Filing Status       Gingle       Married filing jointy       Married filing separately (MFS)       Head of household (HOH)       Qualifying surviving potote (MSS)         Your first name and middle initial       Filing Status       Married filing separately (MFS)       Head of household (HOH)       Qualifying surviving potote (MSS)         Your first name and middle initial       Last name       Your separate security number         SRINITAS       KANDEP1       Head of house security number         TEXASNI       KILLRU       Your separate security number         City, town, or pote filter. Involue a P.O. box, se restructions.       Apt. no.       Presidential Beclefia Surviving monitoring address, sets a compilete space below.         21 FINNACLE       REEZE DRIVE       City, town, or potentification of the unit your have a P.O. box, set set structures.       Apt. no.       Presidential Beclefia Surviving unit your have a P.O. box or your structure of the unit your set the unit of the unit your your set the unit of the unit your your set the unit your set the unit your your set the u	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		rn	202	2	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple	in this space.
Your first name and middle initial       Last name       Your sodal security number         SRINIVAS       KANDEP1       ******0193         Flort nturn, spoulef first name and middle initial       Last name       Spoule************************************	Check only	lf yo	u checked the MFS box, enter the n	ame of yo	-						spou	ise (QSS)	U U
SRINIVAS         KANDEPI         ++++++         19.3           If joint trum, spoule's first name and middle initial         Last name         \$poule's contribution of the spoule's contribution contribution contribution of the spoule's contribution contribution of the spoule's contribution of the spoule's contribution contrespondere contribution contributis contribution contributis con	Your first name		, ,		ne						Your so	cial securit	v number
If joint etum, spoule's first name and middle initial       Last name       Spoule's encit encepting unitive space below.       Apt. no.         YEUASWIT       Apt. no.       Apt. no.       Apt. no.       Check here if you, or your         221 PINNACLEE       DENSE Time.       Check here if you, or your       Check here if you, vant 33         HASLET       TX       76 052       Check here if you, vant 33       Check here if you, vant 33         Foreign country name       Foreign province/state/country       Foreign province/state/state/state/state/state/state/stoms													
TEUASWI         KILARU         ******457           Home address (number and street). If you have a PO, box, see instructions.         Apt. no.         Predictinal gleotien Gampaign 201 PINNACLE BREEZ DRIVE         Apt. no.         Predictinal gleotien Gampaign 201 PINNACLE BREEZ DRIVE         Predictinal gleotien Gampaign 201 PINNACLE BREEZ PINNACLE BREEX PINN		ouse's	first name and middle initial										
Intermediates (number and street). If you have a P.O. box, see instructions.         Apt. no.         Pre-identifial pin-tion Gampaignets           921 PINNACLE BREZE DIVE         State         ZIP code         sones if filing pinny, wont 3S           City, town, or post office. If you have a toreign address, also complete spaces below.         State         ZIP code         sones if filing pinny, wont 3S           Foreign country name         Foreign province/state/county         Foreig		00000									•		-
921 PINNACLE BREEZE DRIVE       Office/Energi ryau, or your         City, town, or post office, if you have a foreign address, also complete spaces below.       State       ZIP code       Directement right, or your         Perigin country name       Foreign province/state/county       Foreign postal loop       You       Spaces         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) self.       You       Spaces         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) self.       You       Spaces         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) self.       You       Spaces         Defloction       Spouse itemizes on a separate return or you were a dual-status alien       You Spouse       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Yes       Yes       No         Dependents       (see instructions):       (1) First name       (1) First name       (1) Check the box if qualifies for fees instructions)       (1) Check the box if qualifies for fees instructions)       (1) Check the box if qualifies for fees instructions)       (1) Check the box if qualifies for fees instructions)       (1) Check the box if qualifies for fees instructions)       (1) Check the box if qualifies for fees i		numbe	r and street). If you have a P.O. box, see	1					A	vpt. no.			
