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

2022

OMB No. 1545-0074

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

Filing Status Check only	X S	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	house	ehold (HOH)			fying survi se (QSS)	ving	
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				e qualifying	
	pers	on is a child but not your dependen	t:										
Your first name and middle initial La			Last na	me					Yo	Your social security number			
ANEESH				MANI					69	696-80-0261			
If joint return, spouse's first name and middle initial			Last na	Last name						Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pre	esiden	tial Election	n Campaign	
10320 DEVONSHIRE CIRCLE							D220		Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete				plete spaces below. State ZIF							f filing joint this fund. C		
MINNEAPO	LIS			MN 55							w will not o		
Foreign country name			F	Foreign province/state/county Fo			Forei	reign postal code your ta			our tax or refund.		
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or p	oayn	nent for prope	rty or	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financial i	ntere	est in a digital	asset)? (See inst	ructio	ns.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	t Your spouse	as a	a dependent	`						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	: Was bor	n bef	ore January	/ 2, 19	958	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the	box if	qualifi	es for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	(Credit for oth	er dependents	
than four]	
dependents, see instructions	s ——												
and check													
here													
Income	1a	Total amount from Form(s) W-2, b								1a	8	8,296.	
Attack Farm(s)	b	Household employee wages not r								1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	•							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26								1e			
was withheld.	f	Employer-provided adoption bene			٠				•	1f			
If you did not	g	Wages from Form 8919, line 6 .			٠					1g			
get a Form W-2, see	h :		arned income (see instructions)							1h		0.	
instructions.	i -		see instr	uctions)	•	<u>1i</u>				4-		8,296.	
A# 0 D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		h T	 axable interest			•	1z 2b	0	0,290.	
Attach Sch. B if required.	2a 3a		3a			rdinary divider			•	3b			
	4a		4a			axable amoun			•	4b			
Standard	5a		5a	,		axable amoun			•	5b			
Deduction for—	6a		6a			axable amoun			•	6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)								0.0			
separately,	7		D if required. If not required, check here					$\overline{\Box}$	7				
\$12,950 Married filing	8	Other income from Schedule 1, line 10								8	-1	0,870.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		7,426.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10	1 ,	,	
\$25,900 • Head of	11		Subtract line 10 from line 9. This is your adjusted gross income							11	7	7,426.	
household, \$19,400	12	Standard deduction or itemized	•							12		2,950.	
If you checked	13	Qualified business income deduct		•	,	5-A				13		,	
any box under Standard	14	Add lines 12 and 13								14	1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		4,476.	
JUE III JULIUI IS.		▼											

Form 1040 (2022	2)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,802.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	9,802.		
	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	9,802.		
	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	9,802.		
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	14,085.		
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a 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	14,085.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,283.		
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,283.		
Direct deposit?	b	Routing number 0 7 2 0 0 0 3 2 6 c Type: X Checking Savings				
See instructions.	d	Account number 6 7 8 2 6 1 9 6 2				
	36	Amount of line 34 you want applied to your 2023 estimated tax				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party	Do	you want to allow another person to discuss this return with the IRS? See				
Designee		structions	below.	⋉ No		
		signee's Phone Personal ident	ification			
0:	naı			at of much mounted as a said		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and tief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic				
Here	Yo	ur signature Date Your occupation If the	e IRS se	nt you an Identity		
		Pro	tection P	IN, enter it here		
Joint return?		SR. AGILE COACH (see	e inst.)			
See instructions. Keep a copy for your records.	Sp	Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (515)329-5790 Email address ANEESH.KAKUMANI@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 03/13/2023 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			