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

OMB No. 1545-0074

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| Filing Status Check only  |          |  |                               | ed filing separately (N |               |                     |                             | spo   | ouse (QS                        | SS)                            |             |  |  |
|---|----------|--|-------------------------------|-------------------------|---------------|---------------------|-----------------------------|---|---------------------------------|--------------------------------|-------------|--|--|
| one box.  |          | u checked the MFS box, enter the n<br>on is a child but not your dependent   |                               | our spouse. If you ch   | hecke         | d the HOH or        | QSS box, enter t            | he child  | 's name                         | if the qu                      | ıalifying   |  |  |
| Your first name and middle initial  |          |  |                               | Last name               |               |                     |                             |   |                                 | Your social security number    |             |  |  |
| RAMAKRISHNA   |          |  | PRAB                          | PRABHU                  |               |                     |                             |   | ***-**-2922                     |                                |             |  |  |
| 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.  Apt. no. |          |  |                               |                         |               |                     |                             |   |                                 | Presidential Election Campaign |             |  |  |
| 1025 SAMPLEY LN   |          |  |                               |                         |               |                     |                             | Check here if you, or your spouse if filing jointly, want |                                 |                                |             |  |  |
| City, town, or post office. If you have a foreign address, also cor                   |          |  |                               | paces below.            | ZIP code      |                     | go to this fund. Checking a |   |                                 |                                |             |  |  |
| LEANDER   |          |  | TX                            |                         |               |                     | 78641                       | box be  | oox below will not change       |                                |             |  |  |
| Foreign country name  |          |  | Foreign province/state/county |                         |               | Foreign postal code | oreign postal code your tax |   |                                 | x or refund.  You Spouse       |             |  |  |
| <br>Digital   | Δt ar    | ny time during 2022, did you: (a) rec  | eive (as :                    | a reward award or       | navm          | ent for prope       | rty or services); o         | r (b) sell  |                                 | <u></u>                        | Spouse      |  |  |
| Assets  |          | ange, gift, or otherwise dispose of a  |                               |                         |               |                     |                             |   |                                 | es X                           | No          |  |  |
| Standard  | Som      | eone can claim: You as a de  | pendent                       | Your spouse             | e as a        | dependent           |                             |   |                                 |                                |             |  |  |
| Deduction   |          | Spouse itemizes on a separate retur  | n or you                      | were a dual-status      | alien         |                     |                             | ·   |                                 |                                |             |  |  |
| Age/Blindness   | You:     | ☐ Were born before January 2, 1  | 958                           | Are blind Spo           | ouse:         | ☐ Was bor           | n before January            | 2, 1958   | l:                              | s blind                        |             |  |  |
| Dependents  | s (see   | instructions):   |                               | (2) Social security     | ,             | (3) Relationsh      | ip (4) Check the l          | oox if qua  | lifies for (                    | see instru                     | uctions):   |  |  |
| If more   | (1) F    | rst name Last name   |                               | number                  |               | to you              | Child tax                   | credit  | Credit fo                       | or other de                    | pendents    |  |  |
| than four   |          |  |                               |                         |               | $\nabla Z$          |                             |   |                                 |                                |             |  |  |
| dependents,<br>see instructions   | s ——     |  |                               |                         |               |                     |                             |   |                                 |                                |             |  |  |
| and check   |          |  |                               |                         |               |                     | ·                           |   |                                 |                                |             |  |  |
| here L  |          |  |                               |                         | $\perp$       | 72                  |                             |   | 1,                              |                                |             |  |  |
| Income  | 1a       | Total amount from Form(s) W-2, box 1 (see instructions)                      |                               |                         |               |                     |                             | . 1   | 1a 271,211.                     |                                | <u>211.</u> |  |  |
| A44   | b        | Household employee wages not reported on Form(s) W-2                         |                               |                         |               |                     |                             |   | b                               |                                |             |  |  |
| Attach Form(s)<br>W-2 here. Also  | С        | Tip income not reported on line 1a (see instructions)                        |                               |                         |               |                     |                             |   | С                               |                                |             |  |  |
| attach Forms  | d        | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)      |                               |                         |               |                     |                             |   | d                               |                                |             |  |  |
| W-2G and<br>1099-R if tax   | е        | Taxable dependent care benefits from Form 2441, line 26                      |                               |                         |               |                     |                             |   | e<br>f                          |                                |             |  |  |
| was withheld.   | f        | Employer-provided adoption benefits from Form 8839, line 29                  |                               |                         |               |                     |                             |   |                                 |                                |             |  |  |
| If you did not  | g        | Wages from Form 8919, line 6.  |                               |                         |               |                     |                             |   | g                               |                                |             |  |  |
| get a Form<br>W-2, see  | h        | Other earned income (see instruct  | ′ ′                           |                         |               |                     |                             | . 1   | h                               |                                | 0.          |  |  |
| instructions.   | i        | Nontaxable combat pay election (s  | see instr                     | uctions)                |               | <u>li</u>           |                             |   |                                 | 0.51                           | 011         |  |  |
|   | <u>z</u> | Add lines 1a through 1h  |                               |                         |               |                     |                             |   | z                               | 271,                           | 211.        |  |  |
| Attach Sch. B   | 2a       |  | 2a                            |                         |               | xable interest      |                             |   | b                               |                                | 450         |  |  |
| if required.  | 3a       |  | 3a                            |                         |               | dinary divider      |                             |   | b                               |                                | <u>452.</u> |  |  |
|   | 4a<br>-  |  | 4a                            |                         |               | xable amoun         |                             |   | b                               |                                |             |  |  |
| Standard<br>Deduction for—  | 5a       |  | 5a                            |                         |               |                     | t                           |   | b                               |                                |             |  |  |
| Single or   | 6a       |  | 6a                            |                         |               |                     | t                           | . Lº  | b                               |                                |             |  |  |
| Married filing separately,  | c        | If you elect to use the lump-sum e   |                               |                         |               | •                   |                             | 片 돈   | ,                               | 1                              | ٥٢٢         |  |  |
| \$12,950  | 7        | Capital gain or (loss). Attach Sche  |                               |                         | ,             |                     |                             |   | 7                               | <u>-1,:</u>                    | 955.        |  |  |
| Married filing jointly or   | 8        | Other income from Schedule 1, lin  |                               |                         |               |                     |                             | -   | 3                               | 260                            | 700         |  |  |
| Qualifying surviving spouse,  | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> |                               |                         |               |                     |                             |   |                                 | 269,                           | 108.        |  |  |
| \$25,900  | 10       | Adjustments to income from Schedule 1, line 26                               |                               |                         |               |                     |                             |   |                                 | 260                            | 700         |  |  |
| <ul> <li>Head of<br/>household,</li> </ul>  | 11       | Subtract line 10 from line 9. This is your adjusted gross income             |                               |                         |               |                     |                             |   |                                 | 269,                           |             |  |  |
| \$19,400  | 12       | Standard deduction or itemized deductions (from Schedule A)                  |                               |                         |               |                     |                             |   |                                 |                                | 950.        |  |  |
| If you checked any box under  | 13<br>14 |  |                               |                         |               |                     |                             |   | 3                               | 10                             | 0.5.0       |  |  |
| Standard Deduction,   | 15       |  |                               |                         |               |                     |                             |   | 4<br>5                          |                                |             |  |  |
| see instructions.   | .3       | Subtract into 14 Horn line 11. Il Zei  | 0 01 1033                     | 5, ortion 0 11115 15 y  | Jui <b>ta</b> | Addie IIICOIII      |                             | · 💾   | <u> </u>                        | 450,                           | ,,,,,       |  |  |

