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

2022
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OMB No. 1545-0074

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

Filing Status		Single Married filing jointly	Marrie	d filing separately (	MFS)	Head of	household	(HOH)		fying surviv	ring		
Check only one box.		u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you c	hecke	ed the HOH or	QSS box,	enter the		se (QSS) name if the	qualifying		
Your first name	our first name and middle initial Last na				name						Your social security number		
LISITHA REDDY LAKE				KKIREDDY					***-**-5001				
If joint return, s	first name and middle initial	ame					Spouse's social security number						
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. n	o.	Presiden	tial Election	Campaign		
1911 KNI	GHTS	SBRIDGE RD							Check he	Check here if you, or your			
City, town, or post office. If you have a foreign address, also c				omplete spaces below. State 2						spouse if filing jointly, want \$3 to go to this fund. Checking a			
DALLAS			TX						oox below will not change				
Foreign country name			F	oreign province/state/	/county		Foreign postal code yo		our tax or refund.				
										You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a		THE RESIDENCE OF THE PROPERTY OF THE PERSON						Yes	⊠ No		
Standard		eone can claim: You as a de				a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are blind <b>Sp</b>	ouse:	☐ Was bor	n before Ja	anuary 2,	1958	☐ Is bline	d		
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	ip (4) Che	ck the box	if qualifie	es for (see in	structions):		
If more	(1) Fi	rst name Last name		number		to you	Ch	ild tax cre	dit C	Credit for other	r dependents		
than four	25										<u> </u>		
dependents, see instructions	s ——										]		
and check	n »							_ <u>Ц</u> _			<u> </u>		
here	5										]		
Income	1a	Total amount from Form(s) W-2, b	•	,					1a	140	0,087.		
A44  -	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d 1e				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6							1g 1h				
get a Form W-2, see	h	Other earned income (see instructions)									0.		
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)	• •	<u>1i</u>				1.46	0.07		
		Add lines 1a through 1h							1z	140	0,087.		
Attach Sch. B if required.	2a	The second secon	2a			xable interest			2b				
ii required.	3a		3a			rdinary divider			3b	-			
<u> </u>	4a		4a	-		axable amoun axable amoun			4b				
Standard Deduction for—	5a		5a 6a			ixable amoun			5b 6b				
Single or     Magningle filling	6a			acthod shock hara					OD				
Married filing separately,	С 7	If you elect to use the lump-sum election method, check here (see instructions)								1			
\$12,950  Married filing	8	Other income from Schedule 1, line 10							8	_15	3,005.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		7,082.		
Qualifying surviving spouse,	10			(E)					10	12/	,002.		
\$25,900	11	Adjustments to income from Schedule 1, line 26								105	7 002		
<ul> <li>Head of household,</li> </ul>	12	Subtract line 10 from line 9. This is your adjusted gross income									7,082. 2,950.		
\$19,400 • If you checked	13		12	1	., 900 <b>.</b>								
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A								11	2,950.		
Standard Deduction,	15										4,132.		
see instructions.		22.5 dot mio 1 i nom mio 11. il 201	2 0, 1000	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									

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	21,227.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	21,227.		
	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	21,227.		
	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	21,227.		
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	24,264.		
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)	Y			
	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	24,264.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,037.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,037.		
Direct deposit?	b	Routing number * * * * * * 1 6 2 7 c Type: X Checking Savings				
See instructions.	d	Account number   *   *   *   *   8   6   8   8				
	36	Amount of line 34 you want applied to your 2023 estimated tax 36				
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37			
	38	Estimated tax penalty (see instructions)				
<b>Third Party</b>	Do	you want to allow another person to discuss this return with the IRS? See				
Designee	ins	structions	elow.	X No		
	De nar	signee's Phone Personal identif me no. number (PIN)	ication			
<u> </u>			41 1	A of very long and a document		
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 which				
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity		
	, ,	Prote	ection P	N, enter it here		
Joint return?		PROJECT MANAGER (see	inst.)			
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here		
your records.		(see	,	ection First, enter it here		
	Ph	one no. (657)253-6513 Email address LISITHA459@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2023 *****2	2703	Self-employed		
Preparer	E-			e no. (678) 965-9522		
Use Only	-		i's EIN **-**5487			