

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial SIDDHARTHA	Last name GADDAM	Your social security number 489-99-8183
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1211 MEADOW CREEK DRIVE		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. IRVING		
State TX	ZIP code 75038	
Foreign country name	Foreign province/state/county	

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1958  Are blind **Spouse:**  Was born before January 2, 1958  Is blind

**Dependents** (see instructions):

	(1) First name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>	1a Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	59,940.
	b Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	c Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	e Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	f Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	g Wages from Form 8919, line 6	<b>1g</b>	
	h Other earned income (see instructions)	<b>1h</b>	0.
	i Nontaxable combat pay election (see instructions)	<b>1i</b>	
	z Add lines 1a through 1h	<b>1z</b>	59,940.
Attach Sch. B if required.	2a Tax-exempt interest	<b>2a</b>	
	3a Qualified dividends	<b>3a</b>	
	4a IRA distributions	<b>4a</b>	
	5a Pensions and annuities	<b>5a</b>	
	6a Social security benefits	<b>6a</b>	
		b Taxable interest	<b>2b</b>
	b Ordinary dividends	<b>3b</b>	
	b Taxable amount	<b>4b</b>	
	b Taxable amount	<b>5b</b>	
	b Taxable amount	<b>6b</b>	
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>7</b>	
	8 Other income from Schedule 1, line 10	<b>8</b>	-5,548.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	54,392.
	10 Adjustments to income from Schedule 1, line 26	<b>10</b>	
	11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	54,392.
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	12,950.
	13 Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	
	14 Add lines 12 and 13	<b>14</b>	12,950.
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	41,442.

Tax and Credits table with rows 16-24. Includes Tax (4,766), Amount from Schedule 2, line 3, Add lines 16 and 17 (4,766), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (4,766), Other taxes (0), Add lines 22 and 23 (4,766).

Payments table with rows 25-33. Includes Federal income tax withheld (6,716), 2022 estimated tax payments, Earned income credit (0), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, Add lines 27, 28, 29, and 31 (6,716), Add lines 25d, 26, and 32 (6,716).

Refund table with rows 34-36. Includes If line 33 is more than line 24 (1,950), Amount of line 34 you want refunded to you (1,950), Routing number (053000196), Account number (237039987297), Amount of line 34 you want applied to your 2023 estimated tax (36).

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (37), Estimated tax penalty (38).

Third Party Designee section. Do you want to allow another person to discuss this return with the IRS? See instructions. [ ] Yes. Complete below. [X] No. Designee's name, Phone no., Personal identification number (PIN).

Sign Here section. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation (SOFTWARE DEVELOPER), If the IRS sent you an Identity Protection PIN, enter it here. Spouse's signature, Date, Spouse's occupation, If the IRS sent your spouse an Identity Protection PIN, enter it here. Phone no. (214) 897-1132, Email address SIDDHARTHGD10@GMAIL.COM

Paid Preparer Use Only section. Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM, Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date 03/11/2023, PTIN P02082703, Check if: [ ] Self-employed. Firm's name GLOBAL TAXES LLC, Phone no. (678) 965-9522. Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816, Firm's EIN 84-3171965