<b>1040</b>		Internal Revenue Servi <b>S. Individual Income Tax</b>		202	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.
Filing Status Check only	XS	Single  Married filing jointly	] Married filir	ng separately (N	/IFS)	Head of	house	hold (HOH)		lifying sur use (QSS)	
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent	-	pouse. If you c	heck	ed the HOH or	QSS	box, enter t	he child's	s name if th	ne qualifying
Your first name	and mi	ddle initial	Last name						Your so	ocial securi	ty number
NAGARJUNA C			CHILAKA						675-08-4137		
lf joint return, sp	ouse's	first name and middle initial	Last name						Spouse	's social se	curity numbe
		r and street). If you have a P.O. box, see	instructions.					Apt. no.	1	ential Election	on Campaigr
720 W ON					0			240		, ,	ntly, want \$3
City, town, or post office. If you have a foreign address, also comple CASA GRANDE								ode	to go to	o this fund.	Checking a
	AZ Foreign province/state/county				851		1.	low will not x or refund.			
Foreign country	name		Foreigi	n province/state/	coun	ıy	Foreig	jn postal code	yourta		
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-			Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent [	Your spous	e as	a dependent		X			
Deduction		Spouse itemizes on a separate return				_					
Age/Blindness Dependents		Were born before January 2, 19			ouse	: Was bor (3) Relationsh		ore January ) Check the b		ifies for (see	lind instructions):
If more		rst name Last name	(2) Social securi number		ty	to you		Child tax of		i ,	ther dependents
than four											
dependents,											
see instructions and check											<u> </u>
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see inst	ructions) .					. 1a	1	
income	b	Household employee wages not re	ported on Fo	orm(s) W-2 .					. 1k	<b>)</b>	
Attach Form(s)	с	Tip income not reported on line 1a (see instructions)							. 10	;	
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	ł	
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						. 1e	)		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29					. 11	F			
If you did not	g	Wages from Form 8919, line 6 .							. 10	9	
get a Form	h	Other earned income (see instructi	ons)						. 11	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instructio	ns)		<b>1</b> i					
	z	Add lines 1a through 1h							. 1z	2 10	07,579.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest	t.		. 2b	<b>)</b>	
if required.	3a	Qualified dividends	3a	1.	b C	Ordinary divide	nds .		. 3b	>	1.
	4a	IRA distributions	4a		bТ	axable amoun	t		. 4k	>	
Standard	5a	Pensions and annuities	5a			axable amoun			. 5b	)	
• Single or	6a	-	6a			axable amoun	t		. 6t	<b>)</b>	
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions) $\ldots$ $\ldots$ $\ldots$									
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10							. 8		10,394.
Qualifying surviving spouse, \$25,900	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 9		97,186.
	10	Adjustments to income from Schedule 1, line 26							. 10		
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							. 11		97,186.
\$19,400	12	Standard deduction or itemized					• •		. 12		12,950.
• If you checked any box under <i>Standard</i> <i>Deduction</i> ,	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13		
	14	Add lines 12 and 13       .							. 14		<u>12,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or iess, ent	er -U This is y	our	taxable incom	e.		. 15	<b>)</b>   (	84,236.

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	14,	147.
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	14,	147.
	19	Child tax credit or credit for ot	her dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. I	f zero or less,	enter -0				22	14,	147.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is yo	our <b>total tax</b>					24	14,	147.
Payments	25	Federal income tax withheld fr	rom:							
2	а	Form(s) W-2				<b>25a</b> 18	,591.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	18,	591.
16	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28		]		
	29	American opportunity credit fro	om Form 8863	8, 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. T	hese are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. The	ese are your <b>to</b>	tal payments				33	18,	591.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	4,	444.
	35a	Amount of line 34 you want re	funded to you	I. If Form 8888	is attached, che	ck here	. 🗆	35a	4,	444.
Direct deposit?	b	Routing number 1 2 1 (				Checking	Savings			
See instructions.	d	Account number 3 2 5 0 5 8 3 0 9 9 7 5								
	36	Amount of line 34 you want ap	plied to your	2023 estimate	edtax	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 insi	tructions) .			38				
Third Party	Do	you want to allow another p	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions							X No	
		esignee's Phone Personal identifi ame no. number (PIN)						ication		
<u></u>							( )			
Sign		der penalties of perjury, I declare tha ief, they are true, correct, and comple								
Here								• •	nt you an Ident	0
	10		Pri					IN, enter it her		
Joint return?				DEVOPS ENGINEER (see						
See instructions.	Sp								nt your spouse	
Keep a copy for your records.							tity Prote inst.)	ection PIN, ent	ter it here	
,				Eneril edducer			`			
		one no. (669) 900-2088 eparer's name	Preparer's signat	Email address	CHILAKA, NAGA	RJUNA8@GMAIL.CO	)M PTIN		Check if:	
Paid								2202	Self-emp	ployed
Preparer		(AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2023 P02082								
Use Only		Firm's name         GLOBAL TAXES LLC         Phone           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's							(678) 965-	
				NOWICK N			Firm	's EIN	88-214	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest	intormation.		BAA	REV 01/28/23 PRO			Form <b>10</b> 4	<b>4U</b> (2022

BAA