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

2022

OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status	s 🔀 Single 🗌 Married filing jointly 🔲 Married filing separately (MFS) 🔲 Head of household (HOH) 🗀									Qualifying surviving spouse (QSS)			
Check only one box.	•	u checked the MFS box, enter the n on is a child but not your dependent	•	our spouse. If you	check	ed the HOH or	QSS box, enter	the cl		, ,	e qualifying		
Your first name and middle initial Last n				t name						Your social security number			
PURNA CHANDAR KOE				OPPU						745-01-3180			
If joint return, spouse's first name and middle initial Last na									Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.				Presidential Election Campaign				
_1121 BEI	K WAY					choric			k here if you, or your se if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also co			mplete spaces below. State NC			ZIP code		to go to this fund. Checking a					
DURHAM			T=				27703			w will not	change		
Foreign country	y name		F	Foreign province/state/county			Foreign postal code yo		our tax or refund. You Spouse				
Digital		y time during 2022, did you: (a) rec						100					
Assets	exch	ange, gift, or otherwise dispose of a			al intere	est in a digital	asset)? (See inst	tructio	ns.)		⊠ No		
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur		_		a dependent							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo	n before Januar	y 2, 19	958	☐ Is bli	nd		
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see i	nstructions):		
If more	(1) Fi	rst name Last name		number		to you	Child tax cr		(Credit for oth	er dependents		
than four	_]					
dependents, see instruction	s												
and check	,				>								
here]									<u>L</u>			
Income	1a	Total amount from Form(s) W-2, b						•	1a	9	3,958.		
	b	Household employee wages not re		(-)	•			•	1b 1c				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e 1f	-			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6 .		/				٠	1g				
get a Form W-2, see	h	Other earned income (see instructions)							1h	_	0.		
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)		<u>l 1i</u>			4-		2 0 5 0		
	z	Add lines 1a through 1h	0-		ь т			•	1z	+	3,958.		
Attach Sch. B if required.	2a 3a		2a 3a			axable interes rdinary divide		•	2b 3b				
	4a		4a			axable amoun		•	4b	+			
24	5a	Table 1	5a				t t		5b				
Standard Deduction for—	6a		6a				t t	•	6b				
Single or	C		The Court of the C	nethod check her				\Box	OD				
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7	1 -	3,000.		
\$12,950 Married filing	8	Other income from Schedule 1, lin						_	8		0.		
jointly or	9	Other income from Schedule 1, line 10							9	C	0,958.		
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26							10	†	<u> </u>		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	C	0,958.		
household, \$19,400	12	Standard deduction or itemized	•						12		2,950.		
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A											
any box under Standard	14	Add lines 12 and 13								1	2,950.		
Deduction, see instructions.	15										8,008.		
occ manuchons.		▼											

Form 1040 (202	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12,783.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	12,783.	
	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	12,783.	
	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	12,783.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	13,444.	
	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	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			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15	1		
	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	13,444.	
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	661.	
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	661.	
Direct deposit?	b	Routing number 0 4 4 0 0 0 0 3 7 c Type: X Checking Savings			
See instructions.	d	Account number 2 1 1 5 7 7 7 0 2			
	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 amount you owe.			
You Owe	31	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		tructions	elow.	⋉ No	
Ü		signee's Phone Personal identif	ication		
	nai	ne no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to			
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
	Yo			nt you an Identity IN, enter it here	
Joint return?			inst.)	THE THEFT	
See instructions.	Sp		IRS ser	nt your spouse an	
Keep a copy for				ection PIN, enter it here	
your records.		(see	inst.)		
		one no. (224) 440-5132 Email address PCKOPPU@GMAIL.COM			
Paid	Pre	parer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/05/2023 P02082	S2703 Self-employed		
Use Only	Fire		ie no. (678) 965-9522	
C3C Offiny	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	m's EIN 84-3171965		