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

2022	2
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OMB No. 1545-0074

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

Filing Status	\mathbf{X}	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	house	ehold (HOF	1)		fying surviv se (QSS)	/ing	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of v	our spouse. If you ch	necke	ed the HOH or	QSS	box, ente	r the cl			qualifying	
		on is a child but not your dependent		,				,				, , ,	
Your first name and middle initial Last name								Yo	Your social security number				
SUNIL KUMAR SO				OMAVARAPU						***-**-3553			
If joint return, spouse's first name and middle initial Last name						s				Spouse's social security number			
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Dr	osidon	tial Flection	Campaign	
		ENDENCE DR						1201		Presidential Election Campaigr Check here if you, or your			
		ce. If you have a foreign address, also co	mplete si	paces below.	State	е	ZIP		sp	spouse if filing jointly, want \$3			
FARMINGTON											o go to this fund. Checking a box below will not change		
Foreign country name			F	39737.3				2011		our tax or refund.			
0					,					2	You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award, or p	oaym	ent for prope	rty or	services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a					-				Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	as a	dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n bef	ore Janua	ry 2, 1	958	Is blin	d	
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box if	qualifi	es for (see in	structions):	
If more	(1) Fi	First name Last name		number		to you		Child tax cr		t (Credit for other dependents		
than four dependents,	9				- 4							<u> </u>	
see instructions								L			L		
and check	9							L					
here		T						L					
Income	1a	Total amount from Form(s) W-2, b					11		•	1a	9	7,870.	
Attach Form(s)	b	Household employee wages not re	•						•	1b	-		
W-2 here. Also	C	Tip income not reported on line 1a			otruc	tional				1c			
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e					
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29						1f					
was withheld.	g	Wages from Form 8919, line 6.	into iroin	11 OHN 0000, IIIIC 25						1g			
If you did not get a Form	h	Other earned income (see instruct	ions)							1h		0.	
W-2, see	i	Nontaxable combat pay election (s											
instructions.	z								1z	9.	7,870.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	xable interest	t .			2b			
if required.	3a	Qualified dividends	3a	30.	b Or	dinary divider	nds .			3b		55.	
	4a	IRA distributions	4a		b Ta	xable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b Ta	xable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		b Ta	xable amoun	t		121	6b			
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)											
\$12,950	7	Capital gain or (loss). Attach Schee		required. If not requ	ired,	check here			. \square	7			
Married filing jointly or	8	Other income from Schedule 1, line 10							8		3,456.		
Qualifying surviving spouse,	9		s 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	8	9,469.	
\$25,900	10	Adjustments to income from Sche							10				
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income						11		9,469.			
\$19,400	12		ion or itemized deductions (from Schedule A)						12	1 12	2 , 950.		
If you checked any box under	13		Qualified business income deduction from Form 8995 or Form 8995-A						13				
Standard Deduction,	14 15	Add lines 12 and 13						14					
see instructions.	13	Subtract line 14 HOITI line 11. If Zer	o or less	5, 611161 -0 11115 IS Y	Jui La	avanie ilicom				15		0,019.	

Form 1040 (2022	2)				Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12	,447.
Credits	17	Amount from Schedule 2, line 3	17		,
	18	Add lines 16 and 17	18	12	,447.
	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	12	,447.
	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	12	,447.
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	14	,302.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	>	
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	14	,302.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1	,855.
Ticiana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1	,855.
Direct deposit?	b	Routing number * * * * * * * 0 0 2 5 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * * * * * * 1 2 5 9			
	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		you want to allow another person to discuss this return with the IRS? See tructions	oelow.	X No	
		signee's Phone Personal identity	ication r		
	nar				
Sign Here	bel	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any kr	nowledge.
					entity iere
Joint return?			inst.)	N, enter it h	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the Identity	tity Prote	t your spou	
your records.		(see	inst.)		
	Pho	one no. (281)818-1909 Email address WINCHESTERS559@GMAIL.COM			

Go to www.irs.gov/Form1040 for instructions and the latest information.

Preparer's name

Firm's name

Firm's address

Paid

Preparer

Use Only

BAA

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

REV 02/05/23 PRO

02/14/2023

Date

PTIN

****2703

Firm's EIN

-*1965 Form **1040** (2022)

Self-employed

Check if:

Phone no. (678) 965-9522