## 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	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	/IFS)	Head of	household (	HOH	l) [		lifying su use (QSS		ing
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you ch	necke	ed the HOH or	QSS box,	ente	r the	child's	name if	the	qualifying
Your first name	and mi	ddle initial	Last nai	ast name						Your social security number			
				GERI					-	760-92-8136			
If joint return, spouse's first name and middle initial  Last n										Spouse's social security number			
JEEVANI				HIREDDY						985-94-5164			
	(numbe	er and street). If you have a P.O. box, see					Apt. no	).		Presidential Election Campaign			
1105 BOW	•			3032					- 1	Check here if you, or your			
		ce. If you have a foreign address, also co	mplete si	te spaces below. State ZI				IP code S			spouse if filing jointly, want \$3		
LEWISVII		501 y 0aa. 0 a .0. 0.g aaa. 000, a.00 00											necking a
Foreign country			F								box below will not change your tax or refund.		
Toreign country hame				. Grought province, et al.o, et al.o,				,			You Spous		
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward award or i	navr	nent for prope	rtv or servic	200)	or (h	ı) sell			
Assets		ange, gift, or otherwise dispose of a			-		-				Yes	s [	X No
Standard		eone can claim: You as a de					,. (			,			
Deduction	_	Spouse itemizes on a separate retur		·									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Ja					blind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	(4) Check the b		if qualit	fies for (se	ee ins	structions):
If more	<b>(1)</b> Fi	rst name Last name	number			to you	Ch	Child tax cr		dit	Credit for other dependent		
than four													
dependents, see instruction:	s ——												
and check													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a		<u> 111</u>	,588.
	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	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits 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) .							1h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i							
iii i sti dottoris.	z	Add lines 1a through 1h								1z		111	,588.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	:			2b			
if required.	3a	Qualified dividends	3a	535.	<b>b</b> O	rdinary divider	nds			3b			535.
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t			5b			
Deduction for —	6a		6a		<b>b</b> Ta	axable amoun	t			6b			
Single or Married filing	С												
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. П	7	1	-3	3,000.
\$12,950 Married filing	8	Other income from Schedule 1, line 10								8			,049.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	<u> </u>		,074.
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10			, 0, 1.
\$25,900 Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11		1 0 0	0,074.
household,	12		-	-						12			5,900.
\$19,400 If you checked	13	Standard deduction or itemized deductions (from Schedule A)								13			, , , , , , ,
any box under	14	Add lines 12 and 13							•	14		25	,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15			,174.
see instructions.	. •	oubtract line 14 from line 11. if zero of less, enter -0 This is your taxable income								13			<u>,                                    </u>

Form 1040 (202	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲	16	8,424.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,424.
	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	8,424.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	8,424.
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	14,635.
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 29		
	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 <b>total payments</b>	33	14,635.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6,211.
iciana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	6,211.
Direct deposit? See instructions.	b	Routing number 0 8 1 0 0 0 0 3 2 c Type: X Checking Savings		
	d	Account number 3 5 5 0 0 4 3 7 6 5 2 4		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  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	Do	you want to allow another person to discuss this return with the IRS? See tructions	pelow.	X No
	De	signee's Phone Personal identi ne no. number (PIN)	fication I	

Sign Here	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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
	Your signature			Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?					SOFTWARE	ENGINEER	(see inst.)				
See instructions. Keep a copy for your records.	Spouse's signa	ature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupa HOMEMAKER	tion		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Phone no.	6	Email address	VIJAYA.BINIGERI@	COM						
Paid Preparer	Preparer's nam	ne	Preparer's signature			Date	PTIN	Check if:			
	SYAM PRIYA RAM	SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	03/02/2023	P02082703	Self-employed			
	Firm's name	GLOBAL TA	XES LLC				Phone no.	(678) 965-9522			

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's address

**Use Only** 

Firm's EIN