## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status Check only	s 🗙 :	Single Married filing jointly	Married f	iling separately	(MFS)	Head of	household (HOH)		alifying su ouse (QSS			
one box.		u checked the MFS box, enter the one on is a child but not your depender		spouse. If you	checke	ed the HOH or	QSS box, enter t					
Your first name and middle initial				Last name						Your social security number		
AKHILASH				PENNAM					***-**-4824			
If joint return, s	pouse's	first name and middle initial	Last name	Last name					Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, se	e instructions.				Apt. no.	Presid	ential Elec	ction Campaign		
3990 SPE	RING	VALLEY ROAD						1125 Check		here if you, or your		
City, town, or post office. If you have a foreign address, also com				nplete spaces below. State			ZIP code		pouse if filing jointly, want \$3			
DALLAS				TX					o go to this fund. Checking a box below will not change			
Foreign country name			Foreign province/state/county			y			your tax or refund.			
									You Spouse			
Digital		y time during 2022, did you: (a) red										
Assets		ange, gift, or otherwise dispose of				$\overline{}$	asset)? (See instr	uctions.	) LYes	s 🔀 No		
Standard Deduction	_	eone can claim:	-	∐ Your spou ere a dual-statu		a dependent						
Age/Blindness	You	Were born before January 2,	1958	Are blind S	oouse:	☐ Was bor	n before January	2, 1958	☐ Is	blind		
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	ip (4) Check the I	oox if qua	lifies for (se	ee instructions):		
If more	(1) F	rst name Last name		number		to you	Child tax	credit	Credit for	other dependents		
than four												
dependents, see instructions												
and check												
here	]					10			<u> </u>			
Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)							a :	123,065.		
	b	Household employee wages not reported on Form(s) W-2										
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							С			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							е			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6						. 1	g			
get a Form	h	Other earned income (see instructions)							h	0.		
W-2, see instructions.	i	Nontaxable combat pay election	(see instruct	ions)		1i						
	Z	Add lines 1a through 1h		,				. 1	z i	123,065.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest		. 2	b			
if required.	3a	Qualified dividends	3a			rdinary divider		. 3	1007			
	4a	IRA distributions	4a		b Ta	axable amount	t	. 4	b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amount	t	. 5	b			
Deduction for— Single or	6a	Social security benefits	6a			axable amount	t	. 6	b			
Married filing	C	If you elect to use the lump-sum	election met	hod, check her	e (see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing jointly or	8	Other income from Schedule 1, line 10						. [8	3	10,532.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							0	112,533.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26										
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								112,533.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12,950.		
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A						. 1				
Standard	14								4	12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							5	99,583.		

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	17,734.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	17,734.			
	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	17,734.			
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.			
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	17,734.			
Payments	25	Federal income tax withheld from:					
Taymonto	а	Form(s) W-2					
	b	Form(s) 1099	7				
	C	Other forms (see instructions)					
	d	Add lines 25a through 25c	25d	20,113.			
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					
	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 <b>total payments</b>	33	20,113.			
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,379.			
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,379.			
Direct deposit?	b	Routing number * * * * * * 0 0 1 7 c Type: X Checking Savings					
See instructions.	d	Account number   *   *   *   *   *   *   *   *   0   8   6   0					
	36	Amount of line 34 you want applied to your 2023 estimated tax					
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .					
You Owe	٠.	For details on how to pay, go to www.irs.gov/Payments or see instructions	37				
	38	Estimated tax penalty (see instructions)					
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See					
	instructions						
		signee's Phone Personal identi					
-	nai						
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic					
Here				nt you an Identity			
	YO			IN, enter it here			
Joint return?		SOFTWARE DEVELOPER (see	(see inst.)				
See instructions.	Sp		the IRS sent your spouse an				
Keep a copy for your records.			lentity Protection PIN, enter it here ee inst.)				
your rooordo.			11151.)				
		one no. (703) 577-7538 Email address AKHILASH.PENNAM@GMAIL.COM		Ob a placific			
Paid		eparer's name Preparer's signature Date PTIN	0000	Check if:			
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2023 *****		Self-employed			
Use Only	0		Phone no. (678) 965-9522				
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	Firm's EIN **-**1965				