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	$\mathbf{X}$ S	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	ehold (HOH			fying surviv se (QSS)	ring	
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	our spouse. If you ch	necke	ed the HOH or	OSS	box, ente				gualifying	
0.10 2011		on is a child but not your dependen		ou. opoudo you o.			400	. 2011, 01110.				944	
Your first name	and mi	Last nar	ast name							Your social security number			
SOWMYA			JALA	LA						***-**-1591			
If joint return, spouse's first name and middle initial Last name							Spouse's social s			rity number			
Home address (	numbe	r and street). If you have a P.O. box, see	e instructio	ons.				Apt. no.	Pro	esiden	tial Election	Campaign	
136 SUMMER DR 136								Check here if you, or your spouse if filing jointly, want \$3					
City, town, or post office. If you have a foreign address, also complete s				ete spaces below. State			ZIP			to go to this fund. Checking a			
ATLANTA				GA			30	30328 b		box below will not change			
Foreign country name			F	Foreign province/state/county			Foreign postal code yo		your tax or refund.				
								-			You	Spouse	
Digital		y time during 2022, did you: (a) rec					-					<b>.</b>	
Assets		ange, gift, or otherwise dispose of					asse	t)? (See ins	tructio	ns.)	Yes	X No	
Standard	_	eone can claim: You as a de				a dependent							
Deduction		pouse itemizes on a separate retu	rn or you	were a dual-status a	alien				_				
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind Spo	use:	☐ Was bor	n be	fore Janua	y 2, 19	958	Is blin	d	
Dependents	(see i	nstructions):		(2) Social security		(3) Relationsh	ip	(4) Check the	e box if	qualifi	es for (see in	structions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax cr		: (	Credit for other dependents		
than four												]	
dependents, see instructions									]			]	
and check													
here $\square$	400					7-		L			L		
Income	1a	Total amount from Form(s) W-2, b					11			1a	8.9	9,423.	
Attach Form(s)	b	Household employee wages not r							•	1b			
W-2 here. Also	С	Tip income not reported on line 1								1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1g			
If you did not get a Form	g h	Other earned income (see instructions)	tione)							1h		0.	
W-2, see	i	Nontaxable combat pay election (see instructions)											
instructions.	z									1z	8.9	9,423.	
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	xable interest	t			2b			
if required.	3a	Qualified dividends	3a			dinary divider				3b			
	4a	IRA distributions ,	4a		<b>b</b> Ta	xable amoun	t.			4b			
Standard	5a	Pensions and annuities	5a			xable amoun				5b			
Deduction for—	6a	Social security benefits 6a b Taxable amount						6b					
Single or Married filing	C	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Sche	hedule D if required. If not required, check here							7			
Married filing	8	Other income from Schedule 1, line 10							8	-8	3 <u>,5</u> 46.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	80	877.	
surviving spouse, \$25,900	urviving spouse, 10 Adjustments to income from Schedule 1, line 26									10			
Head of	11 Subtract line 10 from line 9. This is your adjusted gross income							11		) <u>,877.</u>			
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	12	2,950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
Standard Deduction,	14	Add lines 12 and 13							14		2,950.		
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									6	7,927.	

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	10,561.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	10,561.	
	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	10,561.	
	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	10,561.	
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	12,444.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	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	1		
	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	12,444.	
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	1,883.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,883.	
Direct deposit?	b	Routing number ★ ★ ★ ★ ★ 0 6 1 4 c Type: ★ Checking Savings			
See instructions.	d	Account number *   *   *   *   *   6   2   7   1			
	36	Amount of line 34 you want applied to your 2023 estimated 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 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.	<b>X</b> No	
	De nar	signee's Phone Personal identif me no. number (PIN)	ication		
<u> </u>			41 1		
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				nt you an Identity	
		Prote	ection P	IN, enter it here	
Joint return?		SOFTWARE DEVELOPER (see			
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. (469) 925-4359 Email address sowmyajala@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 01/26/2023 *****2	2703	Self-employed	
Preparer			one no. (678) 965-9522		
Use Only			's EIN	**-***5487	