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



OMB No. 1545-007

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

-	s 🗌 S	Single 🛛 Married filing jointly 🗌	Marrie	ed filing separately (N	ИFS)	☐ Head of	household (HOH)			ying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our spouse. If you c	hecke	ed the HOH or	OSS box, enter			e (QSS) ame if the	e qualifying	
01.0 207	-	on is a child but not your dependent	-								. 4	
Your first name and middle initial				me				Your	Your social security number			
NEEL KAMAL			BAND	REDDY				021	021-54-2148			
If joint return, spouse's first name and middle initial				me					Spouse's social security number			
, , , , ,				REDDY				147	147-71-2337			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.				n Campaign	
3805 LO	CHMAE	R TRAIL								re if you, c		
City, town, or post office. If you have a foreign address, also con			mplete spaces below. State			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
CUMMING			GA			30040			v will not c			
Foreign country name			Foreign province/state/county			у	Foreign postal code y		your tax or refund.			
									[You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	payn	nent for prope	rty or services);	or (b) sel	l,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial	intere	est in a digital	asset)? (See inst	ructions	.) [☐ Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spous	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before January	, 2, 1958	3	☐ Is blin	nd	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check the	box if qu	alifie	s for (see ir	nstructions):	
If more	•	rst name Last name	number			to you	Child tax	credit	Cı	redit for othe	er dependents	
than four												
dependents,												
see instruction and check	s —											
here]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .					1a	26	5,075.	
moonic	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 instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							ld			
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 instructi	ons) .					· 🗀	1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	1						· '	1z	26	5 , 075.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes		. 2	2b		394.	
if required.	3a	-	3a	34.		rdinary divide			3b		34.	
	4a		4a			axable amoun		_	4b			
Standard Deduction for —	5a		5a			axable amoun		_	5b			
Single or	6a	,	6a			axable amoun	t		3b			
Married filing separately,	С	If you elect to use the lump-sum e			•	,						
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		1,321.	
Married filing jointly or	8	Other income from Schedule 1, line							8		1,842.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						_	9	26	4,982.	
\$25,900	10	Adjustments to income from Schedule 1, line 26							10	_		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		<u>4,982.</u>	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12	2.	<u>5,900.</u>	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A						_	13			
Standard Deduction,	14		<u> </u>						14		<u>5,900.</u>	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	23	9,082.	

	Page 2							
45 ,	048.							
45 ,	048.							
45,	048.							
	273.							
45,	048. 273. 321.							
45,	885.							
45,	885.							
	885. 564. 564.							
	564.							
X No								

Form 1040 (2022	2)								Paç	ge 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	4	5,048	3.
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	4	5,048	3.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 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	4.	5,048	3.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23		273	3.
	24	Add lines 22 and 23. This is your total tax					24	4	5 , 321	L.
Payments	25	Federal income tax withheld from:								
_	а	Form(s) W-2			25a 45	,885.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c	0.				
	d	Add lines 25a through 25c					25d	4.	5 , 885	5.
If you have a	26	2022 estimated tax payments and amount a	pplied from 20	21 return			26			
qualifying child,	27	Earned income credit (EIC)			27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28					
	29	American opportunity credit from Form 8863	s, line 8		29					
	30	Reserved for future use			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32. These are your to	tal payments				33	4	5 , 885	ō.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid					34		564	
110101110	35a	· · · · · · · · · · · · · · · · · · ·					35a		564	ł.
Direct deposit?	b	3								
See instructions.	d	Account number								
	36	Amount of line 34 you want applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see instructions)				37				
Third Party		you want to allow another person to disc								
Designee		instructions						× No		
3		signee's				onal identi	fication			_
-		name no. number (PIN)			,					
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Yo	ur signature	Date	Your occupation			RS sei	nt you an I	dentity	
		G		Pi				IN, enter it	here	_
Joint return?				TECHNOLOGY ANALYST			ee inst.)			
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.						/	inst.)		T	T
	Phone no. (419) 450-1414		Email address BNKAMAL007@GMAIL.COM						_	
	_	eparer's name Preparer's signat			Date	PTIN		Check if:		_
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	03/30/2023	P0208	2703	Self-	-employe	ed	
Preparer						ne no. (678) 965-9522			 22	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									