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.

Check only		Single Married filing jointly		ed filing separately (spous	fying survi se (QSS)	Ü		
one box.		ou checked the MFS box, enter the notion is a child but not your dependen		our spouse. It you o	checke	ed the HOH or	QSS bo	ox, ente	r the c	:hild's i	name if the	qualitying		
				ast name							Your social security number			
0.000				ULA						***-**-4880				
		s first name and middle initial	Last nar						0000	Spouse's social security number				
,-									'					
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Ap	. no.	Pı	residen	tial Election	n Campaigr		
10803 FC	AIN GROVE DRIVE								Check here if you, or your					
	7.5 01240	ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	e	ZIP cod	е				ly, want \$3		
CHARLOTTE							28262			to go to this fund. Checking a box below will not change				
Foreign country name			F	oreign province/state/	/count	county					or refund.	a.igo		
											You	☐ Spouse		
Digital	At ar	ny time during 2022, did you: (a) red	eive (as	a reward, award, or	payn	nent for prope	rty or se	rvices);	or (b)	sell,				
Assets		ange, gift, or otherwise dispose of									Yes	⊠ No		
Standard	Som	eone can claim:	ependent	Your spous	se as a	a dependent								
Deduction		Spouse itemizes on a separate retu	n or you	were a dual-status	alien									
Age/Blindness	You:	: Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	n before	Januai	ry 2, 1	958	Is blir	nd		
Dependents	s (see	instructions):		(2) Social security	у	(3) Relationsh	ip (4)	Check the	e box i	f qualifie	es for (see i	nstructions):		
If more		irst name Last name		number		to you		Child ta	x credi	it C	Credit for other	er dependents		
than four]		
dependents, see instructions														
and check														
here]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	9	9,235.		
	b	Household employee wages not r	eported o	on Form(s) W-2 .						1b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	a (see ins	structions) .					•	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								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 W-2, see	h	Other earned income (see instruct					1		•	1h		0.		
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>						0 005		
		Add lines 1a through 1h							•	1z	9	9,235.		
Attach Sch. B if required.	2a		2a			axable interest			•	2b				
ii required.	3a		3a			rdinary divider			•	3b				
	4a	IRA distributions	4a			axable amoun			•	4b				
Standard Deduction for—	5a	Pensions and annuities	5a 6a			axable amoun axable amoun				5b 6b				
Single or	6a c	Social security benefits If you elect to use the lump-sum e		nothed shock here			ι		_	OD		·		
Married filing separately,	7	Capital gain or (loss). Attach Sche		A CONTRACTOR OF THE PARTY OF TH		,			Н	7	_	1,553.		
\$12,950 Married filing	8	Other income from Schedule 1, lir							ш	8		8,202.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							•	9		9,480.		
Qualifying surviving spouse,	10	Addustments to income from Sche								10		J, 100.		
\$25,900 • Head of	11	Adjustments to income from Schedule 1, line 26								11	Ω	9,480.		
household,	12	Standard deduction or itemized							963	12		2,950.		
\$19,400 If you checked	13	Qualified business income deduct				5-A .				13		<u></u>		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.		
Deduction,	15									15		6,530.		
see instructions.							-	•			,	-, -, -, -, -, -, -, -, -, -, -, -, -, -		

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12,453.	
Credits	17	Amount from Schedule 2, line 3	17	0.	
	18	Add lines 16 and 17	18	12,453.	
	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	12,453.	
	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	12,453.	
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	13,788.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
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	13,788.	
Refund Direct deposit? See instructions.	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,335.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,335.	
	b	Routing number * * * * * * 0 6 1 4 c Type: X Checking Savings			
	d	Account number * * * * * * 9 3 8 9			
	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 www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		you want to allow another person to discuss this return with the IRS? See		₩.	
		structions		X No	
		signee's Phone Personal iden me no. number (PIN)	tification		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the bes	st 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			nt you an Identity	
			Protection PIN, enter it here (see inst.)		
Joint return? See instructions.		II ENGINEER .			
Keep a copy for	Sp		the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.		(se	e inst.)		
	Ph	one no. (425)516-1259 Email address GMVVRPHANI@GMAIL.COM			
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/11/2023 ****	*2703	Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC Pho	Phone no. (678) 965-9522		
Use Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fire	Firm's EIN **-**5487		