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

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OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single 🔀 Married filing jointly 🗌	Marrie	ed filing separately (M	1FS)	Head of	housel	old (HOI	H)		ying survi	iving	
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	your enouge If you of	nacka	d the HOH or	r 088 I	oov ente	or the c		se (QSS)	a gualifying	
one box.		on is a child but not your dependent		rour spouse. It you cr	ICCKC	a the Horror	QOOI	JOX, GIILO	or tile c	illiu 5 i	iame ii m	- qualifyilig	
Your first name			Last nar	me					Y	our soc	ial security	/ number	
TOTAL CONTRACTOR OF THE CONTRA				GUTHA							***-**-7311		
				ast name						Spouse's social security number			
										***-**-0127			
JAHANAVEE POTTURU Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							_	Presidential Election Campaign					
						pt. no.		Check here if you, or your					
175 BRINSON CIRCLE City, town, or post office. If you have a foreign address, also cor				mplete spaces below. State			ZIP code					ly, want \$3	
CANTON			GA				to					Checking a	
Foreign country name			F	Foreign province/state/o	(0.000)						w will not on the contract of	cnange	
r oreign country	y Harric			oreign province/state/e	Journey		Torcig	i postai ot		on tour	You	Spouse	
Digital	At or	ny time during 2022, did you: (a) rec	oivo (ac	a roward award or	navm	ont for propo	rty or c	convicos)	. or (b)	coll			
Digital Assets		ange, gift, or otherwise dispose of a									Yes	X No	
Standard		eone can claim: You as a de					abboty	1000 111	otraotr	0110.)			
Deduction		Spouse itemizes on a separate retur				dopondont							
		·		-	anon	_					_		
Age/Blindness	s You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor		_	•		Is blii		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	Check th	ne box i	f qualifie	es for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cre		redit Credit for other of		er dependents	
than four													
dependents, see instruction	s ——												
and check _								L					
here <u> </u>]							L			L		
Income	1a	Total amount from Form(s) W-2, b								1a	20	0,303.	
	b	Household employee wages not re	•							1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a								1c			
attach Forms	d	the second secon	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						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instruct					1 .			1h	-	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>				0			
	Z	Add lines 1a through 1h								1z	20	0,303.	
Attach Sch. B	2a		2a			xable interest				2b			
if required.	<u>3a</u>	The state of the s	3a	_		dinary divider			•	3b			
	4a		4a			xable amoun				4b			
Standard Deduction for—	5a		5a			xable amoun				5b			
Single or	6a		6a			xable amoun	t			6b	_		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		wi wi	
Married filing jointly or	8	Other income from Schedule 1, line 10							8		0,185.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	19	0,118.	
surviving spouse, \$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		0,118.	
\$19,400	12	Standard deduction or itemized			15			* *		12	2	5,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		10.00 OV	
Standard	14	Add lines 12 and 13								14		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	axable incom	ъ.			15	16	4,218.	
)													

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	27,362.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	27,362.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19			
	20	Amount from Schedule 3, line 8	20	8,918.		
	21	Add lines 19 and 20	21	8,918.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	18,444.		
	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	18,444.		
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	31,759.		
	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				
	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	31,759.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	13,315.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	13,315.		
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 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	oelow.	X No		
		signee's Phone Personal identi	fication			
	nai		Sedena Cas			
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				nt you an Identity		
	YO			IN, enter it here		
Joint return?		SALESFORCE DEVELOPER (see	inst.)			
See instructions.	Sp			nt your spouse an		
Keep a copy for your records.			itity Prote inst.)	ection PIN, enter it here		
,		111	11131.)			
		one no. (978) 902-7589 Email address RAVI.7293@GMAIL.COM		Chook if		
Paid		Preparer's signature Preparer's signature Date PTIN ONLY DRIVE DAY CACAD CUDTA TALLAM 01/12/2003	0700	Check if:		
Preparer	19	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/13/2023 *****				
Use Only	-		ne no. (678) 965-9522			
•	Fire	's FIN	**-***5487			