1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 2	202	2	OMB No. 1545	-0074	IRS Use O	nly—Do	not wr	ite or staple i	n this space.	
Check only		Single Married filing jointly		0	parately (N	,			. ,		spou	fying surv se (QSS)	•	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spous	e. If you ch	neck	ed the HOH or	QSS	box, enter	the ch	nild's	name if th	e qualifying	
Your first name	and mi	ddle initial	Last nam	ne						Yo	ur soc	ial securit	y number	
TRINADH PADIO				GALA						**	***-**-0224			
lf joint return, sp	oouse's	first name and middle initial	Last nam	1e						Sp	ouse's	social sec	urity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instructior	ns.				A	Apt. no.	Pre	esiden	tial Electio	on Campaigr	
3512 JFK	BL	/D, UNIT #1									Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete spaces below.						State ZIP code					spouse if filing jointly, want \$3 to go to this fund. Checking a			
JERSEY CITY				NJ								w will not		
Foreign country name F				oreign province/state/county				Foreign postal code y			your tax or refund.			
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	reward.	award. or i	pavn	nent for prope	rtv or	services):	or (b)	sell.			
Assets		ange, gift, or otherwise dispose of a										Yes	X No	
Standard Deduction	Som	eone can claim: You as a de Spouse itemizes on a separate retur	pendent	Y	our spouse	e as	a dependent							
		Were born before January 2, 1		Are blin		use	: 🗌 Was boi	n befo	ore Januar	y 2, 19	958	Is bli	nd	
Dependents	(see	instructions):		(2) So	cial security		(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see	instructions):	
If more		rst name Last name		number			to you			credit	0	Credit for oth	ner dependents	
than four	-											[
dependents, see instructions]		[
and check]				
here 🗌	,]		[
Income	1 a	Total amount from Form(s) W-2, be					• • • •	<u>n</u>	· · · ·		1 a	13	<u>81,966.</u>	
	b	Household employee wages not re				•		•	· · ·	•	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 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							· · ·	× 1	1e			
was withheld.	f	Employer-provided adoption bene		Form 883	39, 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	_	0.	
instructions.	i	Nontaxable combat pay election (s	see instru	ictions) .		·	· · 1i					1.0	1 0.00	
	z	Add lines 1a through 1h		• • •	· · · ·	•	• • • •	· ·	· · ·	•	1z	13	31,966.	
Attach Sch. B	2a		2a				axable interes		· · ·	•	2b			
if required.	3a		3a				rdinary divide		• • •	•	3b			
	4a		4a				axable amoun		· · ·	•	4b			
Standard Deduction for— • Single or	5a		5a				axable amoun				5b	-		
	6a	Social security benefits 6a b Taxable amount									6b			
Married filing separately,	c 7	If you elect to use the lump-sum election method, check here (see instructions)									-7			
\$12,950 Y Capital gain of loss). Attach Schedule D In required, in not required, check here .							<u>.</u>	· · ·		7 8	1	0 1 1 1		
 Married filing jointly or 	8 9	Other income from Schedule 1, line 10 . .							9		0,444. 21,522.			
Qualifying spouse,	9 10							• •			9 10	12	<u>, , , , , , , , , , , , , , , , , , , </u>	
\$25,900		Adjustments to income from Schedule 1, line 26											1 500	
 Head of household, \$19,400 12 Subtract line 10 from line 9. This is your adjusted gross in Standard deduction or itemized deductions (from Sched 										11 12		21,522.		
\$19,400 • If you checked	13							• •		·	13	+	2,950.	
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A .									14	1	2,950.	
Standard Deduction,	14	Add lines 12 and 13									14		8,572.	
see instructions.			0 1000,	, ontor -0	. 1110 13 y	Juil				•	15	1 10	, J / Z .	

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	19,893.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	19,893.
	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	19,893.
	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	19,893.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	C	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	24,954.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
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		
	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	24,954.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,061.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	5,061.
Direct deposit? See instructions.	b	Routing number * * * 0 3 3 9 c Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * * 5 0 5 6		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party		by you want to allow another person to discuss this return with the IRS? See	laur	
Designee		structions		X No
	na	signee's Phone Personal identi me no. number (PIN)	Incation [
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the best	t of my knowledge and
Here	be	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	n prepare	er has any knowledge.
nere	Yo	S		t you an Identity
			inst.)	N, enter it here
Joint return? See instructions.	- Cn	CONSTRUCTION INSTECTOR .		t your spouse an
Keep a copy for	sp			ection PIN, enter it here
your records.		(see	inst.)	
	Ph	one no. Email address TRINADH39@HOTMAIL.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 01/11/2023 *****.	2703	Self-employed
	Fir	m's name GLOBAL TAXES LLC Phor	ne no. (678)965-9522
Use Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-**5487
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 01/02/23 PRO		Form 1040 (2022)

irs.gov/Form1040 for instructions and t