| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn de | 2022 | ОМ | B No. 1545 | -0074 | IRS Use | Only— | Do not w | rite or staple | in this space. | |
|---|--------------|---|---------------------------------------|----------------------|-------------------------------|----------|------------------------|--------------|------------|----------|---------------------------------|---|----------------------|--|
| Filing Status Check only one box. | lf yo | Single Married filing jointly under the MFS box, enter the nation is a child but not your dependent | ame of y | | parately (MF e. If you che | |] Head of ne HOH or | | | | spou | lifying surv use (QSS) name if th | U | |
| Your first name | and m | iddle initial | Last na | me | | | | | | | Your so | cial securit | y number | |
| AJAY KUMAR | | | CHITTEMSETTI | | | | | | | | ***-**-7819 | | | |
| If joint return, spouse's first name and middle initial | | | | | | | | | | - | Spouse's social security number | | | |
| | | | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ons. | | | | F | Apt. no. | | Preside | ntial Electio | on Campaigr | |
| 7962 N GLEN DRIVE | | | | 4052 | | | | | | | Check here if you, or your | | | |
| - | | ce. If you have a foreign address, also co | mplete s | paces below | | State | | ZIP c | | | | | tly, want \$3 | |
| IRVING | | | | TX 7506 | | | | | | | | this fund. ow will not | Checking a | |
| Foreign country name | | | | | | | | | | | or refund. | | | |
| | | | | | | | | | | You Spor | | | | |
| Digital | At ar | ny time during 2022, did you: (a) rec | aivo (as | a roward a | ward or pa | avment | for prope | rty or | services | · or (| | | | |
| Assets | | ange, gift, or otherwise dispose of a | | | | | | | | | | Yes | XNo | |
| Standard | | eone can claim: You as a de | - | | our spouse | | | | | |) | | | |
| Deduction | | Spouse itemizes on a separate retur | | | | | | | | | | | | |
| Age/Blindness | You | Were born before January 2, 1 | 958 🗌 | Are blind | Spou | se: | Was bor | n befo | ore Janua | ary 2, | 1958 | Is bl | ind | |
| Dependents | s (see | instructions): | | (2) Soc | ial security | (3) | Relationsh | ip (4 |) Check th | ne box | if qualif | fies for (see | instructions): | |
| If more | (1) F | irst name Last name | | nı | Imber | | to you | | Child ta | ax cre | dit | Credit for ot | her dependents | |
| than four | | | | | | | | | | | | [| | |
| dependents, see instructions | | | | | | | | | | | | [| | |
| and check | | | | | | | | | [| | | [| | |
| here | | | | | | | | | [| | | [| | |
| Income | 1 a | Total amount from Form(s) W-2, b | ox 1 (se | e instructio | ns) | • • | | | · · | | 1 a | 8 | <u>36,666.</u> | |
| | b | Household employee wages not reported on Form(s) W-2 | | | | | | | | | 1b | 1 | | |
| 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 rep | orted o | n Form(s) V | V-2 (see ins | tructio | ns) | | | • • | 1d | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | | | | | | k | • • | · | 1 e | 6 | | |
| was withheld. | f | Employer-provided adoption bene | | | 9, line 29 | | | | | | 1f | | | |
| lf you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | | | |
| get a Form | h | Other earned income (see instruct | ions) | | | | · · · | $\gamma = 2$ | | | 1h | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instr | uctions) . | | • • | . <u>1</u> i | | | | | | | |
| | Z | Add lines 1a through 1h | • • | | · · · | | • • • | • • | | · · | 1z | 8 | 36,666. | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b | Taxab | ole interest | t. | | · · | 2b | 0 | | |
| if required. | 3a | Qualified dividends | 3a | | | | ary divide | | | • • | 3b | | | |
| | 4a | IRA distributions | 4a | | b | Taxab | ole amoun | t | | | 4b | | | |
| Standard | 5a | Pensions and annuities | 5a | | b | Taxab | ole amoun | t | | | 5b | li . | | |
| Deduction for— Single or | 6a | Social security benefits | 6a | | b | Taxab | ole amoun | t | | | 6b | | | |
| Married filing | С | If you elect to use the lump-sum e | lection r | method, ch | eck here (se | ee instr | ructions) | | | . 🗆 | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Scher | dule D it | required. I | f not requir | ed, che | eck here | | · · | . 🗆 | 7 | _ | | |
| Married filing | 8 | | Other income from Schedule 1, line 10 | | | | | | | | 8 | | <mark>6,4</mark> 16. | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | and 8. | This is you | r total inco | me. | | | | | 9 | 8 | 30,250. | |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | | | 6 | | |
| Head of | 11 | Subtract line 10 from line 9. This is | your a | djusted gro | oss income |). | | | | | 11 | 8 | 30, <u>2</u> 50. | |
| household, \$19,400 | 12 | Standard deduction or itemized | deduct | i ons (from s | Schedule A |) . | | | | | 12 | - | 12,950. | |
| If you checked | 13 | Qualified business income deduct | ion from | Form 8995 | 5 or Form 8 | 995-A | | | · · | | 13 | | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | · · | | 14 | | 12,950. | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | s, enter -0- | . This is you | ur taxa | ble incom | ie . | · · | | 15 | 6 | 57,300. | |
| | | | | | | | | | | | | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

| Form 1040 (2022 | 2) | | | Page 2 |
|--|-----------|---|--------------------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . . | 16 | 10,429. |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 10,429. |
| | 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 | 10,429. |
| | 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 | 10,429. |
| Payments | 25 | Federal income tax withheld from: | | |
| | а | Form(s) W-2 | - | |
| | b | Form(s) 1099 | | |
| | С | Other forms (see instructions) | | |
| | d | Add lines 25a through 25c | 25d | 15,499. |
| If you have a qualifying child, attach Sch. EIC. | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| | 27 | Earned income credit (EIC) | | |
| | 28 | Additional child tax credit from Schedule 8812 | | |
| | 29 | American opportunity credit from Form 8863, line 8 | - | |
| | 30 | Reserved for future use | 4 | |
| | 31 | Amount from Schedule 3, line 15 | | |
| | 32 33 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | 15,499. |
| | 100.003 | Add lines 25d, 26, and 32. These are your total payments | 33 | 5,070. |
| Refund | 34 35a | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 35a | 5,070. |
| Direct deposit? | b soa | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 358 | 5,010. |
| See instructions. | b | Account number * * * * * * * * 3 9 5 6 | | |
| | 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 | 57 | 37 | | |
| | 38 | For details on how to pay, go to www.irs.gov/Payments or see instructions | | |
| Third Party | Do | you want to allow another person to discuss this return with the IRS? See | | |
| Designee | | structions | below. | × No |
| - | | signee's Phone Personal identit | lication | |
| | na | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | , , |
| Here | | | | nt you an Identity |
| | 10 | | ction PIN, enter it here | |
| Joint return? | | PROGRAMMER ANALYST (see | inst.) | |
| See instructions. Keep a copy for | Sp | | | nt your spouse an |
| your records. | | (see | | ection PIN, enter it here |
| | Ph | one no. (603)264-4693 Email address AJAYKUMARCH16@GMAIL.COM | | |
| Paid | | eparer's name Preparer's signature Date PTIN | | Check if: |
| | | 1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/17/2023 *****2 | 2703 | Self-employed |
| Preparer | - | | | 678)965-9522 |
| Use Only | - | | 's EIN | **-**5487 |
| Go to www.irs.ad | | n1040 for instructions and the latest information. BAA REV 01/09/23 PRO | | Form 1040 (2022) |
| | | | | |

rs.gov/Form1040 for instructions and the