<b>1040</b>		rtment of the Treasury-Internal Revenue Servi <b>5. Individual Income Tax</b>		ım 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use Only-	Do not w	rite or staple in this spac	ce.		
Filing Status Check only one box.	If yo	Single X Married filing jointly C u checked the MFS box, enter the n on is a child but not your dependent	ame of yo	d filing separately (I our spouse. If you c					spou	lifying surviving use (QSS) name if the qualify	ying		
Your first name	Your first name and middle initial Last name				e						Your social security number		
AVINASH REDDY				VELLAMPATI						***-**-6372			
If joint return, spouse's first name and middle initial				Last name					Spouse'	s social security nun	nber		
HASMITHA		JANGA	ANGA					***-**-280					
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Presidential Election Campaign				
10441 N	MACA	ARTHUR BLVD								nere if you, or your			
City, town, or po	ost offic	ce. If you have a foreign address, also co	aces below.	elow. State Z					if filing jointly, want this fund. Checking				
IRVING				TX						ow will not change	ya		
Foreign country name			Fo	Foreign province/state/county			Foreign postal code yo		your tax	or refund.			
										You Spo	ouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								🗌 Yes 🛛 No			
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alier	ı							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore January 2,		Is blind			
Dependents	(see	instructions):		(2) Social security	/	(3) Relationsh	ip (4	) Check the boy	k if quali	fies for (see instruction	ons):		
If more	(1) Fi	rst name Last name		number		to you		Child tax cre	dit	Credit for other depend	dents		
than four dependents,													
see instructions													
and check													
here 🗌													
Income	<b>1</b> a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .		• • • •			<b>1</b> a	251,07	7.		
	b	Household employee wages not re					• •		1b	۱ ۱			
Attach Form(s) W-2 here, Also	C	Tip income not reported on line 1a			/	• • • •	• •	· · · ·	1c				
attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)	•	· · · ·	1d	1			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f				· · · ·			<b>1</b> e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, 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) .				ι. ·		1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<b>1</b> i							
	Z	Add lines 1a through 1h				• • • •	• •	· · · ·	1z				
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.	· · · ·	2b	40:	2.		
if required.	3a	Qualified dividends	3a		bC	Ordinary divide	nds .		3b				
	4a	IRA distributions	4a		b T	axable amoun	t		4b				
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t		<b>5</b> b				
Deduction for-	6a	Social security benefits	6a		b T	axable amoun	t		6b				
Single or Married filing	С	If you elect to use the lump-sum e	lection m	nethod, 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, lin	ie 10 .						8	-10,47	4.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								241,00	5.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	10										
Head of	d of Subtract line 10 from line 9. This is your adjusted gross income							11	241,00	5.			
household, \$19,400							12						
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Form	n 899	95-A			13				
any box under Standard	14	Add lines 12 and 13							14	25,90	0.		
Deduction,	15	Subtract line 14 from line 11. If zer	ro or less	, enter -0 This is y	our '	taxable incom	e.		15				
see instructions.													

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

Form 1040 (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3  . .	16	39,296.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	39,296.
	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	39,296.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	10.
	24	Add lines 22 and 23. This is your total tax	24	39,306.
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	42,040.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	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	42,040.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,734.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,734.
Direct deposit?	b	Routing number * * * 1 8 2 5 c Type: X Checking Savings		
See instructions.	d	Account number * * * * 9 2 2 8		
	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 <b>amount you owe</b> .		
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	ins	structions	below.	X No
		signee's Phone Personal identi	fication	
	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 whicl		,
Here				nt you an Identity
	10			N, enter it here
Joint return? See instructions.		DATABASE ADMINISTRATOR (see	inst.)	
	Sp			nt your spouse an
Keep a copy for your records.			tity Prote inst.)	ection PIN, enter it here
,		SOFIWARE DEVELOPER	1131.)	
Paid Preparer Use Only		one no. (630) 699-2768 Email address AVELLAMPATI@GMAIL.COM		Chook if:
		Paperer's name Preparer's signature Date PTIN	0700	Check if:
		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/04/2023 *****		Self-employed
	-			678) 965-9522
			i's EIN	**-**1965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 03/22/23 PRO		Form <b>1040</b> (2022)

rs.gov/Form1040 for instructions and th