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.

| Filing Status Check only | s X | Single Married filing jointly | Marrie | ed filing separately (M | 1FS) | Head of | househo | old (HOH | H) | | fying survi se (QSS) | ving | | |
|---|----------|--|---|--|---------------|----------------|---------|----------------------------|---------------------|--|-----------------------------|---------------|--|--|
| one box. | - | u checked the MFS box, enter the nation is a child but not your dependent | - | our spouse. If you ch | necked | d the HOH or | QSS b | ox, ente | er the c | hild's r | name if the | e qualifying | | |
| Your first name | and mi | ddle initial | Last nar | ast name | | | | | | | Your social security number | | | |
| RAVI KISHORE DEV | | | DEVA | EVALLA | | | | | | ***-**-7161 | | | | |
| If joint return, spouse's first name and middle initial Last name | | | | | | | | | Sı | Spouse's social security number | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ons. | | | Ap | t. no. | P | residen | tial Electio | n Campaign | | |
| 5960 SIEGEN LN 120 | | | | | | 206 | | Check here if you, or your | | | | | | |
| | | ce. If you have a foreign address, also co | mplete sp | paces below. | State |) | ZIP cod | | | | | ly, want \$3 | | |
| BATON ROUGE | | | LA | | | 7080 | | | | to go to this fund. Checking a box below will not change | | | | |
| | | F | Foreign province/state/county | | | | | | your tax or refund. | | | | | |
| | | | | | | | | | | | You | Spouse | | |
| Digital Assets | | ny time during 2022, did you: (a) reco | | | | | | | | | Yes | ⊠ No | | |
| Standard | | eone can claim: You as a de | | | | $\overline{}$ | asset): | 1000 111 | Structi | 0113.) | | | | |
| Deduction | | Spouse itemizes on a separate retur | | | | черепчент | | | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | use: | ☐ Was bor | n befor | e Janua | ary 2, 1 | 958 | Is bli | nd | | |
| Dependent | s (see | instructions): | | (2) Social security | | (3) Relationsh | ip (4) | Check th | ne box i | f qualifie | es for (see i | nstructions): | | |
| If more | | rst name Last name | | number | | to you | | Child ta | ax cred | it C | Credit for oth | er dependents | | |
| than four | | | | | | | | | | | | | | |
| dependents, see instruction: | e | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | | |
| here |] | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) | - | | | | | 1a | 13 | 3,596. | | |
| | b | Household employee wages not re | eported o | on Form(s) W-2 | | | | | | 1b | | | | |
| Attach Form(s) W-2 here. Also | C | Tip income not reported on line 1a | not reported on line 1a (see instructions) | | | | | | | 1c | | | | |
| attach Forms | d | Medicaid waiver payments not rep | payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | Form 8839, line 29 | | | | | | 1f | | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | 1g | | | | |
| get a Form W-2, see | h | Other earned income (see instruct | | | | | · · | | | 1h | | 0. | | |
| instructions. | i | Nontaxable combat pay election (s | ee instr | uctions) | • | <u>1i</u> | | | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | 1z | 13 | 3,596. | | |
| Attach Sch. B | 2a | | 2a | | | kable interest | | | | 2b | | | | |
| if required. | 3a | The state of the s | 3a | | | dinary divider | | • | • | 3b | | | | |
| | 4a | | 4a | | | kable amoun | | | | 4b | | | | |
| Standard Deduction for— | 5a | | 5a | | | kable amoun | | | | 5b | j. | | | |
| Single or | 6a | | 6a | | | kable amoun | ι | | | 6b | | | | |
| Married filing separately, | C | If you elect to use the lump-sum e | | | | | | | . 📙 | 7 | | | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Schedule 1 line | | | | | | • • | . Ш | 7 | | | | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | • | | | 8 | 1 2 | 0. | | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | (E) | | | | | | 9 | 13 | 3,596. | | |
| \$25,900 | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | 10 | 10 | 2 500 | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | 11 | | 3,596. | | | |
| \$19,400 | 12 | | | The second secon | , | | | | | 12 | 1 | 2,950. | | |
| If you checked any box under | 13 14 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | 13 | - 1 | 2 050 | | |
| Standard Deduction, | 15 | Add lines 12 and 13 | | | | | | | 15 | | | | | |
| see instructions. | 13 | Subtract line 14 HOTH line 11. II Zer | 0 01 1033 | 5, Gritor -0 Triis is yo | oui ta | AUDIC IIICUIII | | | | 15 | 1 12 | 0,040. | | |

| Form 1040 (2022 | 2) | | | Page 2 | |
|---------------------------------|-----|---|--|--------------------|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 22,791. | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | |
| | 18 | Add lines 16 and 17 | 18 | 22,791. | |
| | 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 | 22,791. | |
| | 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 | 22,791. | |
| Payments | 25 | Federal income tax withheld from: | | | |
| , | a | Form(s) W-2 | | | |
| | b | Form(s) 1099 | | | |
| | C | Other forms (see instructions) | | | |
| | d | Add lines 25a through 25c | 25d | 17,439. | |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | | |
| If you have a qualifying child, | 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 | 17,439. | |
| | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | | |
| Refund | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | | |
| Direct deposit? | b | Routing number * * * * * X X X X C Type: Checking Savings | | | |
| See instructions. | d | Account number * * * * * * * * * | | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | | | |
| 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 | 5,352. | |
| | 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 ident | ification | | |
| | 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 | |
| | 10 | | | IN, enter it here | |
| Joint return? | | SOFTWARE DEVELOPER (see | inst.) | | |
| See instructions. | Sp | | | nt your spouse an | |
| Keep a copy for your records. | | | dentity Protection PIN, enter it here see inst.) | | |
| , | | | 11131.) | | |
| | | one no. (608) 886-3451 Email address DEVALLARAVIKISHORE@GMAIL.COM paparer's name Preparer's signature Date PTIN | | Chook if: | |
| Paid | | | 0700 | Check if: | |
| Preparer | E- | 1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/05/2023 ***** | | Self-employed | |
| Use Only | - | | Phone no. (678) 965-9522 | | |
| | Fir | m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm | n's EIN | **-***5487 | |