E <b>1040</b>		Internal Revenue Servi <b>5. Individual Income Ta</b>		<sub>m</sub> 202	2	OMB No. 1545	-0074	IRS Use C	only—De	o not wr	ite or staple i	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the no on is a child but not your dependent	ame of you	filing separately (N ur spouse. If you cl	,			,	,	spou	fying surv se (QSS) name if th	0	
Your first name	and mi	ddle initial	Last name	e					Yo	Your social security number			
HEMANTH				1EDERAMETLA ,							***-**-6093		
lf joint return, sp	ouse's	first name and middle initial	Last name	Last name						Spouse's social security number			
ROOPA SO	ARYA	BANDA	NDARUPALLI					*	*****ED FOR				
Home address (	numbe	r and street). If you have a P.O. box, see	instructions	s.			A	.pt. no.	Pr	esiden	tial Election	on Campaign	
7401 ALM	A DI	ર					7	21 💧			ere if you,		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spa	ces below.	Sta	te	ZIP c	ode				tly, want \$3 Checking a	
PLANO			TX			750	75025 bo			to go to this fund. Checking a box below will not change			
Foreign country name				reign province/state/o	count	unty		Foreign postal code y		our tax	or refund.		
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rece	eive (as a i	reward, award, or	payr	nent for prope	rty or	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital as	set (or a financial i	ntere	est in a digit <mark>a</mark> l	asset)	? (See ins	tructio	ons.)	Yes	X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent							
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you w	/ere a dual-status a	alien	1							
Age/Blindness	You	Were born before January 2, 1	958	Are blind Spo	use	• Was ho	m hefr	ore Januar	v 2 1	958	Is bl	ind	
Dependents	-	•		(2) Social security		(3) Relationsh						instructions):	
-		rst name Last name		number		to you	lib I.	Child tax		1		ner dependents	
lf more than four	(1) .	Lasthamo							7				
dependents,									<u>ן</u> ר		۱ ۱		
see instructions									<u>ן</u> ר		۱ ۲		
and check here								C	1		[		
	1a	Total amount from Form(s) W-2, b	ox 1 (see i	nstructions)					_	1a		92,046.	
Income	b	Household employee wages not re		,						1b		2,010.	
Attach Form(s)	c	Tip income not reported on line 1a (see instructions)							10				
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep						1d					
W-2G and	e	Taxable dependent care benefits f								1e			
1099-R if tax	f	Employer-provided adoption bene								1f			
was withheld. If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct								1h		0.	
W-2, see	i	Nontaxable combat pay election (s		ctions)		1i							
instructions.	z	Add lines 1a through 1h								1z	9	92,046.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a		bО	rdinary divide	nds .			3b		2.	
	4a	IRA distributions ,	4a		b T	axable amoun	t			4b			
Standard Deduction for –	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
	6a	Social security benefits	6a		b T	axable amoun	t			6b			
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	lection me	ethod, check here	see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if re	equired. If not requ	ired	, check here				7		177.	
<ul> <li>Married filing</li> </ul>	8	Other income from Schedule 1, line 10							8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	9	92,225.	
surviving spouse, \$25,900	urviving spouse, 10 Adjustments to income from Schedule 1 line 26								10				
Head of	f 11 Subtract line 10 from line 9. This is your adjusted gross income								11	9	92,225.		
household, \$19,400	old, 12 Standard deduction or itemized deductions (from Schodule A)								12		25,900.		
If you checked	13	Qualified business income deduct	ion from F	orm 8995 or Form	899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14		25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is y	our <b>i</b>	taxable incom	ne.			15	6	56,325.	

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	7,548.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	7,548.		
	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	7,548.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.		
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,548.		
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	13,627.		
15	26	2022 estimated tax payments and amount applied from 2021 return	26	>		
If you have a <sup>L</sup> 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	Þ			
	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	13,627.		
Defund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,079.		
Refund Direct deposit? See instructions.	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	6,079.		
	b	Routing number * * * * * X X X X C Type: Checking Savings				
	d	Account number * * * * * * * * * * * * * * * * * X X X X				
	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 <b>amount you owe</b> .				
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		structions	elow.	× No		
· ·		signee's Phone Personal identif	ication r			
	nai					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				
Here				, ,		
	YO			t you an Identity N, enter it here		
Joint return?		SOFTWARE ENGINEER (see i				
See instructions.	Sp			your spouse an		
Keep a copy for your records.			· _	ction PIN, enter it here		
your records.		HOMEMAKER (see i	nst.)			
		one no. (720)298-5313 Email address MEDERA.HEMANTH@GMAIL.COM				
Paid	Pre	eparer's name Preparer's signature Self-Prepared Date PTIN		Check if:		
Preparer				Self-employed		
Use Only	Fir	m's name Phon	ne no.			
	Fir	m's address Firm'	s EIN			
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/10/23 PRO		Form <b>1040</b> (2022		

irs.gov/Form1040 for instructions and the la