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.

Filing Status Check only	S 🗌 S	Single X Married filing jointly	Marrie	d filing separately (M	1FS) Head of	household (HOH)			ng survivi (QSS)	ing	
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necked the HOH or	r QSS box, enter t			` ,	qualifying	
	pers	on is a child but not your dependent	:								
Your first name and middle initial				Last name					Your social security number		
DILEEP K PARV				ATHA REDDY			***-**-5273				
If joint return, s	pouse's	first name and middle initial	name				Spouse's social security number				
BHARGAVI					***	_**	-1819				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.		Apt. no.	Presi	dentia	l Election	Campaign	
123 LAKE	CLANI	D DR							if you, or		
		ce. If you have a foreign address, also co	mplete sp	paces below.	State	ZIP code			ling jointly		
WARSAW								s fund. Ch will not ch			
Foreign country name			IN Foreign province/state/county				your tax or refund.				
									You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward, award, or i	payment for prope	erty or services); o	r (b) se	H.			
Assets		ange, gift, or otherwise dispose of a							Yes	X No	
Standard		eone can claim:			e as a dependent						
Deduction		Spouse itemizes on a separate return				447					
		·		1					7		
	_	Were born before January 2, 1	958 _	Are blind Spo		rn before January			_ Is blind		
Dependents				(2) Social security				T.			
If more	(1) Fi	rst name Last name		number	to you	Child tax of	credit	Cre	dit for other	dependents	
than four dependents,	9										
see instruction:	s ——										
and check											
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)				1a	12	,088.	
	b	Household employee wages not re	eported o	on Form(s) W-2				1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26									
1099-R if tax 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 .			2 2 12 12 12 E			1g			
get a Form	h	Other earned income (see instruction	ions) .					1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	1i	i					
mistractions.	Z	Add lines 1a through 1h						1z	12	,088.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxable interes	t		2b			
if required.	3a	Qualified dividends	3a		b Ordinary divide	nds		3b			
	4a	IRA distributions	4a		b Taxable amoun	ıt		4b			
Standard	5a	Pensions and annuities	5a		b Taxable amoun	ıt		5b			
Deduction for—	6a	Social security benefits	6a		b Taxable amoun	it		6b			
Single or Married filing	C	If you elect to use the lump-sum e	lection n	nethod, check here (see instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Scheo						7			
Married filing	8	Other income from Schedule 1, lin					. –	8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					. \vdash	9	12	,088.	
surviving spouse,	10	Adjustments to income from Sche					.	10			
\$25,900 Head of	11	Subtract line 10 from line 9. This is						11	12	,088.	
household,	12	Standard deduction or itemized						12		900.	
\$19,400 If you checked	13						_	13	23	, , , , , , , ,	
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A							25	,900.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							23	0.	
see instructions.		Sastract into 14 Holli line 11. Il Zel	0 01 1033	, orner or inio is y	Car taxable illevil			15		U .	

Form 1040 (2022	2)					Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	8814 2 4972	3 🗌	. 16	0.		
Credits	17	Amount from Schedule 2, line 3	. 17					
	18	Add lines 16 and 17				0.		
	19	Child tax credit or credit for other dependents from So	chedule 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	0.		
	23	Other taxes, including self-employment tax, from Scho	edule 2, line 21 .		. 23	0.		
	24	Add lines 22 and 23. This is your total tax			. 24	0.		
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2		25a 2	94.			
	b	Form(s) 1099		25b				
	C	Other forms (see instructions)		25c				
	d	Add lines 25a through 25c	, 25d	294.				
If you have a	26	2022 estimated tax payments and amount applied fro	m 2021 return		. 26	>		
qualifying child,	27	Earned income credit (EIC)	No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812						
	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 oth	er payments and refu	undable credits .	. 32			
	33	Add lines 25d, 26, and 32. These are your total paym			. 33	294.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line	e 33. This is the amou	nt you overpaid .	. 34	294.		
Direct deposit? See instructions.	35a	Amount of line 34 you want refunded to you. If Form	8888 is attached, che	ck here	35a	294.		
	b	Routing number * * * * * * 1 8 9 1	c Type: 🔀	Checking Sav	ings			
	d	Account number * * * * * * 4 5 1	1					
	36	Amount of line 34 you want applied to your 2023 esti	mated tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you For details on how to pay, go to <i>www.irs.gov/Paymen</i>			. 37			
	38	Estimated tax penalty (see instructions)		38	. 37			
Third Party		you want to allow another person to discuss this						
Designee	ins	tructions			Yes. Complete below. X No			
		5 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hone		Personal identification number (PIN)			
	nar				,			
Sign Here		der penalties of perjury, I declare that I have examined this reture, ef, they are true, correct, and complete. Declaration of preparer						
		ur signature	Your occupation	acca cir air imorriadicir c	1	ent you an Identity		
	100	Date	Tour occupation			ection PIN, enter it here		
Joint return? See instructions.			DATA WAREHOUSE SPECIA			ST (see inst.)		
	Spe	buse's signature. If a joint return, both must sign. Date	sign. Date Spouse's occupation			If the IRS sent your spouse an		
Keep a copy for your records.			HOUSE WIFE			Identity Protection PIN, enter it here (see inst.)		
	- Dh	one no. (574) 549-4823 Email add		vay a constant and a	(
		parer's name Preparer's signature	Hess BKDITEFBI	GMAIL.COM Date P1	IN	Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAG	באס כווסייא ייאדו או	Carrino Carrin	***2703	Self-employed		
Preparer	Transaction of the same of the	n's name GLOBAL TAXES LLC	MIN GOLIA TALLAM	02/21/2023		(678) 965-9522		
Use Only	-	n's address 245 ROONEY CT E BRUNSWICE	NJ 08816		Firm's EIN	**-***1965		
Go to wayy ire a	0.000	11040 for instructions and the latest information.	BAA	REV 02/10/23 PRO	TIIIII S LIIV	Form 1040 (2022)		