| Form 1040 (2022                    | 2)       |  |  | Page <b>2</b>                                |  |
|------------------------------------|----------|--|--|--|--|
| Tax and                            | 16       | Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3   | 16   | 63,528.                                      |  |
| Credits                            | 17       | Amount from Schedule 2, line 3   | 17   |  |  |
| 0.00.00                            | 18       | Add lines 16 and 17  | 18   | 63,528.                                      |  |
|                                    | 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   | 63,528.                                      |  |
|                                    | 23       | Other taxes, including self-employment tax, from Schedule 2, line 21   | 23   | 815.   |  |
|                                    | 24       | Add lines 22 and 23. This is your <b>total tax</b>   | 24   | 64,343.                                      |  |
| 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  | 57,147.                                      |  |
| If                                 | 26       | 2022 estimated tax payments and amount applied from 2021 return  | 26   |  |  |
| If you have a qualifying child,    | 27       | Earned income credit (EIC)   | T  |  |  |
| attach Sch. EIC.                   | 28       | Additional child tax credit from Schedule 8812   |  |  |  |
|                                    | 29       | American opportunity credit from Form 8863, line 8   | 7  |  |  |
|                                    | 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 <b>total payments</b>  | 33   | 57,147.                                      |  |
| Refund                             | 34       | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | 34   |  |  |
| neiulia                            | 35a      | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here   | 35a  |  |  |
| Direct deposit?                    | b        | Routing number * * * * * * X X X X X C Type: Checking Savings  |  |  |  |
| See instructions.                  | d        | Account number   *   *   *   *   *   *   *   *   *   |  |  |  |
|                                    | 36       | Amount of line 34 you want applied to your 2023 estimated tax  |  |  |  |
| Amount<br>You Owe                  | 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 instructions  | 37   | 7,227.                                       |  |
|                                    | 38       | Estimated tax penalty (see instructions)   |  |  |  |
| Third Party Designee               |          | by you want to allow another person to discuss this return with the IRS? See   | nelow.   | X No   |  |
| Doolgiloo                          |          | signee's Phone Personal identi   |  |  |  |
|                                    | na       |  |  |  |  |
| Sign                               | Un<br>be | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to<br>lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | the bes  | et of my knowledge and er has any knowledge. |  |
| Here                               | Yo       |  |  | nt you an Identity                           |  |
|                                    |          |  | ection P<br>inst.)   | IN, enter it here                            |  |
| Joint return?<br>See instructions. |          | SOFTWARE ENGINEER  | <u> </u>   |  |  |
| Keep a copy for your records.      | Sp       |  | IRS sent your spouse an ity Protection PIN, enter it here inst.) |  |  |
|                                    | Ph       | one no. (979)739-7526 Email address RK888PRABHU@GMAIL.COM  |  |  |  |
| Doid                               | Pre      | eparer's name Preparer's signature Date PTIN   |  | Check if:                                    |  |
| Paid                               | SYAN     | I PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2023 *****  | 2703   | Self-employed                                |  |
| Preparer                           | Fin      | m's name GLOBAL TAXES LLC Phor   | Phone no. (678)965-9522  |  |  |
| Use Only                           | Fin      | m's address 245 ROONEY CT E BRIINSWICK NJ 08816  | rm's FIN **-***1965  |  |  |