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

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	X	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	house	hold (HOH)			ifying survi se (QSS)	ving	
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you ch	neck	ed the HOH or	QSS	box, enter	the c			e qualifying	
	pers	on is a child but not your dependent	t:										
Your first name and middle initial				Last name						Your social security number			
KRISHNAKANTH				MIDIDODDY						149-46-7573			
If joint return, spouse's first name and middle initial Las				ast name					Sp	Spouse's social security number			
Home address (	numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pr	esider	ntial Election	n Campaign	
1280 SAXE STREET								150			ere if you, o	,	
City, town, or post office. If you have a foreign address, also complete				olete spaces below. State ZIF							ouse if filing jointly, want \$3 go to this fund. Checking a		
BEAUMONT				TX 7			777	705		ox below will not change			
Foreign country name			F	Foreign province/state/county Foreign province/state/county			Forei	eign postal code your t		ur tax	or refund.		
											You	Spouse	
Digital		y time during 2022, did you: (a) rec					-				<b>V</b>	□ <b></b> .	
Assets		ange, gift, or otherwise dispose of a					asset	)? (See ins	tructio	ns.)	X Yes	∐ No	
Standard Deduction	_	eone can claim:	•	•		a dependent		X					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	: Was bor	n bef	ore Januar	y 2, 1	958	☐ Is blir	nd	
Dependents	(see i	nstructions):		(2) Social security		(3) Relationsh	ip (	4) Check the	box if	qualif	ies for (see i	nstructions):	
If more	<b>(1)</b> Fi	rst name Last name		number	to you			Child tax cre		t (	Credit for oth	er dependents	
than four								`	]			]	
dependents, see instructions	. ——								]				
and check									<u> </u>		L		
here $\square$											L		
Income	1a	Total amount from Form(s) W-2, b								1a	8	1,764.	
Attach Form(s)	b	Household employee wages not re							•	1b			
W-2 here. Also	C	·	ed on line 1a (see instructions)							1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							•	1d			
1099-R if tax	e	Employer-provided adoption bene			•				•	1e			
was withheld.	f	Wages from Form 8919, line 6.		1 FOITH 6639, lifte 29	•					1g			
If you did not get a Form	g h	•			•				•	1h		0.	
W-2, see	i	Other earned income (see instructions)							•			<u></u>	
instructions.	z	Add lines 1a through 1h									8	1,764.	
Attach Sch. B			2a		b Ta	axable interest	 t .			1z 2b			
if required.	3a		3a			rdinary divider				3b		4.	
	4a	IRA distributions	4a			axable amoun				4b			
Standard	5a		5a			axable amoun				5b			
Deduction for-	6a	Social security benefits 6a b Taxable amount								6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		-208.	
Married filing	8	Other income from Schedule 1, line 10								8	-1	1,503.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	7	0,057.	
surviving spouse, \$25,900	spouse, 10 Adjustments to income from Schedule 1, line 26								10				
Head of	<u>11</u>	Subtract line 10 from line 9. This is your adjusted gross income						11		0,057.			
household, \$19,400	12		dard deduction or itemized deductions (from Schedule A)							12	1	2,950.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A											
Standard	14	Add lines 12 and 13								14		2,950.	
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									<b>15</b> 57,107.		

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	8,185.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	8,185.	
	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	8,185.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,185.	
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	10,903.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (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 <b>total payments</b>	33	10,903.	
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	2,718.	
riorana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,718.	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount 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 <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)			
<b>Third Party</b>	Do	you want to allow another person to discuss this return with the IRS? See		_	
Designee	ins	structions	below.	<b>⊠</b> No	
	De nai	signee's Phone Personal ident no. number (PIN)	ification		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	o the bes	st of my knowledge and	
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	h prepar	er has any knowledge.	
Here	Yo		If the IRS sent you an Identity		
			tection P e inst.)	IN, enter it here	
Joint return? See instructions. Keep a copy for your records.		OAVA DEVELOPER		nt your spouse an	
	Оρ	Ider	tity Protection PIN, enter it here inst.)		
	Ph	one no. (409)998-3332 Email address KRISHNAKANTH064@GMAIL.COM			
Doid	Pre	eparer's name Preparer's signature Date PTIN	_	Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/15/2023 P0208	2703	Self-employed	
Preparer	Fire	m's name GLOBAL TAXES LLC Pho	Phone no. (678)965-9522		
Use Only	Fire		Firm's FIN 84-3171965		