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

2022	2
------	---

OMB No. 1545-0074

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

Filing Status Check only	; [] S	Single X Married filing jointly	Marrie	d filing separately (M	/IFS) [Head of	household	(HOH)		alifying ouse (Q		ing		
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you ch	necked	the HOH or	QSS box	, enter th		•	,	qualifying		
Your first name and middle initial Last				ast name							Your social security number			
SAI PAVAN KUMAR VE			VEERA	AMALLA					***-**-8924					
If joint return, spouse's first name and middle initial Last n				ast name					Spouse's social security number					
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			Apt. ı	10.	Preside	ential El	ection	Campaign		
26319 20	3RD	PL SE							Check	here if	you, or	your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	State		ZIP code					, want \$3 necking a		
KENT				WA S			98042				not ch			
Foreign country name		Fo	Foreign province/state/county F			Foreign po	Foreign postal code you			und.				
										Y	ou [Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as a	reward, award, or	paymer	nt for prope	rty or serv	rices); or	(b) sell,					
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	sset (or a financial i	nterest	in a digital	asset)? (S	ee instru	uctions.)	Y	es [X No		
Standard	Som	eone can claim:	pendent	☐ Your spouse	e as a d	ependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien				y					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	Was bor	n before	January	2, 1958		ls blind	d		
Dependents				(2) Social security	(3) Relationsh	(4) Ch	eck the b	ox if qua	lifies for	(see ins	structions):		
If more		irst name Last name		number	- `	to you		hild tax o	redit	Credit f	or other	dependents		
than four	\ <u></u>													
dependents, see instructions														
and check	,													
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					. 1	a	158	3,243.		
	b	Household employee wages not re	eported o	n Form(s) W-2					. 11	b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	a (see inst	tructions)					. 10	С				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 10	d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						. 10	е					
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 29					. 1	f				
If you did not	g	Wages from Form 8919, line 6 .							. 19					
get a Form W-2, see	h	Other earned income (see instruct							. 1	h		0.		
instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		. <u>li</u>					1 5 0	0.40		
	z	Add lines 1a through 1h							. 1	_	158	3,243.		
Attach Sch. B if required.	2a		2a			ible interest			. 2					
	3a	The Art and the Ar	3a			nary divider			. 3					
<u> </u>	4a		4a			ble amount			. 4					
Standard Deduction for—	5a		5a 6a			ible amount ible amount			. 5l					
Single or Married filing	6a c	If you elect to use the lump-sum e							. 0	5				
Married filing separately,	7	Capital gain or (loss). Attach Scher		and the second s	,	,			<u> </u>					
\$12,950 Married filing	8	Other income from Schedule 1, lin							_ <u> </u>			0.		
jointly or	9								. 9		158	3,243.		
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										<u>, -</u> 10.		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income						. 1		158	3,243.			
household,	12	Standard deduction or itemized deductions (from Schedule A)						. 1	_		5,900.			
\$19,400 • If you checked	13	Qualified business income deduct		The same of the sa	,	١			. 13			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
any box under Standard	14	Add lines 12 and 13							. 1	0.0	2.5	5,900.		
Deduction,	15							. 1	_		2,343.			
see instructions.														

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	20,349.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	20,349.		
	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	20,349.		
	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	20,349.		
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	31,923.		
If you have a	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	31,923.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	11,574.		
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	11,574.		
Direct deposit?	b	Routing number * * * * * 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 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)				
Third Party	Do	you want to allow another person to discuss this return with the IRS? See				
Designee		structions	below.	X No		
•		signee's Phone Personal identi	ification			
	nai					
Sign	Un	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 whic	the bes	st of my knowledge and		
Here						
	YO			nt you an Identity IN, enter it here		
Joint return?			inst.)			
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the		IRS sent your spouse an		
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here		
,			11151.)			
		one no. (321) 368-9813 Email address VEERAMALLA.SAI98@GMAIL.COM		Observativity		
Paid		eparer's name Preparer's signature Date PTIN	0700	Check if:		
Preparer	17	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/15/2023 *****		Self-employed		
Use Only		The second secon	none no. (678) 965-9522			
- ,	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	's FIN	**-***1065		