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} | Single Married filing jointly | Marrie | ed filing separately (M | 1FS) | Head of | hous | ehold (HOH) | | | fying survi | iving |
|----------------------------------|--|---|---|----------------------------------|-------|----------------------------------|-------|------------------------|--------------|---------------------------------|--------------------------------|-------------------------|
| Check only one box. | If vo | u checked the MFS box, enter the na | ama of v | your enouge If you ch | nack | ed the HOH or | · 000 | Shov enter | the c | | se (QSS) | a qualifying |
| one box. | | on is a child but not your dependent | | our spouse. It you cr | ICCK | ed the HOH of | QOC | DOX, CITTE | lile Ci | illiu s | name ii tii | - qualifying |
| Your first name | | | Last na | me | | | | | Yo | ur soc | ial security | number |
| VATNAYKA | VEN | JKATA SAI | DONT | DONTUKURTHI | | | | | | 663-70-8803 | | |
| | | first name and middle initial | Last na | | | | | | | Spouse's social security number | | |
| , , , | | | | | | | | | ' | | | - |
| Home address (| numbe | r and street). If you have a P.O. box, see | instruction | ons. | | | | Apt. no. | Pro | esider | tial Electio | n Campaign |
| 4407 HOPSON RD | | | | | | | | | Ch | Check here if you, or your | | |
| City, town, or po | ost offic | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP | code | | | f filing joint this fund. C | ly, want \$3 |
| MORRISVILLE | | | | NC 2 | | | 27 | | | | w will not a | |
| Foreign country name | | | F | Foreign province/state/county Fo | | | Fore | reign postal code your | | ur tax | or refund. | Ü |
| | | | | | | | | | | | You | Spouse |
| Digital | At an | y time during 2022, did you: (a) rece | eive (as | a reward, award, or p | oayn | nent for prope | rty o | r services); | or (b) | sell, | | |
| Assets | exch | ange, gift, or otherwise dispose of a | digital | asset (or a financial in | ntere | est in a digital | asse | t)? (See inst | ructio | ns.) | Yes | ⊠ No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | t Your spouse | as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a dual-status a | alien | | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | use: | : Was bor | n be | fore Januar | y 2, 19 | 958 | ☐ Is blir | nd |
| Dependents | (see | instructions): | | (2) Social security | | (3) Relationsh | ip | (4) Check the | box if | qualifi | es for (see i | nstructions): |
| If more | | rst name Last name | | number | | to you | | Child tax | credit | t (| Credit for oth | er dependents |
| than four | | | | | | | | | | | | |
| dependents, see instructions | : | | | | | | | | | | | |
| and check | ' | | | | | | | | | | | |
| here \square | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | ox 1 (se | e instructions) | | | | | | 1a | 9 | 7,604. |
| | b | Household employee wages not re | ported | on Form(s) W-2 | | | | | | 1b | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | | | - 1 | | | | | 1c | | |
| attach Forms | d | ledicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | 1d | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | | 1e | | |
| was withheld. | f | Employer-provided adoption bene | | Form 8839, line 29 | | | | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | 1g | | |
| get a Form W-2, see | h | Other earned income (see instructions) | | | | | | | ٠ | 1h | | 0. |
| instructions. | i | Nontaxable combat pay election (s | ee instr | ructions) | | <u>1i</u> | | | | | | 7 604 |
| | | Add lines 1a through 1h | | | | | | | | 1z | 9 | 7,604. |
| Attach Sch. B if required. | 2a | | 2a | | | axable interest | | | | 2b | | |
| | 3a_ | | 3a 4a | | | rdinary divider axable amount | | | • | 3b 4b | | |
| Standard | 4a 5a | | та 5а | , | | axable amoun | | | | 5b | | |
| Standard Deduction for— | 6a | | 6a | | | axable amoun | | | • | 6b | | |
| Single or Married filing | C | If you elect to use the lump-sum el | _ | | | | ١. | | $\dot{\Box}$ | OD | | |
| separately, | 7 | | | , | | , | • | | \Box | 7 | | |
| \$12,950 Married filing | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | 8 | _1 | 3,286. | | |
| jointly or | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | • | 9 | | 4,318. |
| Qualifying surviving spouse, | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | 10 | + 0 | <u> </u> |
| \$25,900 Head of | 11 | | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | 11 | Ω | 4,318. |
| household, | 12 | Standard deduction or itemized | • | | | | | | • | 12 | | $\frac{4,310.}{2,950.}$ |
| \$19,400 If you checked | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | | <u> </u> |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 13 | 1 | 2,950. |
| Deduction, | 15 | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | | 15 | | 1,368. |
| see instructions. | - | | | , , . | | | - | • • | | | | _, |

| Form 1040 (2022 | 2) | | | Page 2 |
|--|------|---|---------------------|---------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 11,320. |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 11,320. |
| | 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 | 11,320. |
| | 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 | 11,320. |
| 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 | 11,322. |
| 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 | | |
| | 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 | 11,322. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 2. |
| Direct deposit? | b | Routing number 0 4 4 0 0 0 0 3 7 c Type: X Checking Savings | | |
| See instructions. | d | Account number 3 3 0 0 6 0 1 9 2 | | |
| | 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 . 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 | | you want to allow another person to discuss this return with the IRS? See | | |
| Designee | | tructions | | X No |
| | nar | signee's Phone Personal ident no. Personal ident number (PIN) | itication | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic | | |
| Here | Yo | | | nt you an Identity |
| laint vatuum? | | | tection P inst.) | PIN, enter it here |
| Joint return? See instructions. Keep a copy for your records. | Sp | | e IRS se | nt your spouse an |
| | | | ntity Proteinst.) | ection PIN, enter it here |
| | | one no. (703)203-0135 Email address DVVS.NAVEEN@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 01/02/2023 PO 208 | 2703 | Self-employed |
| Use Only | Fire | m's name GLOBAL TAXES LLC Pho | ne no. | (678)965-9522 |
| | Fin | m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm | n's EIN | 88-2145487 |