<b>1040</b>		rtment of the Treasury-Internal Revenue Servi <b>5. Individual Income Tax</b>		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.		
Filing Status Check only one box.	lf yo	Single $X$ Married filing jointly u checked the MFS box, enter the normalized the MFS box and the method of them	ame of y	-	separately (f use. If you c				. ,	spo	lifying surv use (QSS) s name if th	0		
Your first name and middle initial Last name					ne							Your social security number		
SANKEERTH KUMAR PAND				DIRI						***-**-2501				
If joint return, spouse's first name and middle initial Last na										Spouse	's social sec	curity number		
VIJAYA DURGA KOMM				ANA				***.		*-**-5555				
Home address (number and street). If you have a P.O. box, see instruction				ons.				ŀ			Presidential Election Campaign			
198 CARLTON AVENUE											here if you,			
City, town, or post office. If you have a foreign address, also complete s				paces below. State				ZIP c	ode			tly, want \$3 Checking a		
PISCATAWAY				NJ					54		to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county					n postal code	your ta:	your tax or refund.			
											You You	Spouse		
Digital	At ar	y time during 2022, did you: (a) rece	eive (as a	a rewarc	l, award, or	payr	ment for prope	rty or	services); or	(b) sell,		_		
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or	a financial	intere	est in a digital	asset)	? (See instru	ictions.)	Yes	X No		
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	Ĩ.							
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Sp	ouse	: Was bor	n befo	ore January 2	2, 1958	Is bl	ind		
Dependents				-	ocial security		(3) Relationsh		) Check the bo		fies for (see	instructions):		
If more		rst name Last name		(2)	number		to you		Child tax cr			her dependents		
than four		in a bandhail each in the second s									]			
dependents,	-										[			
see instructions and check							X O D		$\overline{\Box}$		[			
here	2			1							[			
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .					. 1a	1 8	36,294.		
Income	b	Household employee wages not re	eported of	on Form	(s) W-2 .					. 1b		<b>i</b>		
Attach Form(s)	C	Tip income not reported on line 1a	(see ins	truction	s)					. 10	;			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s	) W-2 (see i	nstru	ictions)			. 10				
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441,	line 26					. 1e	•			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29					. 1f				
If you did not	g	Wages from Form 8919, line 6 .					1 1 1 1			. 19	1			
get a Form	h	Other earned income (see instruct	ons) .					ų .		. 1h	r	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i							
	z	Add lines 1a through 1h			· · ·					. 1z	: 8	36,294.		
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interest			. 2b				
if required.	3a	Qualified dividends	3a			<b>b</b> O	ordinary divide	nds .		. 3b	•			
	4a	IRA distributions	4a			b T	axable amoun			. 4b				
Standard	5a	Pensions and annuities	5a				axable amoun			. 5b	•			
Deduction for—     Single or	6a	Social security benefits	6a			b T	axable amoun	· ·		. 6b	•			
Married filing	С	If you elect to use the lump-sum e						• •	L					
separately, \$12,950	7	Capital gain or (loss). Attach Schee		required	d. If not requ	uired	, check here	<u>e</u>	L	7				
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, lin						•	* * *	. 8 . 9		10,000.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>										96,294.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	. 10											
Head of household,	11	Subtract line 10 from line 9. This is	,		•					. 11	-	96,294.		
\$19,400	12	Standard deduction or itemized				'		• •	* * * *	. 12		25,900.		
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct	on from	Form 89	995 or Form	899	5-A	<u>n</u>		. 13				
Standard	14	Add lines 12 and 13	• • •	• •				• •	• • •	. 14		<u>25,900.</u>		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	U This is y	our 1	axable incom	е.	• • •	. 15		70,394.		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

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	8,034.
Credits	17	Amount from Schedule 2, line 3	. 17	,
	18	Add lines 16 and 17	. 18	8,034.
	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	8,034.
	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	8,034.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2	66.	
	b	Form(s) 1099		
	С	Other forms (see instructions)	00.	
	d	Add lines 25a through 25c	. 25	d 11,766.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	. 26	
	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	2
	33	Add lines 25d, 26, and 32. These are your total payments	. 33	11,766.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .	. 34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35	a 3,732.
Direct deposit? See instructions.	b	Routing number         *         *         *         0         0         1         7         c Type:         Checking         Savi	ngs	
	d	Account number * * * * * * * * * * 5 6 0 5		
	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)		
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See		_
Designee		tructions		
	De		identificatio	
<u></u>		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a		
Sign Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of		
		ur signature Date Your occupation		sent you an Identity
				PIN, enter it here
Joint return? See instructions. Keep a copy for		JAVA UI DEVELOPER	(see inst.)	
	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	CORRECTOR DE LA CORRECTION DE	sent your spouse an
your records.		HOMEMAKER	(see inst.)	otection PIN, enter it here
	Ph		(*************************************	
Paid Preparer Use Only		one no. (218) 689-8351 Email address SANKEERTH5553@GMAIL.COM eparer's name Preparer's signature Date PT	IN	Check if:
			***2703	Contract and Contr
	-			
	-	n's name GLOBAL TAXES LLC n's address 245 ROONEY CT E BRUNSWICK NJ 08816	Phone no. Firm's EIN	
Cataurin			TIMI'S EIN	
GO TO WWW.Irs.go	JV/Forn	a1040 for instructions and the latest information. BAA REV 01/02/23 PRO		Form <b>1040</b> (2022)

rs.gov/Form1040 for instructions and th