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

2022	2
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OMB No. 1545-0074

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

	s 🗌 S	Single Married filing jointly	Marrie	ed filing separately (M	IFS)	Head of	househol	d (HOH	H)		fying survi se (QSS)	ving
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	ecke	ed the HOH or	QSS box	k, ente	r the c		` ,	e qualifying
	-	on is a child but not your dependent	-									. , ,
Your first name and middle initial Last name				ast name						Your social security number		
MAHENDHER I			BARG	ADI					*	***-**-2239		
ON MICH. OF THE PROPERTY OF TH			Last nar	Last name						Spouse's social security number		
SWAPNA B.				BARGADI						***-**-8665		
	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt.	no.	-	-		n Campaign
9301 SPECTRUM DRIVE 431							Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code							spouse if filing jointly, want \$3 to go to this fund. Checking a					
AUSTIN				TX			78717				w will not d	
Foreign country name			F	Foreign province/state/county			Foreign p	Foreign postal code yo			or refund.	3
											You	Spouse
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayn	nent for prope	rty or ser	vices);	or (b)	sell,		
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spouse	as	a dependent						
Deduction		Spouse itemizes on a separate return	or you	were a dual-status a	alien							
Ago/Blindness	Vau	☐ Were born before January 2, 1)50 F	Are blind Spo		□ Was ber	n before	lanua	n/ 0 1	050	ls blir	ad
	_		930 _	<u> </u>	use.		1	_	•			nstructions):
Dependents		rst name Last name		(2) Social security number		(3) Relationsh to you			x credi	T.		er dependents
If more than four dependents,			190 TO ADD THE START TO		_		4	Child tax cre				
		VIK BARGADI		***-**-8695		Son		×		<u>×</u>		<u> </u>
see instructions	s SKIH	ANSHI VENKATA BARGADI		***-**-0763	5	Daughter			<u>\</u>			
and check here \square						10,						-
	1a	Total amount from Form(s) W-2, bo	ov 1 (see	instructions)						1a	15	5,399.
Income	b	Household employee wages not re		The second secon						1b	13	J, J99.
Attach Form(s)	C	Tip income not reported on line 1a	•							1c		
W-2 here. Also	d									1d		
attach Forms W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
was withheld.		Wages from Form 8919, line 6								1		
If you did not get a Form	g h	Other earned income (see instructi	tions)							1g 1h		0.
W-2, see	i	Nontaxable combat pay election (s								- 111		
instructions.	z	Add lines 1a through 1h	ee man	uctions)						1z	15	5,399.
Attach Sch. B	2a		2a		h Ta	axable interest				2b	13	<u> </u>
if required.	3a		3a			rdinary divider				3b		
	4a		ta			axable amount				4b		
Standard	5a		5a			axable amount				5b		
Deduction for—	6a		6a			axable amount				6b		
Single or Married filing	C	_								OD		
separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7			
\$12,950 Married filing	8	Other income from Schedule 1, line		· · · · · · ·						8		9,770.
jointly or	9									9		5,629.
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								10		0,023.
\$25,900 Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	1/	5,629.	
household,	12	Standard deduction or itemized deductions (from Schedule A)							12		5,900.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		J, J00.	
any box under	14	Add lines 12 and 13							14	2	5 900	
Standard Deduction,	15							15				
see instructions.		The state of the s	2 0, 1000	., 5 1 11110 10 ye						10		J, 14J.

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	17,574.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	17,574.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	2,500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	15,074.		
	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	15,074.		
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	28,320.		
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	<u> </u>			
	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	28,320.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	13,246.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	13,246.		
Direct deposit? See instructions.	b	Routing number ★ ★ ★ ★ ★ 0 0 5 2 c Type: ★ Checking Savings				
See instructions.	d	Account number * * * * * * * * * * * * 2 2 5				
	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 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	elow.	X No		
	De	signee's Phone Personal identif me no. number (PIN)	ication			
0:		der penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to	the bec	et of my knowledge and		
Sign		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		
		Prote		IN, enter it here		
Joint return?		II ENGINEER ,	inst.)			
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here		
your records.		HOUSE WIFE (see	,	THE REPORT OF THE PROPERTY OF		
	Ph	one no. (404) 642-0605 Email address MAHENDHER367@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2023 *****	2703	Self-employed		
Preparer	1			(678) 965-9522		
Use Only	-		's EIN **-**5487			