,806.		
see instructions.		Sastast into 14 non into 11. Il 261	0 01 1000	5, 5/10/ 0 . 11/10/13 y	Jui tui	and moon				10		0,000.		

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	3,494.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	3,494.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	·		
	20	Amount from Schedule 3, line 8	20	2,000.		
	21	Add lines 19 and 20	21	2,000.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	1,494.		
	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	1,494.		
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	5,454.		
	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)	Y			
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	5,454.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,960.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,960.		
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 <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)				
<b>Third Party</b>	Do	you want to allow another person to discuss this return with the IRS? See		_		
Designee	ins	structions	elow.	× No		
	De	signee's Phone Personal identif me no. number (PIN)	ication			
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bec	t of my knowledge and		
Sign	bel	tief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.		
Here				nt you an Identity		
		Prote		N, enter it here		
Joint return?		ANALYST (see				
See instructions. Keep a copy for	Sp		f the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.		(see	,	Section 1 inv, enter it here		
	Ph	one no. (510) 458-9659 Email address SHARATHCHANDRA9390@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2023 *****2	2703	Self-employed		
Preparer	10		ne no. (678) 965-9522			
Use Only			rm's EIN **-**1965			