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.

Check only				ed filing separately (N				_ spou	ifying surv ıse (QSS)	Ü	
one box.		u checked the MFS box, enter the noon is a child but not your dependent		our spouse. If you cl	hecked the HC	OH or QS	S box, enter th	e child's	name if th	e qualifying	
Your first name and middle initial				me				Your social security number			
SHARATH KUMAR				JU				***-**-8214			
If joint return, s	pouse's	first name and middle initial	name					Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Preside	residential Election Campaign		
2101 WII	KES	COURT		302				Check h	ere if you,	or your	
	7.5 O'LLAD	ce. If you have a foreign address, also co	omplete sp	olete spaces below. State Z			code		pouse if filing jointly, want \$3		
HERNDON				VA					o go to this fund. Checking a lox below will not change		
Foreign country name			Foreign province/state/county			For	Foreign postal code yo		our tax or refund.		
									You Spouse		
Digital		ny time during 2022, did you: (a) rec							Yes	⊠ No	
Assets		ange, gift, or otherwise dispose of		_			et)? (See mstru	CHOIIS.)	165		
Standard Deduction		eone can claim:			e as a depend alien	ent					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse: 🗌 Wa	s born be	efore January 2		☐ Is bl		
Dependents	s (see	instructions):		(2) Social security			(4) Check the bo	ox if qualif	ies for (see	instructions):	
If more	(1) F	rst name Last name		number	toy	ou	Child tax cr	edit	Credit for oth	ner dependents	
than four				-						<u></u>	
dependents, see instruction	s —										
and check											
here	]										
Income	1a	Total amount from Form(s) W-2, b	•			51 51		. 1a	3	33,286.	
	b	Household employee wages not reported on Form(s) W-2						. 1b			
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.						. 1g			
get a Form W-2, see	h	Other earned income (see instruct				1 . 1		. 1h		0.	
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		1i					
	Z	Add lines 1a through 1h						. 1z		33,286.	
Attach Sch. B	2a		2a		<b>b</b> Taxable int			. 2b			
if required.	3a		3a	,	<b>b</b> Ordinary d		* * * * *	. 3b			
	4a		4a		<b>b</b> Taxable an			. 4b			
Standard Deduction for—	5a		5a		<b>b</b> Taxable an			. 5b	_		
Single or	6a		6a	a attacat also als bassa	<b>b</b> Taxable an			. 6b			
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)						╡┞ <b>╶</b>			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						J 7		7 070	
Married filing jointly or	8	Other income from Schedule 1, lin		This is your <b>total inc</b>				. 8		7,970.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								75,316.	
\$25,900		Adjustments to income from Schedule 1, line 26							-	75 216	
<ul> <li>Head of household,</li> </ul>	11 12	Subtract line 10 from line 9. This is your adjusted gross income								75,316.	
\$19,400 If you checked	13	Standard deduction or itemized deductions (from Schedule A)								12,950.	
any box under	14	Add lines 12 and 13							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>								L2,950. 52,366.	
see instructions.		Capital III I I I I I I I I I I I I I I I I I	0 0 1033	o, onto o . This is y	our taxable II	COME		. 15		12,000.	

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	9,340.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	9,340.	
	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	9,340.	
	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	9,340.	
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	15,831.	
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 <b>total payments</b>	33	15,831.	
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	6,491.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	6,491.	
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 You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .			
		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.	X No	
		signee's Phone Personal identif me no. number (PIN)	ication		
	nai		Una lawa	t of more leaves lead and	
Sign	bel	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	prepare	er has any knowledge and	
Here				nt you an Identity	
		Prote	ection Pl	N, enter it here	
Joint return?		SOFTWARE DEVELOPMENT ENGI (see	nst.)		
See instructions. Keep a copy for	Sp		the IRS sent your spouse an entity Protection PIN, enter it here		
your records.		(see i	,	ection First, enter it here	
	Ph	one no. (816)808-3336 Email address SHARATH.LNF95@GMAIL.COM	***		
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/21/2023 *****2	2703	Self-employed	
Preparer	(P		ne no. (678) 965-9522		
Use Only			Firm's EIN **-**1965		