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

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OMB No. 1545-0074

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

Filing Status Check only	Single Married filing jointly Married filing separately (MFS) Head of household (HOH)								Qualifying surviving spouse (QSS)				
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you c	hecke	d the HOH or	r QSS b	ox, ente	the c	hild's r	name if the	e qualifying	
Your first name and middle initial				ne					Yo	Your social security number			
KARTHIK KUMAR MU				HUNOORI					*	***-**-7525			
If joint return, spouse's first name and middle initial Last na				name						Spouse's social security number			
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.			Ap	ot. no.	Pr	esiden	tial Electio	n Campaign	
3921 OAK	FIE	ELD DRIVE						Ch			ere if you,	or your	
City, town, or po	ce. If you have a foreign address, also co	mplete sp	ete spaces below. State Z								tly, want \$3 Checking a		
LOGANVILLE				GA			3005				w will not		
Foreign country name			Foreign province/state/county			Foreign postal code yo			your tax or refund.				
											You	Spouse	
Digital	At ar	y time during 2022, did you: (a) rece	eive (as a	a reward, award, or	paym	ent for prope	erty or s	ervices);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	a digital a	asset (or a financial	intere	st in a digital	asset)?	(See ins	truction	ons.)	Yes	⊠ No	
Standard		eone can claim: You as a de	-			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 Spo	ouse:	☐ Was bor	rn befor	e Janua	y 2, 1	958	Is bli	nd	
Dependents	(see	instructions):		(2) Social security	/	(3) Relationsh	nip (4)	Check the	e box if	qualifie	es for (see i	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cred		redit Credit for other depender		er dependents	
than four]	
dependents, see instructions	-												
and check	9						*					<u></u>	
here								L			L		
Income	1a	Total amount from Form(s) W-2, bo					11 *		*	1a	2	9,380.	
A44 In F (a)	b	Household employee wages not re				V			•	1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a							•	1c			
attach Forms	d		ledicaid waiver payments not reported on Form(s) W-2 (see instructions)						• •	1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene		Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instructi					. 1		٠	1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)	• •	<u>1</u> i	l)			4		0 200	
		Add lines 1a through 1h			 				•	1z		9,380.	
Attach Sch. B if required.	2a	The state of the s	2a			xable interest			•	2b			
	3a		3a			dinary divide	4		•	3b			
Ct dd	4a 5a		4a 5a			xable amoun xable amoun				4b 5b			
Standard Deduction for—	6a		6a			xable amoun			•	6b			
Single or Married filing	C	If you elect to use the lump-sum el		nethod check here						OD			
Married filing separately,	7	Capital gain or (loss). Attach Sched		The state of the s	,	,			\Box	7	1		
\$12,950 • Married filing	8	Other income from Schedule 1, line		· · · · ·					ш	8			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							•	9	2	9,380.	
Qualifying spouse,	10	Adjustments to income from Sche		15						10		-,000.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	2	19,380.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								12		2,950.	
\$19,400 • If you checked	13	Qualified business income deducti				-A .				13	<u> </u>	<u></u>	
any box under	14	Add lines 12 and 13								14	1	2,950.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		6,430.	
see instructions.		201		, 5 is y					-			J, 100.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	1,766.	
Credits	17	Amount from Schedule 2, line 3	17		
3.333	18	Add lines 16 and 17	18	1,766.	
	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	1,766.	
	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	1,766.	
Payments	25	Federal income tax withheld from:			
,	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	3,686.	
If b	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a 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			
	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	3,686.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,920.	
Horana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,920.	
Direct deposit? See instructions.	b	Routing number * * * * * * * X X 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 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 www.irs.gov/Payments 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			
	ins	structions	elow.	X No	
	De nai	signee's Phone Personal identif me no. number (PIN)	ication	$\overline{}$	
Sign	Un	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		,	
Here				nt you an Identity	
	10	Prote	ection P	IN, enter it here	
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (see	(see inst.)		
	Sp	Ident	the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (469) 980-6668 Email address KMUTTHUNOORI@GMAIL.COM			
D-1-1	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2023 *****2	2703	Self-employed	
Preparer	Fire	m's name GLOBAL TAXES LLC Phor	one no. (678) 965-9522		
Use Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	Firm's EIN **-**5487		