E1040		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Tax		urn 20	22	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly [ u checked the MFS box, enter the n on is a child but not your dependen	ame of y					. ,	spor	lifying sun use (QSS) name if th	0	
Your first name	and mi	ddle initial	Last na	me					Your so	cial securi	ty number	
VINAY KUMAR NI			NING	VINGAGALLA						***-**-7841		
If joint return, spouse's first name and middle initial Last			Last na	ast name					Spouse's social security number			
BALA STELLA GUDI				PUDI					***-**-2214			
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ins.						esidential Election Campaign		
6447 TRA	LO					2012		here if you,	or your ntly, want \$3			
City, town, or post office. If you have a foreign address, also comple							ZIP c	ode			Checking a	
IRVING				TX						box below will not change		
Foreign country name			Foreign province/state/county			ty	Foreig	n postal code	your tax	or refund.	_	
										You	Spouse	
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your sp	ouse as	a dependent						
Deduction	<u> </u>	spouse itemizes on a separate retur	n or you	were a dual-sta	tus alier	ו						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bo		ore January	,	🗌 ls bl		
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4	) Check the b	ox if quali	fies for (see	instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax c	redit	Credit for ot	her dependents	
than four dependents,												
see instructions	;											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	•	,	• • •		• •	· · ·	. 1a . 1b		65,730.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2										
W-2 here. Also	c	Tip income not reported on line 1a					• •		. 10			
attach Forms W-2G and	d	Medicaid waiver payments not rep			ee instri	uctions)	• •		. 1d			
1099-R if tax	e	Taxable dependent care benefits t					• •		. 1e			
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6 .		1 FOLL 0039, ILLE	. 29		• •		. 1f			
lf you did not get a Form	g h	Other earned income (see instruct					• •		. <u>1g</u> . 1h		0.	
W-2, see	;	Nontaxable combat pay election (		ructions)		· · · · ·					0.	
instructions.	z	Add lines 1a through 1h	300 1130						. 1z	10	65,730.	
Attach Sch. B	2a	U I	2a		   ьт	axable interes	••••		. 2b			
if required.	2a 3a	· · · · · · · · · · · · · · · · · · ·	3a	29.	1	Ordinary divide			. 3b		29.	
	4a		4a		1	axable amoun			. 4b			
Standard	5a		5a		1	axable amoun			. 5b			
Deduction for-	6a		6a		1	axable amoun			. 6b			
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum e	election r	nethod, check h				[				
separately, \$12,950	7	Capital gain or (loss). Attach Sche						[	7		1,463.	
<ul> <li>Married filing</li> </ul>							. 8	- :	16,004.			
jointly or Qualifying							. 9		51,218.			
surviving spouse, \$25,900	10	Adjustments to income from Sche							. 10			
Head of	of         11         Subtract line 10 from line 9. This is your adjusted gross income         .						. 11	1!	51,218.			
household, \$19,400	12	Standard deduction or itemized	deducti	i <b>ons</b> (from Scheo	dule A)				. 12		25,900.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or F	orm 899	95-A			. 13			
any box under Standard	14	Add lines 12 and 13							. 14		25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This	is your	taxable incon	ne.		. 15	1	25,318.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	18,700.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	18,700.
	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	18,700.
	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	18,700.
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	20,156.
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	1	
	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	20,156.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,456.
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,456.
Direct deposit?	b	Routing number       *       *       *       0       1       3       8       c Type:       Checking       Savings		
See instructions.	d	Account number * * * * * * * * * 7 2 9 9		
	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 <b>amount you owe</b> .		
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		<b>[</b>
Designee		tructions		X No
	Dee	signee's Phone Personal identif ne no. Purce Personal identif	ication	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	IRS ser	it you an Identity
				N, enter it here
Joint return?		SOFTWARE ENGINEER (see	,	
See instructions. Keep a copy for	Sp			t your spouse an ction PIN, enter it here
your records.		HOME MAKER (see		
	Phe	one no. (774)473-2514 Email address VINAY.NINGAGALLA@GMAIL.COM		
		parer's name Preparer's signature Date PTIN		Check if:
Paid				Self-employed
Preparer	Firr	n's name GLOBAL TAXES LLC Phon	ie no.	
Use Only			s EIN	
Go to www.irs.ge		n1040 for instructions and the latest information. BAA REV 03/18/23 PRO		Form <b>1040</b> (2022)

irs.gov/Form1040 for instructions and the