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

2022	2
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 s	Single X Married filing jointly	Marrie	d filing separately (N	/IFS)	☐ Head of I	nousehold (HOH)			ying surviv e (QSS)	ing
one box.	-	u checked the MFS box, enter the not not so a child but not your dependent	-	our spouse. If you c	hecke	d the HOH or	QSS box, enter	the ch	nild's n	ame if the	qualifying
Your first name	name and middle initial Last nar			t name					Your social security number		
MADHUSUI	ANA	RAO	PALE	PU				* *	*-*	*-2699	
If joint return, s	pouse's	first name and middle initial	Last nar	me				Sp	ouse's	social secu	rity number
GOUTAMI			GHAN	TA				**	*-*	*-7475	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pre	sident	ial Election	Campaign
2509 TEN	IPLE	DR								re if you, or	•
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	e	ZIP code			filing jointly his fund. Cl	
MCKINNE	_				TX		75071			v will not ch	
Foreign country	/ name		F	oreign province/state/	county		Foreign postal coo	e you	ur tax c	or refund.	
										You	Spouse
Digital		ny time during 2022, did you: (a) rece		THE RESIDENCE OF THE PROPERTY OF THE PARTY O		and the second second					
Assets		ange, gift, or otherwise dispose of a					asset)? (See ins	tructio	ns.)	Yes	X No
Standard Deduction		eone can claim:				dependent					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before Januar	y 2, 19	958	☐ Is blin	d
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if	qualifie	s for (see in	structions):
If more		rst name Last name		number		to you	Child tax	credit	C	redit for other	dependents
than four	AYA	NSH PALEPU		***-**-218	2	Son	×]			
dependents, see instruction:]			
and check]			
here]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a	270	227.
	b	Household employee wages not re	eported o	on Form(s) W-2 .		V		•	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 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29				. 1	1f		
If you did not	g	Wages from Form 8919, line 6 .				1 1 1		1.1	1g		
get a Form	h	Other earned income (see instruct	ions) .		4 6				1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1</u> i				100	
	Z	Add lines 1a through 1h						•	1z	270	,227.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest		•	2b		343.
if required.	3a	Qualified dividends	3a	257.	b Or	dinary divider	nds	•	3b		257.
	4a		4a			xable amount			4b		
Standard	5a		5a						5b		
Deduction for— Single or	6a		6a						6b		
Married filing separately,	C	If you elect to use the lump-sum e									
\$12,950	7	Capital gain or (loss). Attach Schee							7		3,000.
Married filing jointly or	8	Other income from Schedule 1, line 10							8	- 9	755.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	258	3,072.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							10		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11		3,072.
household, \$19,400	12	Standard deduction or itemized			,				12	25	5,900.
If you checked any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		
	14								14	25	5,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t a	xable incom	е	•	15	232	2,172.

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	43,370.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	43,370.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.		
	20	Amount from Schedule 3, line 8	20	108.		
	21	Add lines 19 and 20	21	2,108.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	41,262.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	182.		
	24	Add lines 22 and 23. This is your total tax	24	41,444.		
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	50,040.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
qualifying child,	27	Earned income credit (EIC)				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	1			
	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	50,040.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,596.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	8,596.		
Direct deposit? See instructions.	b	Routing number * * * * * 0 0 3 5 c Type: X Checking Savings				
See instructions.	a	Account number * * * * * * * * * 5 7 5 5				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
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	37			
	38	Estimated tax penalty (see instructions)	0.			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions		⋉ No		
	De nar	signee's Phone Personal identir me no. number (PIN)	fication			
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the ber	et of my knowledge and		
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				
Here	Yo	ur signature Date Your occupation If the	IRS se	nt you an Identity		
				IN, enter it here		
Joint return?		ININCIPAL SOFTWARE ENGINE .	inst.)			
See instructions. Keep a copy for	Sp			IRS sent your spouse an ty Protection PIN, enter it here		
your records.			inst.)			
	Ph	one no. (309)363-3306 Email address ITSMADHU2007@GMAIL.COM				
D : I		eparer's name Preparer's signature Date PTIN		Check if:		
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 *****	2703	Self-employed		
Preparer	17			(678) 965-9522		
Use Only	-		's EIN	**-***1965		