2.2. Lattice of the integral density and the set and the s													
TASLET       TX       76052       Tog of blus fund. Checking a box below fund. Check here         Harver fund. Checking a box below fund. Check here is structions;       11       12       244, 284.         Harver fund. Checking a box b				mplete sp	aces belo	ow.	Sta	te	ZIP c	ode	spouse	if filing join	ntly, want \$3
Foreign country name       Foreign province/state/county       Foreign postal adds       year taxber refund         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); of (b) self.       Spouse       Image: Control of the cont			,,	1									
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Gee instructions). Uves X No         Standard Deduction       Soneone can claim:       You as a dependent       You response as a dependent       Vest X No         Age/Blindness You:       Were born before January 2, 1958       A re blind       Spouse:       Washborn before dapuary 2, 1958       Is blind         Dependents han four dependents, ese instructions):       (I) First name       Last name       (I) Social security       (B) Relationship       (A) Check the box if qualifies for (see instructions):         It more than four dependents, and check here:       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       2       2       1         It come thatch Form(s)       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       2       2       1         W-20 and thach Form(s)       W-22 (see instructions)       1       1       2       2       1         W-23 and tack horm w-23 and tack horm w-24 and get a from set ache form w-24 and tack horm       W-22, box 1 (see instructions)       1       1       2       2       1         W-26 and tack horm w-24 and w-25 and get a from set ache form w-24 and w-24 and w-24 and get a from set ache       2 <td></td> <td>name</td> <td></td> <td>Fo</td> <td>oreign pro</td> <td>ovince/state/c</td> <td></td> <td></td> <td colspan="2"></td> <td></td> <td></td> <td></td>		name		Fo	oreign pro	ovince/state/c							
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someone can claim:       \order outure outure outure outure a dual-status alien         Age/Blindness       You:       \order version a separate return or you were a dual-status alien         Age/Blindness       You:       \order version a separate return or you were a dual-status alien         Age/Blindness       You:       \order version a separate return or you were a dual-status alien         Dependents       (see instructions):       (2) Social security       (8) Reitansen       (4) Check the box if qualifies for deer dependent         Ithan four       (1) First name       Last name       number       (2) Social security       (8) Reitansen       (4) Check the box if qualifies for deer dependent         DHATVIK       KANDEPI       ***-**-1477       (5) Bourghottex       (2)       (-)         DHATVIK       KANDEPI       ***-**-6670       Sorn       (2)       (-)       (-)         Note       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (-)       1a       2.44, 284.         Note at abom       0       1a       2.44, 284.       1a       2.44, 284.         1099-Bif tax       atatach form       6	0 ,				0 1								_
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someone can claim:       \order outure outure outure outure a dual-status alien         Age/Blindness       You:       \order version a separate return or you were a dual-status alien         Age/Blindness       You:       \order version a separate return or you were a dual-status alien         Age/Blindness       You:       \order version a separate return or you were a dual-status alien         Dependents       (see instructions):       (2) Social security       (8) Reitansen       (4) Check the box if qualifies for deer dependent         Ithan four       (1) First name       Last name       number       (2) Social security       (8) Reitansen       (4) Check the box if qualifies for deer dependent         DHATVIK       KANDEPI       ***-**-1477       (5) Bourghottex       (2)       (-)         DHATVIK       KANDEPI       ***-**-6670       Sorn       (2)       (-)       (-)         Note       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (-)       1a       2.44, 284.         Note at abom       0       1a       2.44, 284.       1a       2.44, 284.         1099-Bif tax       atatach form       6	Digital	At ar	y time during 2022, did you: (a) rec	eive (as a	reward	award, or i	navr	nent for prope	erty or	services): or	(b) sell.		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       Gees instructions):       (1) First name       Last name       (2) Social security       (3) Fock: the box if quilifies for (see instructions):         If more than four dependents       (1) First name       Last name       (2) Social security       (3) Fock: the box if quilifies for (see instructions):         DHATVIK       KANDEPI       ***-**-1477       Daughter:       (3)       (3)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (3)       (3)       (3)         V2 hore.also       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (4)       (4)       (4)         W2 hore.also       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)       (1)         W2 hore.also       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1)       (1)       (1)         W2 hore.also       1a       Total amount from Form 2441, line 26       (1)       (1)       (1)         W2 hore also       1a       Total amount							-					Yes	X No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1958       Are blind       Spouse:       Wais born before danuary 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions):         DHATVIK       KANDEPI       ****-**-1477       Daughtter       X				-									
