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



OMB No. 1545-007

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

Filing Status Check only	<b>X</b> 9	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	☐ Head of	house	ehold (HOH	)		ifying sur	viving	
one box.		u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you cl	necke	ed the HOH or	r QSS	box, enter	the o		, ,	ne qualifying	
Your first name and middle initial			Last na	me					Y	Your social security number			
ROHIT SAI GANESH			KODA	VALI					8	826-05-5195			
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instruc				tructions. Apt. no.				Р	Presidential Election Campaign				
7465 SCOT TERRACE										Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete				lete spaces below. State Z						spouse if filing jointly, want \$3 to go to this fund. Checking a			
EDEN PRAIRIE				MN			553	55346 bo		box below will not change			
Foreign country name			Foreign province/state/county				Foreign postal code yo		your tax or refund.  You Spouse				
 Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward award or	navm	ent for prope	rtv or	services):	or (b)	sell	You	Spouse	
Assets		ange, gift, or otherwise dispose of a	•				•		٠,		Yes	⊠ No	
Standard		eone can claim: You as a de					-	.,. (5555		0,			
Deduction		Spouse itemizes on a separate return											
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn bef	ore Januar	y 2, 1	958	☐ Is bl	ind	
Dependent	s (see	(see instructions):		(2) Social security		(3) Relationship to you		(4) Check the box if Child tax credit		if qualif	ies for (see	instructions)	
If more	<b>(1)</b> Fi	rst name Last name		number						it Credit for other deper		her dependent	
than four									]				
dependents, see instruction	s ——												
and check	. —												
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)						1a		98 <b>,</b> 245.	
	b	Household employee wages not reported on Form(s) W-2								1b			
Attach Form(s) W-2 here, Also	С	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 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
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 instructions)						1h	_	0.			
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i	i						
	Z	Add lines 1a through 1h								1z		98,245.	
Attach Sch. B	<b>2</b> a	'	2a			axable interes				2b			
if required.	3a	· ·	3a			rdinary divide				3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun			·	6b	-		
Married filing separately,	C	If you elect to use the lump-sum e			•	•							
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							Ш	7			
Married filing jointly or	8	Other income from Schedule 1, line 10						٠	8		-9,581.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	+ - 3	88,664.	
\$25,900	10	Adjustments to income from Schedule 1, line 26								10	1		
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>						11		88,664.			
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)						•	12	<u> </u>	12,950.		
If you checked any box under	13 14								•	13		12 050	
Standard Deduction,	14 15	Add lines 12 and 13							•	14		12,950. 75,714.	
see instructions.	13	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15		10,114.	

					Pa	age	<b>2</b>		
6			12	, 2	27	7			
7									
8			12	, 2	27	7			
9									
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2			12	, 2	27	7	•		
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2 3 4 5a			14 2 2	, 5	55	1	•		
4			2	, 2	27	4	•		
ā			2	, 2	2.7	4	•		
7								ı	
W.	X	No	0						

Form 1040 (2022) Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 1 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . 1 Add lines 16 and 17 . . . . . . . . . . . 18 1 19 Child tax credit or credit for other dependents from Schedule 8812 1 20 2 Amount from Schedule 3, line 8 . . . . . . . 21 2 Add lines 19 and 20 . . . . . . . . . . . . 22 2 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 2 Add lines 22 and 23. This is your total tax 2 24 **Payments** 25 Federal income tax withheld from: 14,551. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С 25 d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 2 If you have a 27 Earned income credit (EIC) . . . . . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use . . . . . . . . . . . . . 31 Amount from Schedule 3, line 15 . . . . . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 3 33 Add lines 25d, 26, and 32. These are your total payments 3 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 3 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35 Routing number 2 7 2 4 7 1 8 5 2 Direct deposit? b **c** Type: X Checking Savings See instructions. Account number 1 2 9 0 4 7 3 9 7 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 3 Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below Designee Designee's Phone Personal identification number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) DESIGN ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (906)370-7278Email address ROHIT4SAI22@GMAIL.COM

Preparer's name

Firm's name

Firm's address

**Paid** 

**Preparer** 

Use Only

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM

GLOBAL TAXES LLC

03/07/2023

Date

PTIN

P02082703

Firm's EIN

Self-employed

Check if:

Phone no. (678) 965-9522