1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Ta		n 20 2	2	OMB No. 1545-	0074	IRS Use Only-	-Do not w	rite or staple in	this space.	
Filing Status Check only				iling separately (N	,			hold (HOH) [spou	lifying surviv use (QSS)	0	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		r spouse. If you ch	neck	ed the HOH or	QSS	box, enter the	e child's	name if the	qualifying	
Your first name and middle initial Last name				ame						Your social security number		
SRAVANI TALAI				M						**-5700		
If joint return, spouse's first name and middle initial Last name				ne					Spouse'	's social secu	irity number	
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.		ntial Election		
<u>13716 WO</u>	RTHI	INGTON PL								Check here if you, or your		
City, town, or po	ce. If you have a foreign address, also co	mplete space	baces below. State					spouse if filing jointly, want \$3 to go to this fund. Checking a				
PARKER				СО			801		box below will not change			
Foreign country name				oreign province/state/county			Foreign postal code your tax or refund.			Spouse		
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	X No	
Standard		eone can claim: You as a de		Your spouse			13361)					
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use			ore January 2		Is blin		
Dependents				(2) Social security		(3) Relationsh	ip (4) Check the bo	- î 1			
If more	(1) Fi	rst name Last name		number		to you		Child tax cre	edit	Credit for othe	r dependents	
than four dependents,	2										<u></u>	
see instructions										L	<u></u>	
and check	2										<u></u>	
here 🗌		T : : : : : : : : : : : : : : : : : : :									<u>]</u>	
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re			•	• • • •			1a 1b		2,293.	
Attach Form(s)	c	Tip income not reported on line 1a					• •		10			
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
attach Forms W-2G and	e	Taxable dependent care benefits t			10110		• •		1e			
1099-R if tax	f	Employer-provided adoption bene			÷				1f			
was withheld.	g	Wages from Form 8919, line 6.							1g			
If you did not get a Form	h	Other earned income (see instruct							1h		0.	
W-2, see	i	Nontaxable combat pay election (tions)		11	1					
instructions.	z	Add lines 1a through 1h							1z	10	2,293.	
Attach Sch. B	2a		2a		bТ	axable interest			2b			
if required.	3a	Qualified dividends	3a		b C	rdinary divider	nds .		3b			
	4a	IRA distributions ,	4a		b T	axable amount			4b	i -		
Standard	5a	Pensions and annuities	5a		b T	axable amount			5b)		
Deduction for-	6a	Social security benefits	6a	1	bТ	axable amount			6b			
 Single or Married filing 	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
 Married filing 	8	Other income from Schedule 1, line 10							8		9,308.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									2,985.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	10									
Head of	11	Subtract line 10 from line 9. This is	s your adju s	sted gross incon	ne	1 12 II II			11	9:	2 <u>,9</u> 85.	
household, \$19,400	12	Standard deduction or itemized	deduction	s (from Schedule	A)		• •		12	1:	2 <mark>,</mark> 950.	
If you checked any box under	13	Qualified business income deduct	ion from Fo	orm 8995 or Form	899	5-A			13			
any box under Standard	14	Add lines 12 and 13					•		14		2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, e	enter -0 This is yo	our f	taxable incom	е.	· · · ·	15	8	0,035.	

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	13,223.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,223.
	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	13,223.
	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	13,223.
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	17,113.
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	00	
	32 33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	17,113.
	34	Add lines 25d, 26, and 32. These are your total payments	33 34	3,890.
Refund	35a		35a	3,890.
Direct deposit?	b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here \cdot \cdot \cdot \Box Routing number $ * * * * * 0 0 3 7 c Type: \mathbf{X} Checking \Box Savings$	55a	5,050.
See instructions.	b	Account number * * * 8 3 1 7 Image: Constraint of the constraint of t		
	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	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		tructions	elow.	X No
-		signee's Phone Personal identif	ication ,	
	nar			
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	S	ection PIN, enter it here	
Joint return?		SOFTWARE DEV (see i	nst.)	
See instructions. Keep a copy for	Sp			t your spouse an
your records.		loent (see i	-	ection PIN, enter it here
	Ph	one no. (313) 655-1392 Email address SRAVANI8129@GMAIL.COM		
Paid		parer's name Preparer's signature Date PTIN		Check if:
		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/11/2023 ****2	2703	Self-employed
Preparer	-			678) 965-9522
Use Only			s EIN	**-***1965
Go to www.irs.a		n1040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form 1040 (2022)

rs.gov/Form1040 for instructions and the