Dependents fmore than four dependents, see instructions): than four dependents, see instructions and check here       (1) First name THOSHITHA       Last name Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions): Child tax credit       Credit for dire dependent are check         and check here       THOSHITHA       KANDEPI       ***-**-6670       Son       X		_		•		•							
Dependents       (b) First name       Last name       number       (b) You       Child tax credit       Credit for other dependents         than four dependents, see instructions       THOSHITHA KANDEPI       ***-**-1477       Daughter       X       Image: Constructions	Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd <b>Spo</b>	use	: 🗌 Was bo	rn befo	ore January 2	, 1958	🗌 ls bl	ind
If more       10.00000000000000000000000000000000000	Dependents	(see	instructions):		<b>(2)</b> S	ocial security		(3) Relationsh	nip (4	) Check the bo	x if qualif	ies for (see	instructions):
dependents, see instructions       DHATVIK       KANDEPI       ***-**-6670       Sori       Image: sorie	If more	(1) First name Last name			number		to you			Child tax cr	edit	Credit for ot	her dependents
see instructions       DHATVIK       KANDEP1       KANALAR - 06 70       Son       Image: Constructions       Imagee: Constructions       Imagee: Constr		THC	SHITHA KANDEPI		***-**-147			7 Daughter		×		[	<u> </u>
and check       here		DHA	TVIK KANDEPI		***-**-6670 Son			Son		X			<u> </u>
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       244,284.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s)       C       Tip income not reported on Iine 1a (see instructions)       1c         W-2 Area, Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c         W-2 Area       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 Area       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 Area       e       Taxable dependent care benefits from Form 2441, line 26       1g         If you did not       gwages from Form 8919, line 6       1g       1g         get a Form       h       Other earned income (see instructions)       1h       0.         V-2, see       instructions,       1a       244,284.       1h       0.         z       Add lines 1a through 1h       1a       1z       244,284.       244,284.         Attach Sch. B       2a       Qualified dividends       3a       b       b       Taxable interest       2b       30.         Beduction for       Fensions and annuiffes       5a       b       Taxable amount												[	
Itechnic       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 for also       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a form       Wages from Form 8919, line 6       1g       1d         y-2, see       in Other earned income (see instructions)       1i       1       1z       244, 284.         Attach Sch. B       za       Add lines 1a through 1h       1z       244, 284.       2b       30.         Beduction for       sa       Qualified dividends       5a       b       Tax-exempt interest       2b       3b       5b         Beduction for       Sa Ocial security benefits       6a       Social security benefits       6a       Social security benefit	here												
b       Household employee wages not reported on Form(s) W-2.       1b         W-2 here. Also attach Forms       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         If       Employer-provided adoption benefits from Form 2839, line 29       1f         get a Form get a Form get a Form       M Other earned income (see instructions)       1i         V-2, see instructions.       I       Im         z       Add lines 1a through 1h       Im         z       Add lines 1a through 1h       Im         z       Add lines 1.       Im         get a Form wared thing instructions.       Im       Im         z       Z44, 284.       Im         z       Tax-exempt interest       Im       Im         z       Z44 and b       Im       Im         get a form wared thing separately.       Im       Im       Im         standard       Qualified dividends       Im       Im       Im         standard thing separately.       Pensions and annuitles       Im       Im       Im <td>Income</td> <td>1a</td> <td>Total amount from Form(s) W-2, b</td> <td>ox 1 (see</td> <td>instruct</td> <td>ions)</td> <td></td> <td></td> <td></td> <td></td> <td>1a</td> <td>24</td> <td>14,284.</td>	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruct	ions)					1a	24	14,284.
