E1040 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 Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		ed filing separately (N						spou	fying sun se (QSS) name if th	Ü	na
		son is a child but not your dependent						,					
Your first name and middle initial Last				me					You	ır soc	ial securi	ty number	_
VAMSHI ANN				SARAPU					**	***-**-2518			
If joint return, spouse's first name and middle initial Last name									Spo	Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instruction				ons.			Apt	. no.	Pre	Presidential Election Campaign			
2316 ESPINOSA PL							20	7	Ch	Check here if you, or your			
City, town, or post office. If you have a foreign address, also compared to the compared to th				mplete spaces below. State				ZIP code			spouse if filing jointly, want \$3		
LITTLETON				CO							to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county							our tax or refund.		
											You	Spou	ıse
Digital	At a	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	paym	ent for prope	rty or se	rvices);	or (b) s	sell,			_
Assets		nange, gift, or otherwise dispose of a									Yes	X No	
Standard		neone can claim:											_
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien				>				
Age/Blindness	You	: Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before	January	/ 2, 19	58	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4)	Check the	box if	qualifi	es for (see	instruction	s):
If more		First name Last name		number		to you					Credit for ot	her depende	ents
than four	2												
dependents, see instruction]		_
and check	3												
here]												_
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	12	27,545	_
moonic	b	Household employee wages not re	eported (on Form(s) W-2		V				1b			
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)								1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							• •	1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							. 1	1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1	1f			
If you did not	g	Wages from Form 8919, line 6							1.1	1g			
get a Form	h	Other earned income (see instruct	d income (see instructions)							1h		0	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	uctions)		1i							
motraotiono.	Z	Add lines 1a through 1h								1z	12	27,545	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t .			2b			
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds .			3b			
	4a	IRA distributions ,	4a		b Ta	xable amoun	t		. 1	4b			
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t		. 1	5b			
Deduction for—	6a	Social security benefits	6a		b Ta	xable amoun	t		1.1	6b			
 Single or Married filing 	С	If you elect to use the lump-sum e	election n	nethod, check here ((see ir	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing	8	Other income from Schedule 1, line 10							8	-	9,497	<u>. </u>	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						. 1	9	1:	18,048	_	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of	Subtract line 10 from line 9. This is your adjusted gross income							11	1:	18,048			
household, \$19,400									12		12,950	_	
If you checked	13	Qualified business income deduct	duction from Form 8995 or Form 8995-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 zero or less, enter -0 This is your taxable income								15	10	05,098	<u>. </u>

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	19,059.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	19,059.		
	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	19,059.		
	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	19,059.		
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	22,735.		
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	_			
	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	22,735.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,676.		
Di	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,676.		
Direct deposit? See instructions.	b	Routing number * * * * * * X X X X C Type: Checking Savings				
	a	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 <i>www.irs.gov/Payments</i> 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 iden	tification			
	naı					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and lief, 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	Pro	tection P	IN, enter it here		
Joint return?		SOFTWARE ENGINEER (Se	e inst.)			
See instructions. Keep a copy for	Sp			IRS sent your spouse an		
your records.			e inst.)	ection PIN, enter it here		
	Ph	one no. (660)238-2758 Email address VAMSHIA26@GMAIL.COM	S 221 K			
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		The state of the s	*2703	Self-employed		
Preparer	1			(678) 965-9522		
Use Only	-		m's EIN **-**1965			
	5.55		# 10 TO THE RESERVE	+200		