E 1040		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Ta		rn	202	2	OMB No. 154	15-0074	IRS Use C	nly—Do	o not wr	ite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of yo	0		,	Head ded the HOH				spou	ifying surv se (QSS) name if th	0	
Your first name	first name and middle initial Last name Y									Your social security number				
KOUSTHUB MAI				IAHENDRA								***-**-2539		
If joint return, spouse's first name and middle initial Las				ast name						Sp	Spouse's social security number			
RAVEENA ARASI					IKERE RAKESH					*	***-**-2905			
Home address (numbe	r and street). If you have a P.O. box, see	instructior	ns.				ļ	Apt. no.				on Campaign	
4218 CON	GLET	FON PLACE										ere if you, f filing ioin		
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete spa	aces belo	ow.	Sta	te	ZIP c	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a			
DURHAM								277				box below will not change		
Foreign country name			Fc	Foreign province/sta			y	Foreig	gn postal code y		ur tax	or refund.	_	
												You	Spouse	
Digital		y time during 2022, did you: (a) rec												
Assets		ange, gift, or otherwise dispose of a)? (See ins	tructio	ons.)	Ves	X No	
Standard		eone can claim: You as a de	•		•		a dependen							
Deduction		Spouse itemizes on a separate retur	n or you v	were a c	dual-status	alien								
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	ouse	: 🗌 Was b	orn befo	ore Januar	y 2, 1	958	🗌 Is bl	ind	
Dependents	(see	instructions):		(2) S	ocial security		(3) Relation	ship (4	4) Check the	e box if	qualifi	es for (see	instructions):	
If more		rst name Last name			number		to you		Child tax	c credit	t (Credit for oth	ner dependents	
than four]		[
dependents, see instructions]		[
and check]		[
here]		[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruct	tions)						1a	8	36,519.	
	b	Household employee wages not reported on Form(s) W-2								1b				
Attach Form(s) W-2 here. Also	С	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 1099-R if tax	е	Taxable dependent care benefits f				• •				•	1e			
was withheld.	f	Employer-provided adoption bene		Form 88	339, 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 instruct			• • • •	• •	· · ·	 		•	1h		0.	
instructions.	i	Nontaxable combat pay election (see instru	ictions)	••••	• •	· · L	1i						
	z	Add lines 1a through 1h		• •	· · · ·	.	· · ·			·	1z	5	36,519.	
Attach Sch. B if required.	2a		2a				axable intere			•	2b		60.	
	<u>3a</u>		3a				ordinary divid			·	3b			
Other dand	4a 5a		4a 5a				axable amou			·	4b 5b			
Standard Deduction for –	5a 6a				b Taxable amount					•	6b			
Single or	c	Social security benefits 6a b Taxable amount									0.0			
Married filing separately,	7										7		-131.	
\$12,950Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8		0.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	\$	<u> </u>			
surviving spouse,	10	Add lines 12, 20, 35, 45, 50, 65, 7, and 8. This is your total income								10	`	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	\$	36,448.			
household, 12 Standard deduction or itemized deductions (from Schedule A)								12		25,900.				
\$19,400 • If you checked	13	Qualified business income deduct					5-A				13			
any box under Standard	14										14		25,900.	
Deduction,	15	Subtract line 14 from line 11. If zer		, enter -	0 This is y	our t	axable inco	me.			15		50,548.	
see instructions.			,		,									

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): 1 8814 2 4972 3 . .	16	6,852.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,852.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	1,159.
	21	Add lines 19 and 20	21	1,159.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,693.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,693.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)	7	
	d	Add lines 25a through 25c	25d	6,428.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a ^L qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
)	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15	1 /	
	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	6,428.
Defend	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	735.
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	735.
Direct deposit?	b	Routing number * * * 0 1 9 6 c Type: X Checking Savings		
See instructions.	d	Account number * * * * * * * * * 7 0 7 2		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe	57	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	01	
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee			below.	× No
	De	signee's Personal ident	ification	
	nar	ne no. number (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		, ,
nere	Yo			nt you an Identity IN, enter it here
Joint return? See instructions.			e inst.)	
	Sp		e IRS ser	nt your spouse an
Keep a copy for	- 1-	Iden	ntity Prote	ection PIN, enter it here
your records.		SOFIWARE ENGINEER	e inst.)	
	Ph	one no. (919)986-4676 Email address KOUSTHUBMAHENDRA@GMAIL.COM		
Paid Preparer	Pre	eparer's name Preparer's signature Date PTIN		Check if:
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2023 *****	2703	Self-employed
Use Only	Fin	m's name GLOBAL TAXES LLC Pho	ne no. (678)965-9522
	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	n's EIN	**-***1965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/28/23 PRO		Form 1040 (2022)

rs.gov/Form1040 for instructions and t