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.

Filing Status Check only	S X S	Single Married filing jointly	Marrie	d filing separately (N	MFS)	Head of	household	(HOH) [fying survi se (QSS)	ving	
one box.		ou checked the MFS box, enter the n		our spouse. If you cl	hecked	the HOH or	QSS box,	enter the	•	` ,	qualifying	
Your first name and middle initial				me					Your social security number			
SAI KUMAR				ANKULA						***-**-0027		
		s first name and middle initial	Last nar							Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. n	o.	Presiden	tial Election	n Campaign	
		BROOK DR								eck here if you, or your		
		ce. If you have a foreign address, also co	mplete sp	te spaces below. State Z						spouse if filing jointly, want \$3 to go to this fund. Checking a		
O FALLON				MO						this fund. C		
Foreign country name				Foreign province/state/county					your tax or refund.			
										☐ You ☐ Spouse		
Digital Assets		ny time during 2022, did you: (a) reclange, gift, or otherwise dispose of a								Yes	⊠ No	
Standard		eone can claim: You as a de				$\overline{}$)			
Deduction		Spouse itemizes on a separate retur				аоронаон						
Age/Blindness	You:	: Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before J			Is blir		
Dependents	s (see	instructions):		(2) Social security	/	(3) Relationsh	(4) Ch	eck the bo	x if qualifi	es for (see ii	nstructions):	
If more	(1) F	irst name Last name		number		to you	C	nild tax cre	edit (Credit for other	er dependents	
than four											<u> </u>	
dependents, see instructions	s ——											
and check						UP					<u></u>	
here L												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					1a	9	5,341.	
	b	Household employee wages not re	•			V			1b			
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	е	Taxable dependent care benefits from Form 2441, line 26								-		
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.						1 1 1	1g			
get a Form W-2, see	h	Other earned income (see instruct					1 * *		1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>						
	Z	Add lines 1a through 1h							1z	9	5,341.	
Attach Sch. B	2a		2a			able interest			2b	-		
if required.	3a		3a			linary divider			3b			
	4a		4a			able amount			4b	1		
Standard Deduction for—	5a		5a			able amount			5b			
• Single or	6a		6a			able amount	t		6b	-		
Married filing separately,	c	If you elect to use the lump-sum e		ATTENDED TO THE PARTY OF THE PA	,				- 1			
\$12,950	7	Capital gain or (loss). Attach Sche							8	-		
 Married filing jointly or 	8	Other income from Schedule 1, line 10								_	8,823.	
Qualifying surviving spouse,	9								9	8	6,518.	
\$25,900	10	Adjustments to income from Schedule 1, line 26									C F10	
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income									6,518.	
\$19,400	12	Standard deduction or itemized	12	+ 1	2,950.							
 If you checked any box under 	13	Qualified business income deduction from Form 8995 or Form 8995-A									0.050	
Standard Deduction,	14	Add lines 12 and 13									2,950.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is y	our ta	xable incom	ie		15	/_	3,568.	

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,804.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	11,804.		
	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	11,804.		
	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	11,804.		
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	14,411.		
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	}			
	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	14,411.		
Defund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,607.		
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,607.		
Direct deposit?	b	Routing number * * * * * 0 0 4 5 c Type: Checking X Savings				
See instructions.		Account number * * * * * * * * 4 5 9 0				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
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		you want to allow another person to discuss this return with the IRS? See				
Designee		structions		X No		
	De	signee's Phone Personal identi- me no. number (PIN)	ication			
Cian		der penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to	the her	et of my knowledge and		
Sign		lief, 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		
	Pr			IN, enter it here		
Joint return?		II SOLIWARE ENGINEER	inst.)			
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here		
your records.			inst.)	Socion in in, cinci it noic		
	Ph	one no. (785)770-5992 Email address SKANKULA.K@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/10/2023 *****	2703	Self-employed		
Preparer	19			e no. (678) 965-9522		
Use Only			s FIN **-**5487			