1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn 202	22	OMB No. 154	15-0074	IRS Use	Only-	-Do not w	rite or staple i	n this space.	
Filing Status Check only one box.	lf yc	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separately vour spouse. If you	,					spou	lifying surv use (QSS) name if th	Ū	
Your first name		, ,	Last na	me						Your so	cial securit	v number	
UDAYA SRI										***-**-8609			
		s first name and middle initial	DEVAGUPTAPU Last name						-	Spouse's social security number			
			Laorna							openee		,	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Electic	on Campaigr	
5519 ARAPAHO ROAD			207							Check here if you, or your			
		ce. If you have a foreign address, also co							spouse if filing jointly, want \$3				
DALLAS								248		to go to this fund. Checking a box below will not change			
Foreign country name							_			your tax or refund.			
· · · · g.· · · · · · ,					-,	-)		.g. p			You	Spouse	
Digital	At a	ny time during 2022, did you: (a) rec	eive (as	a reward award o	or navi	ment for pror	erty o	r services)	· or (b) sell			
Assets		hange, gift, or otherwise dispose of a									Yes	X No	
Standard		neone can claim: You as a de	-										
Deduction	_	Spouse itemizes on a separate retur	•	— .		•							
Age/Blindness	You	: 🗌 Were born before January 2, 1	958 🗌	Are blind S	pouse	: 🗌 Was b	orn be	fore Janua	ary 2	, 1958	🗌 ls bli	nd	
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relation	ship	(4) Check th	ne bo	x if qualit	fies for (see	instructions):	
If more	(1) F	irst name Last name		number		to you		Child ta	ax cre	ədit	Credit for oth	ner dependents	
than four											[
dependents, see instructions											[
and check	,]	
here]	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a	13	31,748.	
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	e instru	uctions) .				1d			
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	29 .					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	ions)	· · · · · ·						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)			1i						
	z	Add lines 1a through 1h								1z	13	31,748.	
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable intere	st			2b			
if required.	3a	Qualified dividends	3a		bC	Ordinary divid	ends			3b			
	4a	IRA distributions	4a		bΤ	axable amou	int.			4b			
Standard	5a	Pensions and annuities	5a	·	bΤ	axable amou	int.			5b			
Deduction for –	6a	Social security benefits	6a		bΤ	axable amou	int.			6b			
 Single or Married filing 	с	If you elect to use the lump-sum e	lection r	method, check her	e (see	instructions)			. 🗆]			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	, check here			. 🗆] 7			
Married filing	8	Other income from Schedule 1, lin	e 10							8	-1	2,000.	
jointly or Qualifying									9	11	9,748.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
 Head of 	11	Subtract line 10 from line 9. This is	s your a	djusted gross inc	ome					11	11	9,748.	
household, \$19,400	12	Standard deduction or itemized	deduct	i ons (from Schedu	ıle A)					12	1	2,950.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Fo	m 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is	s your	taxable inco	me			15	10)6,798.	
see maruetions.													

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)			Page 2							
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	19,467.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	19,467.							
	19	Child tax credit or credit for other dependents from Schedule 8812	19								
	20	Amount from Schedule 3, line 8	20	6,916.							
	21	Add lines 19 and 20	21	6,916.							
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,551.							
	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	12,551.							
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	21,629.							
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									
	30	Reserved for future use .	4								
	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	21,629.							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,078.							
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	9,078.							
Direct deposit? See instructions.	b	Routing number * * * * * 0 3 5 8 c Type: Checking Savings									
	d	Account number * * * * * * * * * 1 4 6 0									
	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 amount you owe .									
rou Owe		For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37								
	38	Estimated tax penalty (see instructions)									
Third Party Designee		you want to allow another person to discuss this return with the IRS? See	helow	X No							
Designee		signee's Phone Personal identi									
	nai		noution								
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and										
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,							
nere	Yo			IRS sent you an Identity ection PIN, enter it here							
Joint return?			inst.)								
See instructions.	Sp		ne IRS sent your spouse an								
Keep a copy for	-1-	lden	dentity Protection PIN, enter it here								
your records.		(see	inst.)								
	Ph	one no. (510)298-9901 Email address DEVA.UDAYA01@GMAIL.COM									
Paid	Pre	eparer's name Preparer's signature Date PTIN	Check if:								
Preparer	SYAM		**2703 Self-employed								
Use Only	Fir		ne no. (eno. (678)965-9522							
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN								
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/17/23 PRO		Form 1040 (2022)							

irs.gov/Form1040 for instructions and the