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.

Deduction for—Single or Married filing separately, \$12,950  Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  Deduction for—Social security benefits .	Filing Status	$\mathbf{X}$	Single Married filing jointly	Marrie	d filing separately (	(MFS)	☐ Head of	household (l	НОН)		ying surviv	/ing
UDAY IT point return, spouse's first name and middle initial Lat name					our spouse. If you	checke	ed the HOH or	QSS box, e	enter the		` ,	qualifying
Hjoint return, spouse's first name and middle initial   Last name   Apt. no.	Your first name								Y	Your social security number		
Hjoint return, spouse's first name and middle initial   Last name   Apt. no.	The state of the s				EPILLI				*			
City town, or post office. If you have a foreign address, also complete spaces below.   State												
Composition	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			Apt. no	. Р	resident	tial Election	Campaign
CRY voun, or post office. If you have a foreign address, also complete spaces below.   State   ZP code   NC   Provided   NC   NC   NC   NC   NC   NC   NC   N								'		4		
Second control name		75 00200	5040 K 105 N 105 N	mplete sp	paces below.	Stat	te	ZIP code			0,	, ,
Foreign country name	CARY							27519				
Spouse   Standard   Deduction   Spouse   Standard   Spouse   S		name		F	oreign province/state	10.00						nango
ASSets Standard Deduction Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse itemizes on a separate return or you were adual-status allen Spouse: Was born before January 2, 1958   Is blind Dependents (see instructions): (2) Social security number (3) Returnship Spouse: Child tax credit Credit for other dependents If more there   Interest   In										2),	You	Spouse
Standard Deduction					at a consultant task manager outstands and						Yes	⊠ No
Spouse itemizes on a separate return or you were a dual-status alien												
Dependents   (see instructions):							а абропасти					
If more than four dependents, see instructions and check here	Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	n before Ja	nuary 2,	1958	Is blin	d
If more than four dependents than four dependents, see instructions, see instructions and check here	Dependents	(see	instructions):		(2) Social securit	ty	(3) Relationsh	ip (4) Che	ck the box	if qualifie	es for (see in	structions):
than four dependents, see instructions and check here	-				number		to you	Chi	ld tax crec	lit C	redit for othe	r dependents
see instructions and check here	than four	3										]
Income In												]
Income Attach Form(s) W-2 here. Also attach Forms W-2 G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions  If you did not get a Form W-2, see instructions)  Attach Sch. B if required.  Attach Sch.		. —					702					
Attach Forms by Household employee wages not reported on Form(s) W-2	here											]
Attach Forms   W-2 here. Also attach Forms   U-2 here. Also attach	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .					1a	9!	5,603.
W-2 here. Also attach Forms W-2G and 1099-Ri f tax was withheld. If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  Attach Sch. B 2a	moonic	b	Household employee wages not re	eported o	on Form(s) W-2 .					1b		
attach Forms W-2G and 1099-Ri If tax was withheld. If you did not get a Form W-2, see instructions.  Defuctions.  Attach Sch. B. 2a Tax-exempt interest . 2b Tax-exempt interest . 5a Tax-exempt interest . 5b Taxable amount . 5b		C	Tip income not reported on line 1a (see instructions)							1c		
1099-R if tax was withheld.  f Employer-provided adoption benefits from Form 8839, line 29  11f   Wages from Form 8919, line 6   1g   1g   1g   1g   1g   1g   1g		d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
## I Employer-provided adoption benefits from Form 8839, line 29  ## If you did not get a Form by Wages from Form 8919, line 6  ## Wages from Form 8919, line 1  ## Wages from Form 8919, line 6  ## Wages from Form 8919, line 1  ## Wages instructions  ## Wages from Form 8919, line 1  ## Wages from		е	Taxable dependent care benefits from Form 2441, line 26							1e		
Standard Deduction for Single or Married filing separately, \$12,950		f	Employer-provided adoption bene	fits from	Form 8839, line 29					1f		
W-2, see instructions.  I Nontaxable combat pay election (see instructions)  I Add lines 1a through 1h  Add lines 1a through 1h  I Tax-exempt interest  Add lines 1a through 1h  I Tax-exempt interest  B Tax-exempt interest  Add lines 1a through 1h  I Tax-exempt interest  B D Taxable amount  B Taxable am		g	Wages from Form 8919, line 6 .				v 12. 12. 11			1g		
Instructions.  Instru	•	h	Other earned income (see instruct	ions) .						1h		0.
