

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 ASHOK REDDY	Last name RIKKALA	Your social security number 642-37-3704	
If joint return, spouse's first name and middle initial SANDHYA	Last name MALREDDY	Spouse's social security number 045-85-3481	
Home address (number and street). If you have a P.O. box, see instructions. 11908 RED LEAF DR		Apt. no.	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
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE		State NC	
Foreign country name		Foreign province/state/county	
Foreign postal code		ZIP code 28215	

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 Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
	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 Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	86,658.
	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	86,658.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
b Taxable interest	2b		
b Ordinary dividends	3b		
b Taxable amount	4b		
b Taxable amount	5b		
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	-333.	
8 Other income from Schedule 1, line 10	8	-8,527.	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	77,798.	
10 Adjustments to income from Schedule 1, line 26	10		
11 Subtract line 10 from line 9. This is your adjusted gross income	11	77,798.	
12 Standard deduction or itemized deductions (from Schedule A)	12	25,900.	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13		
14 Add lines 12 and 13	14	25,900.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	51,898.	

Table with 2 columns: Description and Amount. Rows 16-24: Tax and Credits. Total tax: 5,814.

Table with 2 columns: Description and Amount. Rows 25-33: Payments. Total payments: 11,059.

Table with 2 columns: Description and Amount. Rows 34-36: Refund. Amount of refund: 5,245.

Table with 2 columns: Description and Amount. Rows 37-38: Amount You Owe. Total amount owed: 5,814.

Third Party Designee section. Includes fields for name, phone, and PIN. Designation: No.

Sign Here section. Includes signature lines for preparer and spouse, and occupation fields (IT PROJECT LEAD, HOMEMAKER).

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

No