<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		202	2	OMB No. 1545-	0074	IRS Use Or	ily—Do not	write or stap	ble in this space.	
Filing Status Check only one box.	lf yo	u checked the MFS box, enter the na	ame of your s	ng separately (N spouse. If you ch		—			sp	ualifying su ouse (QSS I's name if	S)	
	pers	on is a child but not your dependent										
Your first name and middle initial Last n				st name Yo						Your social security number		
SHRAVAN	KUMA	AR REDDY	BIREDDY						-	-82-25		
lf joint return, sp	ouse's	first name and middle initial	Last name						Spous	e's social s	security number	
Home address	numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Presid	dential Elec	ction Campaigr	
1316 MOR	NINC	G VIEW RD			_					Check here if you, or your spouse if filing jointly, want \$3		
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spaces	below.	Sta	te	ZIP co	ode			d. Checking a	
GEORGETOWN			TX			786	28		elow will n			
Foreign country name			Foreig	Foreign province/state/county Fo				reign postal code your ta		ax or refun <b>Υοι</b>		
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a			-		-			_	s 🛛 No	
Standard		eone can claim: You as a de		Vour spouse			10001)	. (000 1101		.,		
Deduction	_	Spouse itemizes on a separate return	-									
Age/Blindness	You:	Were born before January 2, 19	958 🗌 Are	e blind <b>Spo</b>	use	: 🗌 Was bor		ore January			blind	
Dependents	s (see i	instructions):	(	(2) Social security		(3) Relationshi	ip <b>(4</b>	(4) Check the b		ì	,	
If more	(1) Fi	(1) First name Last name		number	to you			Child tax c		Credit for	other dependents	
than four dependents,											<u> </u>	
see instructions								<u> </u>			<u> </u>	
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, be		,						a	41,376.	
Attach Form(s)	b	Household employee wages not re					• •			b		
W-2 here. Also	c	Tip income not reported on line 1a				· · · ·	• •					
attach Forms	d	Medicaid waiver payments not rep					• •			d		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f			•		• •			le		
was withheld.	f	Employer-provided adoption bene			•		• •			1f		
If you did not	g	<b>e</b>			•		• •			g		
get a Form W-2, see	h	Other earned income (see instructi			•		· ·		· []	lh 🛛	0.	
instructions.	i	Nontaxable combat pay election (s	see instructio	ns)	•	<b>1</b> i				-	11 276	
	<u>z</u>	Add lines 1a through 1h	· · · ·	· · · · ·	ь т	· · · · ·	• •			Iz	41,376.	
Attach Sch. B if required.	2a	· ·	2a			axable interest				2b		
	3a	· ·	3a 1a			rdinary divider axable amount				Bb Ib		
Ot an dand	4a 5a		4a 5a			axable amount				5b		
Standard Deduction for –	5a 6a		ba ba			axable amount				b b		
Single or	C	If you elect to use the lump-sum el							ήμ			
Married filing separately,	7	Capital gain or (loss). Attach Scher					• •			7		
\$12,950 • Married filing	8	Other income from Schedule 1, line	•				• •			8		
jointly or	9						• •			9	41,376.	
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								10	41,370.	
\$25,900	11	Adjustments to income from Schedule 1, line 26  . <t< td=""><td>11</td><td>11 376</td></t<>								11	11 376	
Head of household,	12									12	<u>41,376.</u> 12,950.	
\$19,400 • If you checked	13	Standard deduction or itemized deductions (from Schedule A)								12	<b>,</b> , , , , , , , , , , , , , , , , , ,	
any box under	14	Add lines 12 and 13								14	12,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer					е.			15	28,426.	
see instructions.												

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 F	orm(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	3,206.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	3,206.
	19	Child tax credit or credit for other dependent	lents from Scheo	lule 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 le	ss, enter -0				22	3,206.
	23	Other taxes, including self-employment t	ax, from Schedul	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your total ta	<b>x</b>				24	3,206.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			<b>25a</b> 5	,789.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	5,789.
	26	2022 estimated tax payments and amoun					26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8			28			
)	29	American opportunity credit from Form 8			29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are y			_		32	
	33	Add lines 25d, 26, and 32. These are you				• •	33	5,789.
Refund	34	If line 33 is more than line 24, subtract lin					34	2,583.
	35a	Amount of line 34 you want <b>refunded to</b>					35a	2,583.
Direct deposit?	b	Routing number    2    1    1    3    9    1				Savings	loou	,
See instructions.	d	Account number 4 6 8 6 4 8	ouvingo					
	36	Amount of line 34 you want applied to yo		ed tax	36			
Amount	37				00			
You Owe	31	Subtract line 33 from line 24. This is the a For details on how to pay, go to <i>www.irs.</i>					37	
	38	Estimated tax penalty (see instructions)			38	• •	01	
Third Party		you want to allow another person to						
Designee			elow.	× No				
Deelghee	De	esignee's Phone Personal identif						
	nar		no.		numb	per (PIN)		
Sign		der penalties of perjury, I declare that I have example						
Here	bel	elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which						, ,
nere	Yo	ur signature	Date	Date Your occupation				nt you an Identity N, enter it here
La la tracta and O				EMPLOYEE			nst.)	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sigr	. Date	Spouse's occupat	tion		, i	nt your spouse an
Keep a copy for	op		. Duto					ection PIN, enter it here
your records.					(see i	nst.)		
	Ph	one no. (937) 993-8784	Email address	BIREDDYSRA	VAN@GMAIL.CC	M		
Paid	Pre	eparer's name Preparer's sig	Inature		Date	PTIN		Check if:
	SYAM	AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/14/2023 P02082						Self-employed
Preparer	Firi	n's name GLOBAL TAXES LLC	eno. (	678)965-9522				
Use Only	Firi	n's address 245 ROONEY CT E E	RUNSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 02/05/23 PRO			Form <b>1040</b> (2022