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.

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	househ	old (HOI	H)		fying survi se (QSS)	ving		
Check only one box.	If yo	u checked the MFS box, enter the na	ame of v	our spouse. If you ch	necke	d the HOH or	QSS b	ox, ente	er the c		` ,	gualifying		
	-	on is a child but not your dependent	-	, ,				•				, , ,		
Your first name	and mi	iddle initial	Last nar	me					Yo	Your social security number				
SRINIVASA SATYA YASH PA			PASU	PASUPULETI							***-**-9207			
If joint return, spouse's first name and middle initial Last r									_	Spouse's social security number				
DEEKSHITHA SRIRANGAI				ANGAM	AM						***-**-0640			
		er and street). If you have a P.O. box, see		and the second of the second o			Ap	t. no.	Pr	esiden	tial Election	n Campaign		
1350 NOE	RTH T	TOWN CENTER DRIVE UNIT	202	1				4	CI	neck he	ere if you, o	or your		
		ce. If you have a foreign address, also co			State		ZIP co	de				ly, want \$3		
LAS VEGA	AS			NV 8			8914				this fund. C w will not c			
			Foreign province/state/county F			Foreign				your tax or refund.				
											You	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	payme	ent for prope	rty or s	ervices)	; or (b)	sell,				
Assets		ange, gift, or otherwise dispose of a									X Yes	☐ No		
Standard	Som	eone can claim:	pendent	Your spouse	as a	dependent								
Deduction		Spouse itemizes on a separate returi	n or you	were a dual-status a	alien									
A are /Dim de area			050 [7 A I-151 0					0 1	050		-1		
		Were born before January 2, 1	958 _		use:		1	_	•		☐ Is blir			
Dependents				(2) Social security number		(3) Relationsh to you	ip (4)			· 1		nstructions):		
If more	(1) Fi	irst name Last name		Tiuribei		to you	7	Child to	ax credi	t C	redit for othe	er dependents		
than four dependents,	9								 	-				
see instruction	s							L			<u>L</u>			
and check here \Box								L				-		
Hore	J	T-t-1	1 /	- !		_				1 4 -	1 1 5	7 220		
Income	1a	Total amount from Form(s) W-2, bo		and the same of	1			• •		1a	15	9,239.		
Attach Form(s)	b	Household employee wages not re								1b				
W-2 here. Also	C	Tip income not reported on line 1a								1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e					
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 W-2, see	h	Other earned income (see instruction					ì	* *		1h		0.		
instructions.	i	Nontaxable combat pay election (s	see msu	uctions)		<u>1i</u>				4-	15	0 220		
A#	Z	Add lines 1a through 1h	20		h Tox					1z	13	9,239.		
Attach Sch. B if required.	2a		2a 3a	15.		kable interest				2b 3b		15.		
	3a	The same of the sa				dinary divider kable amount				4b				
M	4a 5a		4a 5a			kable amount				5b				
Standard Deduction for—	6a		6a			kable amount				6b	1			
Single or	C	If you elect to use the lump-sum el					· .			OD				
Married filing separately,	7	Capital gain or (loss). Attach Scheo							· 📙	7		1,205.		
\$12,950 Married filing	8	Other income from Schedule 1, line		· · · · · · ·				•	. Ц	8		3,680.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		6,779.		
Qualifying surviving spouse,	10									10	14	0,119.		
\$25,900	11	Adjustments to income from Schedule 1, line 26							11	1 /	6,779.			
Head of household,	12	Standard deduction or itemized deductions (from Schedule A)							12					
\$19,400	13				,			* *		13	2	5,900.		
If you checked any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A								14	2	5 900		
Standard Deduction,	15	Add lines 12 and 13							15					
see instructions.	13	Cubildot line 14 Holli line 11. Il Zel	o oi less	5, Gritor -0 Triis is yt	oui ta	AUDIC IIICUIII				15	1 12	0,019.		

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	17,826.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	17,826.	
	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	17,826.	
	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	17,826.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	16,434.	
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			
	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	16,434.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
11010110	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		
Direct deposit?	b	Routing number * * * * * * X 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			
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	1,392.	
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	selow.	⋉ No	
	De nai	signee's Phone Personal identi me no. number (PIN)	fication		
<u> </u>		der penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to			
Sign		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 which		,	
Here	Yo	ur signature Date Your occupation If the	e IRS se	nt you an Identity	
		Prot	ection P	IN, enter it here	
Joint return?		DATA ENGINEER	inst.)		
See instructions. Keep a copy for	Sp		e IRS sent your spouse an tity Protection PIN, enter it here		
your records.			inst.)	Socion in in, cinci it noic	
	Ph	one no. (702) 762-5652 Email address VINY1291@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/31/2023 *****	2703	Self-employed	
Preparer	(P		ne no. (678) 965-9522		
Use Only	-		's EIN	**-***5487	