E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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OMB No. 1545-0074

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

| Filing Status Check only | X : | Single Married filing jointly | Marrie | ed filing separately (N | MFS) Hea | ad of hou | sehold (HOH) [| | ifying surv ise (QSS) | viving | | |
|---|------------|--|-------------------------------|-----------------------------------|---|-----------|------------------------|----------------------------|---|-----------------------------|--|--|
| one box. | | u checked the MFS box, enter the n on is a child but not your dependent | | our spouse. If you cl | necked the HC | OH or QS | S box, enter the | e child's | name if th | ne qualifying | | |
| Your first name and middle initial | | | | Last name | | | | | | Your social security number | | |
| SRINIVAS | | | | INALA | | | | | ***-**-1173 | | | |
| If joint return, s | pouse's | first name and middle initial | Last nar | Last name | | | | | Spouse's social security number | | | |
| Home address (number and street). If you have a P.O. box, see instructions. | | | | | | | Apt. no. | Presider | ntial Election | on Campaign | | |
| 900 N LAKESHORE DRIVE UNIT 1211 | | | | | | | | Check here if you, or your | | | | |
| City, town, or post office. If you have a foreign address, also cor | | | | nplete spaces below. State ZIP of | | | | | | tly, want \$3 | | |
| CHICAGO | | | | IL | | | | | o go to this fund. Checking a lox below will not change | | | |
| Foreign country name | | | Foreign province/state/county | | | For | Foreign postal code yo | | our tax or refund. | | | |
| | | | | | | | | | You | Spouse | | |
| Digital Assets | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a | | | | | | | Yes | ⊠ No | | |
| Standard | | eone can claim: You as a de | | | | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | | | | | | | | | | |
| Age/Blindness | You: | ☐ Were born before January 2, 1 | 958 | Are blind Spo | ouse: 🗌 Wa | s born be | efore January 2 | , 1958 | ☐ Is bl | ind | | |
| Dependents | s (see | instructions): | | (2) Social security | (3) Relat | tionship | (4) Check the bo | x if qualif | ies for (see | instructions): | | |
| If more | (1) F | rst name Last name | | number | toy | rou | Child tax cre | edit | Credit for ot | her dependents | | |
| than four | | | | | | | | | [| | | |
| dependents, see instructions | | | | | V A | | | | [| | | |
| and check | | | | | | | | | [| | | |
| here | | | | | | | | | [| | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instructions) . | | 10 10 | | 1a | 21 | 16,255. | | |
| | b | Household employee wages not reported on Form(s) W-2 | | | | | | 1b | | | | |
| Attach Form(s) W-2 here. Also | C | Tip income not reported on line 1a (see instructions) | | | | | | | | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | | |
| was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | | | | |
| If you did not | g | Wages from Form 8919, line 6. | | | | - II II | | 1g | | | | |
| get a Form W-2, see | h | ther earned income (see instructions) | | | | | | 1h | | 0. | | |
| instructions. | i | Nontaxable combat pay election (| see instr | uctions) | | 1i | | - | | | | |
| | | Add lines 1a through 1h | | | | | | 1z | - | 16,255. | | |
| Attach Sch. B if required. | 2a | | 2a | | b Taxable int | | | 2b | | | | |
| | 3a | And the second s | 3a | | b Ordinary d | | | 3b | | | | |
| | 4a | | 4a | | b Taxable an | | | 4b | | | | |
| Standard Deduction for— | 5a 6a | | 5a 6a | | b Taxable anb Taxable an | | | 5b 6b | | | | |
| Single or Married filing | С | _ | | nethod check here | | | | OD | | | | |
| separately, | 7 | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | 7 | | | | |
| \$12,950 Married filing | 8 | Other income from Schedule 1, lin | | · · · · · · | , | | | 8 | | 10,845. | | |
| jointly or | 9 | | | | | | | 9 | | 05,410. | | |
| Qualifying surviving spouse, | 10 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | 21 | 05,410. | | |
| household, | 12 | Standard deduction or itemized | | | | | | 11 | | 12,950. | | |
| \$19,400 If you checked | 13 | Qualified business income deduct | | | | | | 13 | | , | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | _ | 12,950. | | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | | 92,460. | | |
| SCE HISTIUCTIONS. | | | | - | | | | | | | | |

| Form 1040 (2022 | 2) | | | Page 2 |
|--------------------------------------|--------------------------|---|-----------------------|---|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 41,819. |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 41,819. |
| | 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 | 41,819. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 331. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 42,150. |
| 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 | 42,013. |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | 26 | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | Y | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | |
| | 29 | American opportunity credit from Form 8863, line 8 | 7 | |
| | 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 | 42,013. |
| 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? | b | Routing number * * * * * * X X X X X C Type: Checking Savings | | |
| See instructions. | d | Account number * * * * * * * * * | | |
| | 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 . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | 137. |
| | 38 | Estimated tax penalty (see instructions) | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See | | |
| Designee | | structions | elow. | X No |
| 3 | De | signee's Phone Personal identif | ication | |
| | nai | me no. number (PIN) | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | |
| Here | | | | nt you an Identity |
| | | Prote | ection P | IN, enter it here |
| Joint return? | SUNTON PRIVACEN, WARPANT | | inst.) | |
| See instructions. Keep a copy for | Sp | | | nt your spouse an ection PIN, enter it here |
| your records. | | (see | inst.) | |
| | Ph | one no. Email address SRINIVASINALA88@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 04/17/2023 *****. | 2703 | Self-employed |
| Preparer | Fin | m's name GLOBAL TAXES LLC Phor | ne no. (678) 965-9522 | |
| Use Only | Fir | 's FIN | **_**1965 | |