1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No.	1545-00	074 I	RS Use O	nly—D	o not wr	ite or staple i	n this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly unchecked the MFS box, enter the nation is a child but not your dependent	ame of y	-	eparately (N se. If you ch							spou	fying surv se (QSS) name if th	0
			Last na	me							Y	Your social security number		
SATISHKUMAR					т							544-83-5120		
			MANDAPALLI Last name							-	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.					Apt.	no.	P	residen	tial Electio	n Campaign
348 SPOE	E WZ	AY											ere if you,	
		ce. If you have a foreign address, also co	mplete s	paces belo	w.	State	e	Z	IP code					tly, want \$3
SAN JOSE				CA								to go to this fund. Checking a box below will not change		
Foreign country name			Foreign province/state/county			F	Foreign postal code				or refund.			
													You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward	, award, or	baym	ent for p	roperty	or sei	vices);	or (b	sell,		_
Assets	exch	ange, gift, or otherwise dispose of a	a digital	asset (or	a financial i	ntere	st in a di	gital as	set)? (See ins	truct	ons.)	Yes	X No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 🔪	Your spouse	as a	depend	ent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	lual-status a	alien								_
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	use:	🗌 Wa	s born	before	Januar	y 2, 1	958	Is bli	nd
Dependents	(see	instructions):		(2) So	ocial security		(3) Relat	ionship	(4) C	heck the	box	if qualifi	es for (see	instructions):
If more		irst name Last name			number	to you						redit Credit for other depen		
than four]		[
dependents,									-]			
see instructions and check	;]			
here	_]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	ions)	•					• •	1a	9	9,086.
meome	b	Household employee wages not re	eported	on Form(s) W-2..						•	1b		_
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	(see ins	structions	5)			• •			•	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	fits from	Form 88	339, line 29							1f		_
lf you did not	g	Wages from Form 8919, line 6 .									•	1g		_
get a Form W-2, see	h	Other earned income (see instruct					2 2 2	1.1		• •		1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			· ·	1 i				_		
	z	Add lines 1a through 1h			· · · ·						•	1z	9	9,086.
Attach Sch. B	2a		2a				xable int				•	2b		
if required.	<u>3a</u>		3a				dinary di		s	• •	•	3b	-	_
	4a		4a	,			xable an			• •	•	4b	-	_
Standard Deduction for –	5a		5a				xable an		• •			5b		_
 Single or 	6a		6a				xable an			• •	÷	6b	-	_
Married filing separately,	C 7		lection method, check here (see instructions)								7		1 7	
\$12,950	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						. 916				7 8	_		
 Married filing jointly or Outlifying Outlifying Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total in 										•	9	-	0.	
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										10		, UOY.
\$25,900		Subtract line 10 from line 9. This is your adjusted gross income										11	-	0 060
household, 12 Standard doduction or itemized doduction					-						•	12		9,069.
\$19,400 • If you checked	13	Qualified business income deduct				,	-Δ			• •		13	+	2,950.
any box under	14							• •	• •	• •	•	14	1	2,950.
Standard Deduction,	15										15		6,119.	
see instructions.				,										<u></u>

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	14,565.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	14,565.
	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	14,565.
	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	14,565.
Payments	25	Federal income tax withheld from:		
, aj mente	a	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	14,172.
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26	
	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	4	
	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	14,172.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X C Type: Checking Savings		
	d			
	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 amount you owe .	_	
	31	For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	393.
	38	Estimated tax penalty (see instructions)	0.	
Third Party Designee	-	you want to allow another person to discuss this return with the IRS? See		
		tructions	below.	× No
	De	signee's Phone Personal iden		
	nai	ne no. number (PIN)		
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t		
	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
11010	Yo	5		nt you an Identity
Joint return? See instructions.			e inst.)	IN, enter it here
	Sp		ne IBS ser	nt your spouse an
Keep a copy for	op	Ide	entity Prote	ection PIN, enter it here
your records.		(see	e inst.)	
	Ph	one no. (660) 528-0997 Email address MANDAPALLISATISH64@GMAIL.COM		
Paid Preparer Use Only	Pre	pparer's name Preparer's signature Date PTIN		Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/09/2023 P0208	32703	Self-employed
	Fire	n's name GLOBAL TAXES LLC Pho	one no. ((678) 965-9522
	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firr	m's EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/24/23 PRO		Form 1040 (2022)
0				