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

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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

		Single X Married filing jointly	Married filing separate	ly (MF	S) Head of	household (H) (HC		fying surviving		
Check only one box.	If vo	u checked the MFS box, enter the na	ame of your spouse. If yo	ou che	cked the HOH or	OSS box. er	nter the		se (QSS) name if the qualifying		
		on is a child but not your dependent				,					
Your first name	and mi	ddle initial	Last name						Your social security number		
VENKATA NAGA KRISHNA M			MANEPALLI	MANEPALLT							
If joint return, sp	oouse's	first name and middle initial	Last name						Spouse's social security number		
ANANTHA			CHEEMAKURTHI	HEEMAKURTHI					ED FOR		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							Presiden	ntial Election Campaign			
12345 ALAMEDA TRACE CIR #41									ere if you, or your		
City, town, or p	ce. If you have a foreign address, also co	mplete spaces below.	ete spaces below. State					f filing jointly, want \$3 this fund. Checking a			
AUSTIN			TX						w will not change		
Foreign country name			Foreign province/state/county			Foreign postal code your		your tax	or refund.		
									You Spouse		
Digital	At an	ny time during 2022, did you: (a) rece	eive (as a reward, award	, or pa	yment for prope	rty or service	s); or (b) sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital asset (or a financ	cial inte	erest in a digital	asset)? (See	instruc	ctions.)	Yes X No		
Standard		eone can claim:			s a dependent						
Deduction		Spouse itemizes on a separate retur	n or you were a dual-sta	tus ali	en	1111					
Age/Blindness	You:	☐ Were born before January 2, 1	958 Are blind	Spous	se: Was bor	n before Jan	uary 2	. 1958	Is blind		
Dependents			(2) Social sec		(3) Relationsh	1.1			ies for (see instructions)		
If more		rst name Last name	number	Circy	to you		tax cre	edit (Credit for other dependent		
than four							П		П		
dependents,	9										
see instructions and check	3										
here											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see instructions)					1a	196,044.		
income	b	Household employee wages not re	eported on Form(s) W-2					1b			
Attach Form(s)	C	Tip income not reported on line 1a	(see instructions) .					1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on Form(s) W-2 (s	ee inst	ructions)			1d			
W-2G and	е	Taxable dependent care benefits f	rom Form 2441, line 26					1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from Form 8839, line	29				1f			
If you did not	g	Wages from Form 8919, line 6 .						1g			
get a Form	h	Other earned income (see instructi	ons)			4		1h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instructions)		<u>1</u> i						
	Z	Add lines 1a through 1h						1z	196,044.		
Attach Sch. B	2a	The state of the s	2a		Taxable interest			2b			
if required.	3a	Qualified dividends	3a 18.	1	Ordinary divider			3b	34.		
	4a		4a		Taxable amoun			4b			
Standard Deduction for—	5a		5a	1	Taxable amoun			5b			
Single or	6a		6a		Taxable amoun	t		6b			
Married filing separately,	C	If you elect to use the lump-sum el	The state of the s	,			. –	- 1	1 001		
\$12,950	7	Capital gain or (loss). Attach Scheo		10.			. L	7	1,021.		
Married filing jointly or	8	Other income from Schedule 1, line						8	100.000		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	9	197,099.							
\$25,900	10	Adjustments to income from Sche						10	105.000		
 Head of household, 	11	Subtract line 10 from line 9. This is						11	197,099.		
\$19,400	12	Standard deduction or itemized Qualified business income deducti						12	25,900.		
If you checked any box under	13							13	05 000		
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer						15	25,900.		
see instructions.	19	Subtract line 14 HOIT line 11. If Zer	o or 1633, 611161 -0 11115	is you	taxable IIICOIII			13	171,199.		

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	28,897.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	28,897.
	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	28,897.
	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	28,897.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	39,790.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	>
	27	Earned income credit (EIC)	Y	
	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	39,790.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	10,893.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	10,893.
Direct deposit?	b	Routing number * * * * * * * X X X X X X C Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * * * * * * * * * * X X X X		
	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 amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	elow.	X No
	De	signee's Phone Personal identifue no. no. 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 lineurlades and
Sign		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
				IN, enter it here
Joint return?		SOFTWARE ENGINEER (see		
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.		HOME MAKER (see	•	
	Pho	one no. Email address MVNKARUN2233@GMAIL.COM		
D-:-!		eparer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2023 *****2	2703	Self-employed
Preparer	1			(678) 965-9522
Use Only	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	's EIN	**-***1965