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

2022

OMB No. 1545-007

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

Check only		Single X Married filing jointly	_	ed filing separately (N		_				spou	ifying sur use (QSS)			
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you cl	hecke	ed the HOH or	r QSS	box, entei	the	child's	name if t	he qua	alifying	
Your first name and middle initial				me					Υ	Your social security number				
ASHOK REDDY			RIKK.	ALA					6	642-37-3704				
If joint return, spouse's first name and middle initial			Last nar						_	Spouse's social security number				
SANDHYA				EDDY						045-85-3481				
Home address (number and street). If you have a P.O. box, see							A	pt. no.		Presidential Election Campaign				
11908 RE	ED LÆ	CAF DR							Che			neck here if you, or your		
		ce. If you have a foreign address, also co	mplete spaces below. State Z				ZIP c				spouse if filing jointly, want \$3 to go to this fund. Checking a			
CHARLOTTE				NC										
Foreign country name			Foreign province/state/county				<del> </del>	~~~~			box below will not change your tax or refund.			
			,					•			You		Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward award or	navm	ent for prope	erty or	services):	or (b	) sell				
Assets		ange, gift, or otherwise dispose of a	•				•		•		Yes	XI	No	
Standard		eone can claim: You as a de					,	( ( ) )						
Deduction	_	Spouse itemizes on a separate retur	•			Саоронаот								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befo	re Januar	y 2, <sup>-</sup>	1958	☐ Is b	lind		
Dependent	s (see	(see instructions):		(2) Social security		(3) Relationsh	nip (4	(4) Check the box		if qualif	ies for (see	e instru	ctions):	
If more		rst name Last name	number			to you		Child tax cre		it	Credit for other dependents			
than four														
dependents,														
see instruction and check	s ——							Ī	1					
here	]							Ī	1			$\overline{\Box}$		
Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)						1a		<u></u> 86,6	558.			
IIICOIIIE	b									1b		,		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e					
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1f					
was withheld.	g	Wages from Form 8919, line 6							·	1g				
If you did not get a Form	h	Other earned income (see instructions)						1h			0.			
W-2, see	i	Nontaxable combat pay election (see instructions)												
instructions.	z	Add lines 1a through 1h	300 111011							1z		86,6	558	
Attach Sch. B			2a		h Ta	xable interest	 t		•	2b		00,0		
if required.	3a	· –	3a			dinary divide			•	3b				
	4a		4a			ixable amoun				4b				
Standard	<del>ч</del> а 5а		<del>та</del> 5а			ixable amoun				5b				
Standard Deduction for— Single or	6a		6a			ixable amoun				6b				
		-							Ċ	OD				
Married filing separately,	C 7	If you elect to use the lump-sum election method, check here (see instructions)								7		-	222	
\$12,950	7								ш				333.	
Married filing jointly or	8	Other income from Schedule 1, line 10								8			527.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		//,	798.	
\$25,900	10	Adjustments to income from Schedule 1, line 26								10				
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11			798.	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12		25,9	900.	
If you checked any box under	13	Qualified business income deducti								13				
Standard Deduction,	14		d lines 12 and 13						14			900.		
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15		51,8	398.		

Form 1040 (2022	<u>(</u> )										Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	5	,814.	
Credits	17 Amount from Schedule 2, line 3						17					
	18	Add lines 16 and 17							18	5	,814.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	5	,814.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23		0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	5	,814.	
Payments	25	Federal income tax withheld	I from:									
	а	V/							<u>.                                     </u>			
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d	11	,059.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				26			
	27	Earned income credit (EIC)										
	28	Additional child tax credit from	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	s, line 8		29			_			
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lir	ne 15			31						
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>							32			
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33		<b>,</b> 059.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>ove</b>	erpaid		34		,245.	
	35a	· · · · · · · · · · · · · · · · · · ·						35a	5	,245.		
Direct deposit?	b	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
See instructions.	d	Account number 3 2 5 0 5 4 9 8 9 4 1 2										
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36						
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							37			
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS?					_		
	ins	instructions							× No			
		Designee's name		Phone Personal no. number (					identification PIN)			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.											
Here		our signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Your occupation					nt you an Ide	· ·	
	10	Tour signature		Date	Tour occupation				rotection PIN, enter it here			
Joint return?					IT PROJECT LEAD			(se	see inst.)			
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation						nt your spou		
				HOMEMAKED					lentity Protection PIN, enter it here ee inst.)			
		Phone no. (510) 306 5606		HOMEMAKER  Finall address: A SHOVED 1 0 0 0 CM A T.L. COM								
		Phone no. (510) 396-5606 Email address ASHOKR109@GMAIL.Co				. COM	PTIN		Check if:			
Paid			'		רווסשא שאידייי		(2022		27702		mnloved	
Preparer				RAM SAGAR GUPTA TALLAM 02/15/2023 PO					082703 Self-employed			
Use Only												
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								n's EIN 84-3171965			