1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		m 202	22	OMB No. 1545	-0074	IRS Use (Only–	-Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly	ame of you	filing separately ur spouse. If you					, -	spou	lifying sun use (QSS) s name if th	0
		on is a child but not your dependent										
Your first name and middle initial Last name				ame						Your social security number		
			BOORG								93-19-4236	
If joint return, sp	ouse's	first name and middle initial	Last name	9						Spouse'	s social see	curity number
	(n		instruction							.		
		er and street). If you have a P.O. box, see	Instruction	5.			1	vpt. no.			ntial Election nere if you,	on Campaign
-		PING WILLOW DRIVE	malata ana		C+/	ato	ZIP co	ada			, j ,	itly, want \$3
City, town, or post office. If you have a foreign address, also complete SANDY				spaces below. State					- 1	•		Checking a
Foreign country name			Fo	Foreign province/state/county			840704245 Foreign postal code			box below will not change your tax or refund.		
					in pootal oo				Spouse			
Digital	Atar	ny time during 2022, did you: (a) rece	eive (as a	reward award o	r nav	ment for prope	rtv or	services)	or(h) sell		
Assets		ange, gift, or otherwise dispose of a					-				Ves	X No
Standard		eone can claim: You as a de	-				,			,		
Deduction		Spouse itemizes on a separate retur										
Age/Blindness	Vour	Were born before January 2, 1	958 🗌	Are blind Sr	ouse	w 🗌 Was bor	n hefe	ore Janua	rv 2	1958	🗌 ls bl	ind
Dependents				(2) Social securi		(3) Relationsh			-			instructions):
-		irst name Last name		number	Ly	to you	ip (, Child ta				her dependents
lf more than four	(1)								7			
dependents,								C	1			5
see instructions and check	;							C	1			<u> </u>
here								C	1			3
Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see i	instructions) .						1a		
Income	b	Household employee wages not re	eported or	n Form(s) W-2 .						1b)	
Attach Form(s)	с	Tip income not reported on line 1a								1c	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	Form(s) W-2 (see instructions)						1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e	•			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from F	orm 8839, line 2	9.					1f		
If you did not	g	Wages from Form 8919, line 6 .								1g	1	
get a Form	h	Other earned income (see instruction	ons) .							1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h	·							1z	8	87,623.
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interest				2b)	
if required.	3a		3a			Ordinary divider		• •		3b		
	4a		4a			axable amoun		• •		4b		
Standard Deduction for –	5a		5a			axable amoun				5b		
Single or	6a		6a			axable amoun	t	• •	· _	6b		
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)										
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									-	
 Married filing jointly or 	8	Other income from Schedule 1, line 10								8		12,173.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		75,450.
\$25,900	10	Adjustments to income from Schedule 1, line 26								10		
 Head of household, 	11	Subtract line 10 from line 9. This is	-				• •			11		<u>75,450.</u>
\$19,400	12	Standard deduction or itemized						• •	• •	12		12,950.
 If you checked any box under 	13 14	Qualified business income deduction from Form 8995 or Form 8995-A								13		12 050
Standard Deduction,	14 15	Add lines 12 and 13								14		<u>12,950.</u>
see instructions.	15		0 01 1000,	GILEI -0 1115 IS	your		σ.	• • •	• •	13		62,500.

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 🗌 881	4 2 4972	3		16	9,373.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	9,373.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,373.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	9,373.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 12	2,834.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	12,834.
If you have a qualifying child,	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	12,834.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,461.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	3,461.
Direct deposit? See instructions.	b	Routing number 1 2 4 0 0 1 5 4 5 c Type: X Checking Savings							
	d	Account number 8 0 2	0 7 5 1	2 2					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed 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 <i>www.irs.gov/Payments</i> or see instructions						37	
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	person to disc	cuss this retu			omplete l	below.	XNo
200.9.00	De	signee's		Phone			sonal identi	fication	
	nai	ne		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
								ection P inst.)	IN, enter it here
Joint return? See instructions. Keep a copy for your records.		ouse's signature. If a joint return, I	acth must sign	must sign. Date Spouse's occupati			· ·	,	
	эр	ouse's signature. It a joint return, i	bour must sign.	Dale	Spouse's occupat		Iden	PIRS sent your spouse an tity Protection PIN, enter it here inst.)	
	Ph	one no. (801) 647-700	7	Email address	KRANTHILADD	U76@GMAIL.C	OM .		
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/12/2023	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC						(678)965-9522
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816			's EIN	88-2145487
Co to unuu iro a	ov/Eor	a 1040 for instructions and the late	st information		DAA	DEV 04/00/00 DD0			Form 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 01/02/23 PRO

Form **1040** (2022)