Attach Sch. B if required.  2a Tax-exempt interest		i	Nontaxable combat pay election (s	see instru	uctions)		<u>1</u> i					
If required.  3a Qualified dividends . 3a b Ordinary dividends . 3b  4a IRA distributions		Z	Add lines 1a through 1h							1z	9!	5,603.
Aa IRA distributions	Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	·		2b		
Standard Deduction for—Single or Married filing separately, \$12,950  • Married filing jointly or Qualifying surviving spouse, \$25,900  • Head of household, \$19,400  • If you checked any box under \$25,900  • Add lines 12 and 13  • Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income  • Deduction, • This is your taxable amount  • B Taxable income  • Debugging in a transfer of the see instructions  • B Taxable amount  • B Tax	if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary divider	nds		3b		
Social security benefits   Social security   Social sec		4a		4a						4b		
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under standard Deduction, \$20,000 to the content of the production, \$20,000 to the content of the production of the produ	Standard	5a		5a		b Ta	axable amoun	t		5b		
Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you elect to use the lump-sum election method, check here (see instructions)  Capital gain or (loss). Attach Schedule D if required. If not required, check here  Other income from Schedule 1, line 10  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  Adjustments to income from Schedule 1, line 26  Subtract line 10 from line 9. This is your adjusted gross income  Standard deduction or itemized deductions (from Schedule A)  It you checked any box under Standard  Deduction, Deduction, 15  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income		6a						t		6b		
\$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under standard Down and Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Default of the property	Married filing	C			A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	,	,		📙			
Subtract line 12 and 13   Subtract line 12 and 13   Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income   9		7							Ц	7		
Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under standard Deduction, \$100  Add lines 12, 20, 30, 40, 50, 60, 7, and 8. This is your total income	Married filing     iointly or	8								8		
Subtract line 10 from line 9. This is your adjusted gross income  Standard deduction or itemized deductions (from Schedule A)  Standard deduction or itemized deductions (from Schedule A)  Standard deduction or itemized deductions (from Schedule A)  Qualified business income deduction from Form 8995 or Form 8995-A  Add lines 12 and 13  Subtract line 14 from line 1.1 If zero or less enter -0- This is your tayable income	Qualifying		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	8	6 <b>,</b> 139.
household, \$19,400  If you checked any box under Standard  Deduction, 15  Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income		10			10							
\$19,400  If you checked any box under Standard  Add lines 12 and 13	Head of     household	_	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									75
any box under Standard  14 Add lines 12 and 13		10.00			1000000	12	2 <b>,</b> 950.					
Standard 14 Add lines 12 and 13	If you checked any box under											
	Standard											
		15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								7:	3,189.

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	11,716.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	11,716.	
	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	11,716.	
	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	11,716.	
<b>Payments</b>	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	12,620.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
qualifying child, attach Sch. EIC.	27	Earned income credit (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	12,620.	
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	904.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	904.	
Direct deposit? See instructions.	b	Routing number ★ ★ ★ ★ ★ 0 0 1 3 c Type: ★ Checking Savings			
	d	Account number * * * * * * 7 6 5 8			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
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 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 identime number (PIN)	ication		
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bea	at of my lenguinder and	
Sign		der penalties of perjury, i declare that i have examined this return and accompanying schedules and statements, and to ief, 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 se	nt you an Identity	
	, ,	Prote	ection P	IN, enter it here	
Joint return?		SOLIWARE ENGINEER	inst.)		
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.			inst.)	Cuon Pila, enter it here	
	Ph	one no. (646)239-1781 Email address UDAY.GANDAPALLI@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2023 *****	2703	Self-employed	
Preparer	E-			(678) 965-9522	
Use Only	-		Phone no. (678) 965-9522 Firm's EIN **-**1965		
	1.00			1703	