<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		rn 20	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 Arried filing jointly	ame of yo	d filing separately our spouse. If you				, ,	spou	lifying survivuse (QSS) name if the	0
Varia first a seco		on is a child but not your dependent							No		
Your first name and middle initial								Your social security number ***-**-2776			
SHARATH KONDA If joint return, spouse's first name and middle initial Last nam									s social secu	urity number	
	000000		Last han						opouse	5 500101 5000	
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	Apt. no.	Preside	ntial Election	Campaigr
		DUSE TERRACE								nere if you, o	
-		ce. If you have a foreign address, also co	mplete sp	baces below. State					spouse if filing jointly, want \$3 to go to this fund. Checking a		
CENTREVILLE				VA			201	20		this fund. C	
Foreign country name Fo			oreign province/state/county						or refund.	nango	
										🗌 You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward, award,	or pay	ment for prope	rty or	services); or	(b) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	sset (or a financi	al inter	est in a digital	asset)	? (See instru	ctions.)	Yes	X No
Standard	_	eone can claim: 🗌 You as a de				a dependent					
Deduction		Spouse itemizes on a separate return	n or you	were a dual-stati	us alier	ו					
		Were born before January 2, 1	958	Are blind	spouse			ore January 2		Is blin	
Dependents				(2) Social secu number	rity	(3) Relationsh	ip (4	) Check the bo	· · ·		,
If more	<b>(1)</b> F	rst name Last name		number		to you		Child tax cr	edit	Credit for othe	r dependents
than four dependents,										L	]
see instructions	s ——									L	<u>]</u> 7
and check here							·			L	<u>]</u> 7
	10	Total amount from Form(s) W-2, bo	av 1 (222	instructions)					10		2 000
Income	1a b			,		• • • •	• •		1a 1b		3,000.
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2							10		
W-2 here. Also	d	Medicaid waiver payments not rep	e instri		• •		1d				
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e		
1099-R if tax	f	Employer-provided adoption bene	29 .				1f				
was withheld. If you did not	g	Wages from Form 8919, line 6.							1g		
get a Form	h	Other earned income (see instructi	ions)						. 1h		0.
W-2, see	i	Nontaxable combat pay election (s		ictions)		1i					
instructions.	z	Add lines 1a through 1h							. 1z	10	3,000.
Attach Sch. B	2a		2a		bТ	axable interes	t.		2b		
if required.	3a	Qualified dividends	3a		b	Ordinary divide	nds .		3b		
	4a	IRA distributions ,	4a		bТ	axable amoun	t		4b		
Standard	5a	Pensions and annuities	5a		b٦	axable amoun	t		. 5b		
• Single or	6a	Social security benefits	axable amoun	t		6b					
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)									
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
Married filing	Iarried filing         8         Other income from Schedule 1, line 10         . <t< td=""><td></td><td></td><td>8</td><td>-1</td><td>4,795.</td></t<>								8	-1	4,795.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your <b>total</b>	incom	е			. 9	8	8,205.
surviving spouse, \$25,900	10	Adjustments to income from Schee	10								
Head of	of Subtract line 10 from line 9. This is your adjusted gross income								11	8	8,205.
household, \$19,400	d, <b>12</b> Standard deduction or itemized deductions (from Schedule A)							12		2,950.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti	ion from	Form 8995 or Fo	rm 899	95-A			13		
Standard	14	Add lines 12 and 13									2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -0 This i	s your	taxable incom	ie .		15	7	5,255.

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

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Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	12,178.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	12,178.	
	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	12,178.	
	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	12,178.	
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	17,547.	
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	1		
	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	17,547.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,369.	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	5,369.	
Direct deposit? See instructions.	b	Routing number         *         *         *         0         3         5         8         c Type:         Checking         Savings			
See instructions.	d	Account number * * * * * * * * * * 2 9 0 0			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
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)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		tructions		X No	
	De nai	signee's Phone Personal identif ne no. number (PIN)	ication		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of mv knowledge and	
-		ief, 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	
				N, enter it here	
Joint return? See instructions.		SOFTWARE ENGINEER	,		
Keep a copy for	Sp		e IRS sent your spouse an tity Protection PIN, enter it here		
your records.		(see	nst.)		
	Ph	one no. (660)541-2656 Email address SK.SHARATH26@GMAIL.COM			
Deid	Pre	parer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/05/2023 *****2	2703 Self-employed		
Preparer	Firi	n's name GLOBAL TAXES LLC Phor	e no. (	678)965-9522	
Use Only	Fir		n's EIN **-***5487		
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/28/23 PRO		Form <b>1040</b> (2022)	

irs.gov/Form1040 for instructions and the