W-2 here. Also attach Forms       Implication for la (see instructions)       Implication for la (see instructions)         attach Forms       Medicaid waiver payments not reported on Form (244), line 26       Implication for la (see instructions)         W-26 and 1099-R if tax       Final dependent care benefits from Form 2441, line 26       Implication for la (see instructions)         get a Form       Wages from Form 8919, line 6       Implication for la (see instructions)       Implication for la (see instructions)         get a Form       Moticate and income (see instructions)       Implication for la (see instructions)       Implication for la (see instructions)         get a Form       Moticate and income (see instructions)       Implication for la (see instructions)       Implication for la (see instructions)       Implication for la (see instructions)         get a Form       Moticate and income (see instructions)       Implication for la (see instructions)       Implication		b	Household employee wages not re	eported o	on Form(	s) W-2		• • • •			1b		
attach Forms       d       Medicaid waiver payments not reported on Form(S) W-2 (see instructions)       1d         W-2G and 109-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         11       11       Wages from Form 8919, line 6       1f         12       Wages from Form 8919, line 6       1f         13       Wages from Form 8919, line 6       1f         14       Wages from Form 8919, line 6       1f         15       Wages from Form 8919, line 6       1f         16       Wages from Form 8919, line 6       1f         17       Wages from Form 8919, line 6       1f         18       Other earned income (see instructions)       1f         19       W-2, see       instructions)       1f         11       0.       1t       0.         17       Tax-exempt interest       2a       b         18       Qualified dividends       3a       b         19       Ordinary dividends       3b         11       C       Standard       b         16       Social security benefits       6a       b       Taxable amount       5b         11       Social security benefits       6a       b		с	Tip income not reported on line 1a	ι (see inst	tructions	s) . <b>.</b> .	•				1c		
1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1z       244, 284.         Add lines 1a through 1h       .       .       .       1z       244, 284.         Attach Sch. B       2a       Tax-exempt interest       .       2b       30.         4a       b       Taxable interest       .       2b       30.         5a       Ga       b       Ordinary dividends       .       3b         5a       Pensions and annuities       .       .       6a       b       Taxable amount       .       4b         Standard       Deduction for       6a       b       Taxable amount       .       6b       . <td></td> <td>d</td> <td>Medicaid waiver payments not rep</td> <td>orted on</td> <td>Form(s)</td> <td>W-2 (see ir</td> <td>nstru</td> <td>ictions)</td> <td></td> <td></td> <td>1d</td> <td></td> <td></td>		d	Medicaid waiver payments not rep	orted on	Form(s)	W-2 (see ir	nstru	ictions)			1d		
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a form       m       Wages from Form 8919, line 6       1g         get a form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       244, 284.         Attach Sch. B       2a       Add lines 1a through 1h       1z       244, 284.       2b       30.         Attach Sch. B       2a       Qualified dividends       3a       b       b Taxable interest       2b       30.         4a       IRA distributions       4a       Pensions and annuitfes       5a       b       Taxable amount       4b         5a       Pensions and annuitfes       5a       6a       b       Taxable amount       6b         Social security benefits       6a       b       Taxable amount       7       -3,000.         segarately, \$12,950       7       Capital gain or (loss), Attach Schedule D if required. If not required, check here       7       -3,000.         8       -10,700.       9       230,614.       11       230,614.         19,900       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total in		е					•				1e		
In you do not.       Image: a Form       Image: box of the second		f	Employer-provided adoption bene	fits from	Form 88	339, line 29					1f		
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B if required.       2       Add lines 1 a through 1h       1z       244, 284.         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b       30.         4a       IRA distributions       4a       b       Deduction for- 6a       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         6a       Social security benefits       6a       b       Taxable amount       5b       6b         512,950       F       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7,000.       8       -10,700.         9       230,614.       10       10       10       12       25,900.       11       20,614.       12       25,900.       12       25,900.       13       20,614.       12       25,900.       13       20,614.       12       25,900.       13       20,614.       12       25,900.       13       20,614.       12       25,900.       13       20,614.       12       25,900.       13       20,614.       12	lf you did not	g	Wages from Form 8919, line 6 .		• •		•				1g		
Instructions.       Image: Control at pay election (see instructions)       Image: Control at pay election (see instructions)       Image: Control at pay election (see instructions)         Attach Sch. B       Image: Control at pay election (see instructions)         Attach Sch. B       Image: Control at pay election (see instructions)         Attach Sch. B       Image: Control at pay election (see instructions)         Attach Sch. B       Image: Control at pay election (see instructions)       Image: Control at pay election (see ins	-	h					•	· · · · ·	· ·		1h		0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       30.         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Datable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       7,000.         8       Other income from Schedule 1, line 10       9       230,614.       9       230,614.         10       It 230,614.       It 230,614.       11       230,614.       12       25,900.         14       Add lines 12 and 13       It 25,900.       13       Qualified business income deduction from Schedule A)       13       14       25,900.         15       Subtract line 10 from line 11 if zero or less enter -0.       Form 8995-A       13       14       25,9		i	Nontaxable combat pay election (s	see instru	uctions)	• • • •	•	<b>1</b> i			_		
if required.       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         • Single or Married filing jentry or Qualifying surviving spouse       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7       -3,000.         8       Other income from Schedule 1, line 10       8       -10,700.       9       230,614.         9       230,614.       10       11       230,614.       10         10       Subtract line 10 from line 9. This is your adjusted gross income       11       230,614.         11       230,614.       12       25,900.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.       13       Oualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.		Z	-	$\cdot$ , $\cdot$	• •	· · · ·	•				1z	24	
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         9       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       c       f         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         8       Other income from Schedule 1, line 10       8       -10,700.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       230, 614.         9       230, 614.       10       11       230, 614.       12         9       Add lines 1z, 2n, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       230, 614.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       230, 614.         12       25, 900.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25, 900.       13       Oualified business income deduction from Form 8995 or Form 8995-A       13         14       25, 900.			· · · · · · · · · · · · · · · · · · ·										30.
