1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		m 20 2	2	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or staple in this space.
Filing Status Check only		Single Married filing jointly] Married	filing separately (I	MFS)	Head of	house	hold (HOH)		lifying surviving use (QSS)
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent	-	ur spouse. If you o	heck	ed the HOH or	QSS	box, enter th	ne child's	name if the qualifying
Your first name	and mi	ddle initial	Last name)					Your so	cial security number
HEMANTH GUN			GUNTA	KA					812-88-4280	
lf joint return, sp	oouse's	first name and middle initial	Last name	9					Spouse'	's social security number
	•	r and street). If you have a P.O. box, see	instructions	S.			A	Apt. no.	1	ntial Election Campaigr
9288 GRA				s below. State ZIP code			1 -	Check here if you, or your spouse if filing jointly, want \$3		
	OST OTTIC	ce. If you have a foreign address, also co	mplete spa	Ces Delow.			ZIP c		to go to	this fund. Checking a
FRISCO			TX Ecretary province (state (county					75033 Foreign postal code		ow will not change < or refund.
Foreign country name				Foreign province/state/county				Jreigh postal code your ta		You Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a					-			🗙 Yes 🗌 No
Standard		eone can claim: You as a de	-	Vour spous			40000	1 (000 mour		
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you w	vere a dual-status	alier	1				
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore January	,	Is blind
Dependents				(2) Social security	/	(3) Relationsh	ip (4		· ·	fies for (see instructions):
If more	(1) Fi	(1) First name Last name		number		to you		Child tax o	redit	Credit for other dependents
than four dependents,										
see instructions	s ——									
and check here										
	10	Total amount from Form(s) W-2, b		notructions)					1	144,696.
Income	1a b								. 1a . 1b	
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2							. 1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d		
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							. 1e	•
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f	
was withheld. If you did not	g								. 1g	1
get a Form	h	Other earned income (see instructi	ons) .						. 1h	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)								
	z	Add lines 1a through 1h							. 1z	144,696.
Attach Sch. B	2 a	Tax-exempt interest	2a		bТ	axable interest	t.		. 2b)
if required.	3a	Qualified dividends	3a	15.	bC	Ordinary divide	nds .		. 3b	27.
	4a	IRA distributions	4a		bΤ	axable amoun	t		. 4b)
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t		. 5b)
• Single or	6a		6a			axable amoun	t		. 6b)
Married filing	С	If you elect to use the lump-sum e	lection me	thod, check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if re	equired. If not req	uired	, check here		[7	70.
 Married filing jointly or 	8	Other income from Schedule 1, line							. 8	-10,643.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	com	e			. 9	134,150.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26)
Head of household,	11		ct line 10 from line 9. This is your adjusted gross income						. 11	
\$19,400	12	Standard deduction or itemized					• •		. 12	
 If you checked any box under 	13	Qualified business income deduction from Form 8995 or Form 8995-A								
Standard Deduction,	14	Add lines 12 and 13 .								12,950.
see instructions.	15	Subtract line 14 from line 11. If zer	. 15	121,200.						

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 Fe	orm(s): 1 🗌 881	4 2 4972	3		16	22,922.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	22,922.
	19	Child tax credit or credit for other depend	lents from Scheo	lule 8812			19	
	20	Amount from Schedule 3, line 8					20	3.
	21	Add lines 19 and 20					21	3.
	22	Subtract line 21 from line 18. If zero or lea	ss, enter -0				22	22,919.
	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	x				24	22,919.
Payments	25	Federal income tax withheld from:						
2	а	Form(s) W-2			25a 25	,230.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	25,230.
	26	2022 estimated tax payments and amour					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		1	
	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	25,230.
Refund	34	If line 33 is more than line 24, subtract lin					34	2,311.
	35a	Amount of line 34 you want refunded to					35a	2,311.
Direct deposit?	b	Routing number 1 1 1 0 0 0				Savings	oou	,
See instructions.	d	Account number 4 8 8 0 8 1	ouvingo					
	36	Amount of line 34 you want applied to yo			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	• •	07	
Third Party		you want to allow another person to						
Designee			elow.	XNo				
Designee	De	esignee's Phone Personal identif						
	nai		no.			oer (PIN)		
Sign		der penalties of perjury, I declare that I have exar						
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 IN, enter it here
laint wature 0							nst.)	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign	. Date	Spouse's occupat			,	nt your spouse an
Keep a copy for	op							ection PIN, enter it here
your records.	(see						nst.)	
	Ph	one no. (512) 669-8459	Email address	LETTERTOHEM	ANTH@GMAIL.CO	M		
Doid	Pre	eparer's name Preparer's sig	gnature		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	04/12/2023	P02082	703	Self-employed
Preparer	Fir	n's name GLOBAL TAXES LLC	eno. ((678)965-9522				
Use Only	Fir	n's address 245 ROONEY CT E B	RUNSWICK N	J 08816		Firm'		84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 03/22/23 PRO			Form 1040 (2022
•				-				