

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial SRIKANTH	Last name ARTHAM	Your social security number 791-65-2711	
If joint return, spouse's first name and middle initial SUJITHA	Last name ARTHAM	Spouse's social security number 963-95-2480	
Home address (number and street). If you have a P.O. box, see instructions. 6301 STONE WOOD DR		Apt. no. 1817	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. PLANO		State TX	
Foreign country name		ZIP code 75024	
Foreign province/state/county		Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents	
		SRIKRUTHI	ARTHAM	963-95-2503	Daughter	<input type="checkbox"/>
	SRINIKA	ARTHAM	847-11-5847	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)										103,069.
b Household employee wages not reported on Form(s) W-2										
c Tip income not reported on line 1a (see instructions)										
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
e Taxable dependent care benefits from Form 2441, line 26										
f Employer-provided adoption benefits from Form 8839, line 29										
g Wages from Form 8919, line 6										
h Other earned income (see instructions)								0.		
i Nontaxable combat pay election (see instructions)									1i	
z Add lines 1a through 1h										103,069.
2a Tax-exempt interest	2a								b Taxable interest	2b
3a Qualified dividends	3a		3.						b Ordinary dividends	3b
4a IRA distributions	4a								b Taxable amount	4b
5a Pensions and annuities	5a								b Taxable amount	5b
6a Social security benefits	6a								b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>										
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>										4,679.
8 Other income from Schedule 1, line 10										0.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										107,751.
10 Adjustments to income from Schedule 1, line 26										
11 Subtract line 10 from line 9. This is your adjusted gross income										107,751.
12 Standard deduction or itemized deductions (from Schedule A)										25,900.
13 Qualified business income deduction from Form 8995 or Form 8995-A										
14 Add lines 12 and 13										25,900.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income										81,851.

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax: 6,908.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments: 6,564.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount applied to 2023 estimated tax: 344.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed: 344.

Third Party Designee section. Includes fields for name, phone, and PIN. No Yes, No checked.

Sign Here section. Includes signature lines for taxpayer and spouse, with occupation and PIN fields.

Paid Preparer Use Only section. Includes fields for preparer name, signature, date, PTIN, firm name, address, and phone number.