

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial KRISHNASAKETH	Last name DOSAPATI	Your social security number 033-47-9447
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 3946 GATEWAY DR		Apt. no. C3
City, town, or post office. If you have a foreign address, also complete spaces below. PHILADELPHIA		State PA
Foreign country name		ZIP code 19145
Foreign province/state/country		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1958 Are blind **Spouse:** Was born before January 2, 1958 Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income		1a	65,746.
1a Total amount from Form(s) W-2, box 1 (see instructions)		1a	65,746.
b Household employee wages not reported on Form(s) W-2		1b	
c Tip income not reported on line 1a (see instructions)		1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
e Taxable dependent care benefits from Form 2441, line 26		1e	
f Employer-provided adoption benefits from Form 8839, line 29		1f	
g Wages from Form 8919, line 6		1g	
h Other earned income (see instructions)		1h	0.
i Nontaxable combat pay election (see instructions)	1i		
z Add lines 1a through 1h		1z	65,746.
2a Tax-exempt interest	2a	b Taxable interest	2b
3a Qualified dividends	3a	b Ordinary dividends	3b
4a IRA distributions	4a	b Taxable amount	4b
5a Pensions and annuities	5a	b Taxable amount	5b 12,406.
6a Social security benefits	6a	b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		7	
8 Other income from Schedule 1, line 10		8	-8,240.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	69,912.
10 Adjustments to income from Schedule 1, line 26		10	
11 Subtract line 10 from line 9. This is your adjusted gross income		11	69,912.
12 Standard deduction or itemized deductions (from Schedule A)		12	12,950.
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	
14 Add lines 12 and 13		14	12,950.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	56,962.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section. Total tax calculated as 9,393.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section. Total payments calculated as 12,161.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section. Amount of refund calculated as 2,768.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section. Total amount owed calculated as 6,625.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No', and fields for name, phone, and PIN.

Sign Here section. Includes declaration of preparer, signature lines for preparer and spouse, and occupation fields.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, phone, and EIN.