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

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	ed filing separately (Mour spouse. If you ch		_				spou	ifying sur use (QSS) name if th	Ü			
V		on is a child but not your dependent													
	our first name and middle initial Last name									Your social security number					
RAMESWARA PRASAD GUTT.								-	113-71-5529						
If joint return, s	pouse's	first name and middle initial	Last nar	me					S	pouse	s social se	curity number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			,	Apt. no.	P	resider	ntial Electi	on Campaign			
10357 S	WEEI	PING WILLOW DR		·							ere if you,				
		ce. If you have a foreign address, also co	mplete s	spaces below. State ZIF							spouse if filing jointly, want \$3 to go to this fund. Checking a				
SANDY				UT 8							ow will not				
Foreign country name			F	Foreign province/state/county F							your tax or refund.				
											You	Spouse			
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	paym	nent for prope	rty or	services)	or (b) sell,					
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	ntere	st in a digital	asset	? (See in:	struct	ions.)	Yes	⊠ No			
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as a	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	rn bef	ore Janua	ry 2, ⁻	1958	☐ Is bl	lind			
Dependents (see instructions):		(2) Social security			(3) Relationship		(4) Check the box		if qualif	ies for (see	instructions):				
If more		rst name Last name		number		to you		Child tax cre		lit	Credit for ot	edit for other dependents			
than four															
dependents, see instructions															
and check	S														
here \square															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a		78,688.			
	b	Household employee wages not reported on Form(s) W-2							1b						
Attach Form(s) W-2 here, Also	С	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 benefits 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) .			1	η.			1h	-	0.			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>	i								
	Z	Add lines 1a through 1h	. ; .							1z	ļ	78,688.			
Attach Sch. B	2a	'	2a			axable interest				2b					
if required.	3a		3a			rdinary divide				3b		13.			
	4a		4a			axable amoun				4b	1				
Standard Deduction for—	5a		5a			axable amoun				5b					
Single or	6a	,	6a			axable amoun	ıt			6b					
Married filing separately,	С	If you elect to use the lump-sum e			•	•			. 📙	_					
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. Ш	7		-273.			
Married filing jointly or	8	Other income from Schedule 1, line 10								8	1	0.			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	-	78,428.			
\$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		78,428.			
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	1	12,950.			
If you checked any box under	13									13		10 050			
Standard Deduction,	14	Add lines 12 and 13							14		12,950.				
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is ye	our t a	axable incom	ie .			15		65,478.			

Form 1040 (202	2)					age Z
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗍 4972 3 🗍	16	1	0,02	2.
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	1	0,02	2.
	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	1	0,02	2.
	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	1	0,02	2.
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	1	1,06	6.
you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
ualifying child,	27	Earned income credit (EIC)				
tach Sch. 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	1	1,06	6.
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		1,04	4.
Claria	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	11,066. 11,066. 1,044. 1,044.	4.	
irect deposit?	b	Routing number 1 1 1 0 0 0 0 2 5 c Type: ★ Checking Savings				
See instructions.	d	Account number 5 8 6 0 3 5 8 5 2 8 7 3				
	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)				
hird Party esignee		you want to allow another person to discuss this return with the IRS? See structions	elow.	X No		
	De: nar	signee's Phone Personal identif ne no. number (PIN)	ication I			$\overline{}$

	Designee's		Phone		Pers								
	name	no.			ber (PIN)								
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge												
пеге	Your signature	Date	Your occupation		If the IRS sent you an Identity Protection PIN, enter it here								
Joint return? See instructions. Keep a copy for your records.			SOFTWARE E	(see inst.)									
	Spouse's signature. If a joint return	Date	Spouse's occupation		If the IRS sent your spouse an Identity Protection PIN, enter it her								
				(see inst.)				\Box					
	Phone no. (832) 465-56	46	Email address	RAMESWARAPRAS	ASAD99@GMAIL.COM								
Paid	Preparer's name	Preparer's signat	ture		Date	PTIN	Che	ck if:					
	SYAM PRIYA RAM SAGAR GUPTA TALLA	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/04/2023	P02082703		Self-e	mploy	ed			

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Preparer

Use Only

Phone no. (678) 965-9522

Firm's EIN