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

OMB No. 1545-0074

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

	\mathbf{X}	Single Married filing jointly	Marrie	ed filing separately (l	MFS)	Head of	househol	(HOH)		alifying s		ng	
Check only one box.	If vo	u checked the MFS box, enter the n	ame of v	our spouse. If you o	hecke	ed the HOH or	QSS box	k. enter t		ouse (QS s name		ualifvina	
		on is a child but not your dependent						,				1	
Your first name and middle initial				Last name						Your social security number			
VENKATESHWAR REDDY VA				ALLAPREDDY						***-**-0391			
If joint return, sp	ouse's	first name and middle initial	Last nar	Last name						Spouse's social security number			
Home address	numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt.	no.	Presid	ential Ele	ction (Campaign	
119 UNITK, NORTHBEND DRIVE										Check here if you, or your spouse if filing jointly, want \$3			
City, town, or po	ce. If you have a foreign address, also co	e spaces below. State			ZIP code			e if filing o this fur					
HARRISBURG				NC						low will			
Foreign country name			Foreign province/state/county			у	Foreign postal code yo		your ta	your tax or refund.			
										Yo	·u [Spouse	
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	rty or ser	vices); o	r (b) sell,				
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial	intere	est in a digital	asset)? (S	See instr	uctions.	Y€	es 🖹	⊴ No	
Standard	Som	eone can claim:	pendent	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	Was bor	n before	January	2. 1958		s blind		
Dependents	-			(2) Social security	,	(3) Relationsh	1	<u> </u>		lifies for (see inst	tructions):	
If more		irst name Last name		number		to you		Child tax cred		Credit fo	r other o	dependents	
than four													
dependents,													
see instructions and check	· —					705	,						
here						7							
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .		.)			. 1	а	93	,960.	
moome	b	Household employee wages not reported on Form(s) W-2							. 1	b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 1	С			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1	d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							. 1	е			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f			
If you did not	g	Wages from Form 8919, line 6 .							. 1	g			
get a Form	h	Other earned income (see instruct	ions) .						. 1	h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>							
	Z	Add lines 1a through 1h							. 1	z	93	,960.	
Attach Sch. B	2 a		2a			axable interest			. 2				
if required.	<u>3a</u>		3a			rdinary divider			. 3				
	4a		4a			axable amount			. 4				
Standard Deduction for—	5a		5a			axable amount			. 5				
Single or	6a		6a			axable amount			. 6	b			
Married filing separately,	_C	If you elect to use the lump-sum e		•	•	,		!	╡ .		2	0.00	
\$12,950	7	Capital gain or (loss). Attach Sche			,			!	□ 7			,000.	
 Married filing jointly or 	8	Other income from Schedule 1, line 10							. 8			<u>,000.</u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								0	80	<u>,960.</u>	
\$25,900	10	Adjustments to income from Schedule 1, line 26										060	
 Head of household, 	11		, , ,						. 1			<u>,960.</u>	
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									12	<u>,950.</u>	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								3	10	050	
Standard Deduction,	14 15	Add lines 12 and 13							. 1				
see instructions.	19	Subtract line 14 from line 11. If Zero or less, enter -U This is your taxable income										,010.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,583.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	10,583.	
	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	10,583.	
	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	10,583.	
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	12,855.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	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	12,855.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,272.	
11010111	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,272.	
Direct deposit?	b	Routing number * * * * * 0 0 3 2 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * * * * 3 1 6 5			
	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 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 structions	below.	X No	
	De	signee's Phone Personal ident			
	naı	ne number (PIN)			
Sign Here		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 whic			
	Yo			nt you an Identity	
			Protection PIN, enter it here (see inst.)		
Joint return? See instructions. Keep a copy for your records.		SOFTWARE DEVELOPER		nt your spouse an	
	ОР			ection PIN, enter it here	
		(see	inst.)		
		one no. (315)440-6887 Email address REDDY.VENKAT093@GMAIL.COM			
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/22/2023 *****	2703 Self-employed		
Use Only	Fir	m's name GLOBAL TAXES LLC Pho	Phone no. (678)965-9522		
USE Office	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	ı's EIN	**-***1965	