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

2022

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	d filing separately (Nour spouse. If you ch	,			,		spou	fying survi se (QSS) name if the	•	
		on is a child but not your dependent							1				
	our first name and middle initial Last na									Your social security number			
		LIKHITHA		AVASI						172-95-6135			
If joint return, s	pouse's	first name and middle initial	Last nar	ne					S	pouse's	social sec	urity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	Apt. no.					Presidential Election Campaign				
SPLIT OF	AK_LA	ANE						C			ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	plete spaces below. State Z				code				lly, want \$3 Checking a	
RICHMON			VA Z				23	229			w will not		
Foreign country name			Foreign province/state/county Foreign posta			ign postal co	de yo	our tax	or refund.				
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as a	a reward, award, or p	oayn	nent for prope	rty o	r services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial in	ntere	est in a digital	asse	t)? (See ins	tructi	ons.)	Yes	⊠ No	
Standard	Som	eone can claim: You as a de	pendent	Your spouse	as a	a dependent							
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status a	alien	4							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n be	fore Janua	y 2, 1	1958	☐ Is bli	nd	
Dependents	s (see	(see instructions): (1) First name Last name		(2) Social security number		(3) Relationshi to you		(4) Check the Child tax		if qualifi	es for (see i	nstructions):	
If more	(1) Fi									it (Credit for other dependents		
than four							J						
dependents, see instruction:	s]	
and check]	
here]	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a	.5	5,264.	
	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)								1c		_	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		_		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e		_		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		_	
If you did not	g	Wages from Form 8919, line 6 .								1g		_	
get a Form	h	Other earned income (see instructi	ons) .				4			1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instri	uctions)		<u>1i</u>							
	Z	Add lines 1a through 1h								1z	5	5,264.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t			2b		_	
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds			3b		_	
	4a	IRA distributions	4a		b Ta	axable amoun	t.			4b		_	
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b		_	
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t .			6b		_	
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here (see i	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired,	check here				7			
Married filing	8	Other income from Schedule 1, line 10							8	_	4,690.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	5	0,574.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	5	0,574.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)	v v v v				12	1	2,950.	
If you checked	13									13			
any box under Standard	14	Add lines 12 and 13				x x x x				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	3	7,624.	

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	4,310.
Credits	17	Amount from Schedule 2, line 3	17	<u> </u>
	18	Add lines 16 and 17	18	4,310.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	<u>, </u>
	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	4,310.
	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	4,310.
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	5,902.
f you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
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	5,902.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,592.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,592.
Direct deposit?	b	Routing number 0 4 4 0 0 0 0 3 7 c Type: X Checking Savings		
See instructions.	d	Account number 3 6 7 1 1 2 0 1 5		
	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 Designee	ins Des	you want to allow another person to discuss this return with the IRS? See tructions		⊠ No
	nar			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		

Designee	motractions				omplete below.	X NO				
-	Designee's name	Phone no.		onal identification ber (PIN)						
Sign Here Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have example belief, they are true, correct, and complete. Declaration									
	Your signature	Date	Date Your occupation			If the IRS sent you an Identity Protection PIN, enter it here				
			SOFTWARE E	(see inst.)						
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on	THE RESIDENCE PROPERTY AND ADDRESS.	If the IRS sent your spouse an Identity Protection PIN, enter it her				
					(see inst.)					
	Phone no. (313) 394-9121	Email address	VENKATA.LIKHI	THA13@GMAIL.C	OM					
D.: d	Preparer's name Preparer's sig	ınature		Date	PTIN	TIN Check if:				

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2023 P02082703

GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Go to www.irs.gov/Form1040 for instructions and the latest information.

Paid

Preparer

BAA

REV 02/17/23 PRO

84-3171965 Form 1040 (2022)

Self-employed

Phone no. (678) 965-9522

Firm's EIN