Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS) Head	of house	ehold (HOH	)		fying surv se (QSS)	iving			
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necked the HOH	or QSS	box, ente	r the c	•	` ,	e qualifying			
	pers	on is a child but not your dependent	:											
Your first name and middle initial Last				st name						Your social security number				
SAI CHAITANYA			KODI	KODIDASU					***-**-1616					
If joint return, spouse's first name and middle initial Last				ast name					Spouse's social security number					
SWATHI KOGA				ANTI					***-**-8122					
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	P	esiden	tial Election	on Campaign			
3124 N 3	L69TI	H ST								ere if you,	,			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	oaces below.	State	ZIP	code				tly, want \$3 Checking a			
OMAHA				NE			68116 bo			w will not	•			
Foreign country	/ name		F	oreign province/state/o	county	Fore	ign postal co	de yo	our tax	or refund.	_			
										You	Spouse			
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	payment for prop	perty o	services);	or (b)	sell,	_				
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial i	nterest in a digit	al asse	t)? (See ins	tructi	ons.)	∐ Yes	⊠ No			
Standard	Som	eone can claim:	pendent	Your spouse	e as a dependen	t								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use: Was b	orn be	fore Janua	ry 2, 1	958	☐ Is bli	ınd			
Dependents	s (see	instructions):		(2) Social security	(3) Relation	ship	(4) Check the	e box i	f qualifi	es for (see	instructions):			
If more	<b>(1)</b> Fi	rst name Last name		number	to you		Child ta	x cred	t (	Credit for oth	ner dependents			
than four								]						
dependents, see instruction	s ——													
and check											<u> </u>			
here						,					<u> </u>			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					1a					
	b	Household employee wages not re	eported (	on Form(s) W-2					1b					
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)				1c						
attach Forms	d		d waiver payments not reported on Form(s) W-2 (see instructions)						1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits f						1e						
was withheld.	f	Employer-provided adoption bene	fits 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 instructi	· ·						1h	-				
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		1i				-				
	Z	Add lines 1a through 1h							1z					
Attach Sch. B	2a		2a	0.4	<b>b</b> Taxable intere				2b					
if required.	3a		3a		<b>b</b> Ordinary divid			•	3b		84.			
	4a		4a		<b>b</b> Taxable amou				4b					
Standard Deduction for—	5a		5a		<b>b</b> Taxable amou				5b					
Single or	6a		6a		<b>b</b> Taxable amou			·	6b					
Married filing separately,	C 7	If you elect to use the lump-sum e			•				7	1	2 000			
\$12,950	7	Capital gain or (loss). Attach School			•			Ш	7	_	-3,000.			
Married filing jointly or	8 9	Other income from Schedule 1, lin		This is your <b>total inc</b>					9	+	2 016			
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche							10	+	-2,916.			
\$25,900	11	Subtract line 10 from line 9. This is	,						11	+	2 016			
Head of household,	12	Standard deduction or itemized	•	•				•	12		-2,916. 25,900.			
\$19,400 If you checked	13	Qualified business income deduction						•	13		10,500.			
any box under	14	Add lines 12 and 13						•	14	<u> </u>	25,900.			
Standard Deduction,	15	Subtract line 14 from line 11. If zer						•	15		0.			
see instructions.		Sasaust into 14 Holli lillo 11. Il 261	0 01 1030	, onto 0 . IIII 15 y	ou. turubie iilot			•	13		<u> </u>			

2)				Page <b>2</b>			
16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972	2 3 🗌	10	6 0.			
17	Amount from Schedule 2, line 3		13	7			
18			в 0.				
19	Child tax credit or credit for other dependents from Schedule 8812		19	9			
20	Amount from Schedule 3, line 8		20	0			
21	Add lines 19 and 20		2	1			
22	Subtract line 21 from line 18. If zero or less, enter -0		2	2 0.			
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				
25	Federal income tax withheld from:						
а	Form(s) W-2	25a					
b	Form(s) 1099	25b					
С	Other forms (see instructions)	25c					
d	Add lines 25a through 25c	25	id				
26	2022 estimated tax payments and amount applied from 2021 return		20	6			
27	Earned income credit (EIC)	27					
28	Additional child tax credit from Schedule 8812	28					
29	American opportunity credit from Form 8863, line 8	29					
30	Reserved for future use	30					
31	Amount from Schedule 3, line 15	31					
32	Add lines 27, 28, 29, and 31. These are your total other payments and I	refundable credits	32	2			
33			3	3			
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the am	ount you <b>overpaid</b>	34	4			
35a		check here	. 🗌 35	ia			
b			avings				
d	Account number * * * * * * * * * * * * X	XXX					
36	Amount of line 34 you want applied to your 2023 estimated tax	36					
37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to www.irs.gov/Payments or see instruction	18		7 0.			
38		' I I		0.			
, Do	you want to allow another person to discuss this return with the IR	RS? See	malete belev	w. 🕱 No			
	g		number (PIN)				
Un	der penalties of perjury, I declare that I have examined this return and accompanying	schedules and statement	s, and to the I	best of my knowledge and			
bel	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is	s based on all information	of which prep	parer has any knowledge.			
Yo	ur signature Date Your occupation	on		sent you an Identity			
	DDOCDAMA	AED ANTAT VOT		ection PIN, enter it here inst.)			
Sn			, ,	sent your spouse an			
Op	Sales o digitalario. Il a joint retain, <b>Sour</b> maet ogn.	pation		rotection PIN, enter it here			
	HOME MAK	ŒR	(see inst.)				
Ph	one no. (402)999-3896 Email address CHAITANYA.	KODIDASU@GMAIL.COM	N.				
Pre	parer's name Preparer's signature	Date	PTIN	Check if:			
SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALL	AM 04/04/2023 3	*****270	3 Self-employed			
Fir	n's name GLOBAL TAXES LLC		Phone no	. (678)965-9522			
Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN	×*-**1965			
	n1040 for instructions and the latest information.	REV 03/22/23 PRO		Form 1040 (2022)			
gov/Forn	Tro-to for instructions and the latest information.			,			
	17 18 19 20 21 22 23 24 25 a b c d 26 27 28 29 30 31 32 33 34 35a b d 36 37 38 / Doo instruction of the present	Amount from Schedule 2, line 3 Add lines 16 and 17 Child tax credit or credit for other dependents from Schedule 8812 Amount from Schedule 3, line 8 Add lines 19 and 20 Subtract line 21 from line 18. If zero or less, enter -0- Cher taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax Federal income tax withheld from: Form(s) W-2 Federal income tax withheld from: Form(s) W-2 Form(s) 1099 Cother forms (see instructions) Co	17 Amount from Schedule 2, line 3 18 Add lines 16 and 17 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax 25 Federal income tax withheld from: 26 Form(s) 1099 27 Cother forms (see instructions) 28 Add lines 25a through 25c 29 Cother forms (see instructions) 29 Additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 29 American opportunity credit from Form 8863, line 8 29 Amount from Schedule 3, line 15 20 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 30 Add lines 275, 26, and 32. These are your total payments 31 Amount of line 34 you want refunded to you. If Form 888 is attached, check here 32 Bouting number	17			