1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of y	-	eparately (l ıse. If you c				. ,	spor	lifying sun use (QSS) s name if th	0	
Your first name and middle initial Last na				ne		Your social security number							
HARSHAVARDHAN REDDY PENU				UBADI						***-**-0132			
If joint return, spouse's first name and middle initial Last name										Contract of the second		curity number	
SUSHMITHA KALL				AM				***		*-**-8301			
Home address (number and street). If you have a P.O. box, see instruction				ons.				ŀ	Apt. no.		Presidential Election Campaigr		
9743 PRAIRIE SMOKE DRIVE											here if you,		
City, town, or post office. If you have a foreign address, also complete s				paces below. State 2				ZIP c				tly, want \$3	
NOBLESVILLE				IN							to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/county					n postal code		your tax or refund.		
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward	, award, or	payn	nent for prope	rty or	services); or	(b) sell,			
Assets		ange, gift, or otherwise dispose of a									Yes	X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate return	-	were a c	dual-status	alien					2		
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is bl	ind	
Dependents	s (see	instructions):		(2) S	ocial security	/	(3) Relationsh	ip (4) Check the bo	ox if quali	fies for (see	instructions):	
If more	(1) Fi	rst name Last name			number		to you		Child tax cr	redit	Credit for ot	her dependents	
than four											[
dependents, see instructions											[
and check	,							0			[
here 🗌											[
Income	1 a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	tions) .					. 1a	12	26,476.	
moonio	b	Household employee wages not reported on Form(s) W-2								. 1b	r		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. <u>1</u> c	;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d	1		
W-2G and	е	Taxable dependent care benefits f	rom Forr	n 2441,	line 26					. 1e	•		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29					. 1f			
If you did not	g	Wages from Form 8919, line 6 .					1 1 1 1			. 1g	1		
get a Form	h	Other earned income (see instructi	ons)							. 1h	ľ	Ο.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			1 i						
	z	Add lines 1a through 1h		· .						. 1z	: 12	26,476.	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest			. 2b			
if required.	3a	Qualified dividends	3a		1.	b O	rdinary divider	nds .		. 3b)	1.	
	4a	IRA distributions	4a			b Ta	axable amount			. 4b			
Standard	5a	Pensions and annuities	5a			b Ta	axable amount			. 5b)		
Deduction for-	6a	Social security benefits	6a			b Ta	axable amount	i		. 6b	,		
Single or Married filing	С	If you elect to use the lump-sum e	lection m	nethod, o	check here				E				
separately,	7	Capital gain or (loss). Attach Scheo					,		Ī	7		-3,000.	
\$12,950Married filing	8	Other income from Schedule 1, lin								. 8	-	-9,940.	
jointly or Qualifying	jointly or Add lines to Oh Oh Ah Th Ch Z and O Th									. 9	1-	L3,537.	
surviving spouse,	10	Adjustments to income from Sche	. 10		,								
\$25,900 • Head of	11	Subtract line 10 from line 9. This is			 aross inco					11		L3,537.	
household,	hold, 12 Standard deduction or itemized deductions (from Schedule A)							12		25,900.			
\$19,400 • If you checked								13					
any box under	14	Add lines 12 and 13		. 0111 00			• • • • • •			. 14		25,900.	
Standard Deduction,	14	Subtract line 14 from line 11. If zer	• • • •	enter -	 Ω- This is ν	 /our 1	axable incom	 e	• • •	. 15		37,637.	
see instructions.			0 0 1000	, ontor -				. .				,051.	

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	16	10,512.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	10,512.
	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	10,512.
	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	10,512.
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	19,723.
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	1	
	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	19,723.
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,211.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	9,211.
Direct deposit?	b	Routing number * * * 0 0 2 5 c Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * * 3 0 6 4		
	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	•.	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	elow.	× No
·		signee's Phone Personal identif	ication r	
	nar			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
	Yo			it you an Identity N, enter it here
Joint return? See instructions.		IT (see		
	Sp		IRS sen	t your spouse an
Keep a copy for your records.				ction PIN, enter it here
your records.		HOME MAKER (see i	nst.)	
		one no. (516) 721-3740 Email address HARSHA.PHVR@GMAIL.COM	r	The start of the start
Paid Preparer		eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/07/2023 *****2	2703	Self-employed
Use Only	Fin		ne no. (678)965-9522
	Firi	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	's EIN	**-**1965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/28/23 PRO		Form 1040 (2022)

irs.gov/Form1040 for instructions and t