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

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	d filing separately (Nour spouse. If you c	,	_	householo	` ,	_ sp	ouse (Q	,			
	person is a child but not your dependent:													
Your first name and middle initial			Last name						Your social security number					
SHREYA			RAVI						***-**-6075					
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number				
		and the All Keen been a D.O. been					A 4		- 1					
Home address (number and street). If you have a P.O. box, see				instructions. Apt. no.					Presidential Election Campaign Check here if you, or your					
350 S 200 W #C209											spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also cor								to			to go to this fund. Checking a			
SALT LAKE CITY			UT						box below will not change your tax or refund.					
Foreign country name			Foreign province/state/county			/	Toreign postar code yo			You Spouse				
	• •				the surcesses						ou _	Spouse		
Digital		ny time during 2022, did you: (a) rece		THE RESIDENCE OF THE PROPERTY OF THE PERSON							/ V	No		
Assets		ange, gift, or otherwise dispose of a					asset)? (S	see mstr	uctions	i.) L Y	es 🔨	NO		
Standard		eone can claim: You as a de				a dependent								
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status	allen			-						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before	January	2, 1958	3 🗌	ls blind			
Dependents	(see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) CI	neck the b	oox if qu	alifies for	(see instr	uctions):		
If more		rst name Last name		number		to you		Child tax of	credit	Credit	for other de	ependents		
than four														
dependents, see instructions														
and check														
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .						1a	90,	930.		
moome	b	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)								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								1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits 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 instructions)								1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)												
	Z	Add lines 1a through 1h								1z	90,	930.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t		. 2	2b				
if required.	3a	Qualified dividends	3a		b Or	rdinary divide	nds		. (3b				
	4a	IRA distributions	4a		b Ta	axable amoun	t		. 4	4b				
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t			5b				
• Single or	6a		6a			xable amoun			(6b				
Married filing	C	If you elect to use the lump-sum election method, check here (see instructions)												
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here												
Married filing iointly or	8	Other income from Schedule 1, line 10								8		<u>265.</u>		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	80,	<u>665.</u>		
surviving spouse, \$25,900	10	Adjustments to income from Sche		10										
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income										665.		
household, \$19,400	12	Standard deduction or itemized			,					12	12,	950.		
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A												
any box under Standard	14											950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	axable incom	ne			15 67,715.				

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,517.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	10,517.		
	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	10,517.		
	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	10,517.		
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	2,762.		
	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	7			
	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	2,762.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a			
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	8,025.		
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions	below.	X No		
	De	signee's Phone Personal ident number (PIN)	fication			
Ciarra		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	a the her	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 whic				
Here	Yo	ur signature Date Your occupation If the	e IRS se	nt you an Identity		
		Prot	ection P	IN, enter it here		
Joint return?		EHLHOIEE	inst.)	nst.)		
See instructions. Keep a copy for	Sp			IRS sent your spouse an ty Protection PIN, enter it here		
your records.			inst.)	ection First, enter it here		
	——Ph	one no. (480) 955-4633 Email address RSHREYA1809@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/03/2023 *****	2703	Self-employed		
Preparer	10			e no. (678) 965-9522		
Use Only			rie no. (