E 1040 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 Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	househo	ld (HOI	H)		fying survi se (QSS)	iving	
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	neck	ed the HOH or	QSS bo	x, ente	r the c	•	` ,	e qualifying	
	-	on is a child but not your dependent	-										
Your first name and middle initial Last name					Yo	Your social security number							
TEJA REDDY GATLA				A	1						***-**-4743		
If joint return, spouse's first name and middle initial Last name S						Sp	Spouse's social security number						
							*	***-**-8695					
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ар	. no.	Pr	esiden	tial Electio	n Campaign	
19240 MG	DSSY	PINE DR						4			ere if you, o		
City, town or nost office. If you have a foreign address, also complete spaces below.  State							spouse if filing jointly, want \$3 to go to this fund. Checking a						
TAMPA				FL			3364				w will not o		
Foreign country name			Foreign province/state/county			Foreign postal code yo				or refund.	5		
										You Spouse			
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or i	payn	nent for prope	rty or se	rvices)	; or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a									Yes	<b>⊠</b> No	
Standard	Som	eone can claim:	pendent	Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
A a. a /Diin ala a a	V		050 [	7 Av. 1-15-4 0					0 1	050			
	_	Were born before January 2, 1	958 _	Ī .	use:		1	_	•		☐ Is blir		
Dependents				(2) Social security number		(3) Relationsh	ip (4)			ì i	,	nstructions):	
If more		rst name Last name		Spirit Controlling of Controlling Control		to you		Child tax cr		t C	redit for oth	er dependents	
than four dependents.	MAY	UKH REDDY GATLA		***-**-5646		Son		X					
see instruction	s							L	<del>_</del>				
and check								L					
here		T. I						L				2 664	
Income	1a	Total amount from Form(s) W-2, be			-					1a	22	2,664.	
Attach Form(s)	b	Household employee wages not re								1b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								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 instructi			•		i ·			1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)	•	<u>1i</u>						0.664	
	Z	Add lines 1a through 1h								1z	22	2,664.	
Attach Sch. B	2a		2a			axable interest				2b		69.	
if required.	3a	The state of the s	3a			rdinary divider				3b			
	4a		4a			axable amount				4b			
Standard Deduction for—	5a		5a			axable amount				5b	1		
Single or	6a		6a			axable amount	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e							. 📙				
\$12,950	7	Capital gain or (loss). Attach Sched							. Ш	7		0,450.	
Married filing jointly or	8	Other income from Schedule 1, lin								8		9,474.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	23	3,709.		
\$25,900	10	Adjustments to income from Schedule 1, line 26							10				
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		3,709.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	2	5,900.	
If you checked any box under	13									13			
Standard	14								14				
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b>	axable incom	ie .			15	207,809.		

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	37,545.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	37,545.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	7,368.
	21	Add lines 19 and 20	21	9,368.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	28,177.
	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	28,177.
Payments	25	Federal income tax withheld from:		
. aymomo	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	39,299.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a 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	39,299.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	11,122.
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	11,122.
Direct deposit?	b	Routing number *   *   *   *   *   0   0   3   2   c Type: X Checking Savings		
See instructions.	d	Account number   *   *   *   *   *   *   *   7   0   1   3		
	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	ins	structions	oelow.	X No
		signee's Phone Personal identir me no. number (PIN)	fication	
	nai			t of more leaves lead
Sign	bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ne bes	er has any knowledge and
Here				nt you an Identity
		Prote	ection P	IN, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.			inst.)	ection PIN, enter it here
		SOLIWANE ENGINEER		
	W1 000	one no. (816) 621-5161 Email address GATLATEJAREDDY111@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:
Paid	1 10	Pare Pare Pare Pare Pare Pare Pare Pare		Self-employed
Preparer		m's name GLOBAL TAXES LLC Phor	20.00	
Use Only	-		ne no. 's EIN	
	riri	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	SEIN	1010