Standard Deduction for-       5a       Pensions and annuities	if required.				· ·								
Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         • Single or Married filing separately, \$12,950       6a       Social security benefits       6a       b Taxable amount       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       230,614.         • Head of household, \$19,400       10       Subtract line 10 from line 9. This is your adjusted gross income       11       230,614.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13					·								
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointly or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income from Schedule 1, line 26</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Subtract line 10 from line 9. This is your adjusted gross income from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Head of household, \$19,400</li> <li>Subtract line 12 and 13</li> <li>Head 13</li> <li>Head 14</li> <li>Add lines 12 and 13</li> <li>Head 14</li> <li>Add lines 12 and 13</li> <li>Head 14</li> <li>For particular from line 11</li> <li>Head 14</li> <li>Head 14&lt;</li></ul>													
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -3,000.         Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -10,700.         Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       230, 614.         10       10       10       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       230, 614.         12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.       13         If you checked any box under Standard       14       25,900.       13       14       25,900.         15       Subtract line 14 from line 11       15       Subtract line 14 from line 11       15       204, 714									t		6b	-	
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in hot required, check here       1       7       -3,000.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       230,614.         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       230,614.         • Head of standard deduction or itemized deductions (from Schedule A)       12       25,900.       11         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Add lines 12 and 13       14       25,900.       13       14       25,900.										· · · [			
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       2.30, 614.         10       Adjustments to income from Schedule 1, line 26       10       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       2.30, 614.         12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       2.04,714	\$12,950									· · · L			
Qualifying surviving spouse, \$25,900       9       2.30,614.         10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       2.30,614.         12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       25,900.       14       25,900.       14         14       25,900.       14       25,900.									• •				
\$25,900       10       Heldstmems to income up in control in the form line 20       11       10         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       230,614.         • If you checked any box under standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       25,900.         • If you checked any box under standard       14       Add lines 12 and 13       14       25,900.       13         • Deduction, Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       204.714	Qualifying				-							23	30,614.
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       204,714	\$25,900				-								
\$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       25,900.       14       25,900.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       204,714													
any box under Standard       14       Add lines 12 and 13       14       25,900         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       204,714	\$19,400												<u>15,900.</u>
Standard         14         Add lines 12 and 13         14         25,900.           Deduction,         15         Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income         15         204,714						95 or Form	899	5-A					
	Standard					· · · ·	•						
		15	Subtract line 14 from line 11. If zer	U Or less	, enter -	u I NIS IS Y	ourt	axable incon	1 <b>e</b> .		15	2(	J4,714.

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

Form **1040** (2022)

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .          .	16	36,802.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	36,802.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	465.
	21	Add lines 19 and 20	21	4,465.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	32,337.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	16.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	32,353.
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	35,416.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	1	
	30	Reserved for future use         .	4	
	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	35,416.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,063.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,063.
Direct deposit? See instructions.	b	Routing number     *     *     *     X     X     X     C Type:     Checking     Savings		
	d	Account number * * * * * * * * * * * * * * * * * X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
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		o you want to allow another person to discuss this return with the IRS? See structions	alow	XNo
Designee		signee's		
	nai		Cation	
Sign	Un	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
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.
nere	Yo			nt you an Identity
Joint return? See instructions.		SOFTWARE ENGINEER (see		N, enter it here
	Sp	SOFTWARE ENGINEER	,	nt your spouse an
Keep a copy for	op	Ident	ity Prote	ection PIN, enter it here
your records.		SOFTWARE ENGINEER (see	nst.)	
	Ph	one no. (940)703-9366 Email address TEJASWI.KILARU@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2023 *****2	2703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC Phor	eno. (	678)965-9522
	Firi	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	**-**1965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 03/02/23 PRO		Form <b>1040</b> (2022)

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