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.

-	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (MFS)	Head of	household (HOH)			fying survi	iving	
Check only one box.	If vo	u checked the MFS box, enter the n	amo of v	our engues. If you	shock	od tha HOH a	OSS have antar			se (QSS)	o qualifying	
one box.	-	son is a child but not your dependent	-	our spouse. It you t	HICCK		QOO DOX, enter	uie ciii	iu s i	name ii uit	5 qualifyirig	
Your first name and middle initial Last na			t name					Your social security number				
								377-99-9040				
If joint return, spouse's first name and middle initial Last nam									Spouse's social security number			
SUSMITHA SINGA									985-94-9897			
Home address (number and street). If you have a P.O. box, see instruction									Presidential Election Campaign			
272 SILVER BRANCH DRIVE							'	Check here				
City, town, or post office. If you have a foreign address, also complete spa				paces below. State			ZIP code			0,	tly, want \$3	
DELAWARE				OH					to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/co			Foreign postal cod	_		or refund.	Jilaliye	
3 3	,			5 P 1 1 1 1 1 1		,			You Spouse			
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward. award. or	pavn	nent for prope	rtv or services):	or (b) s	ell.			
Assets		ange, gift, or otherwise dispose of a					-			Yes	⊠ No	
Standard	Som	eone can claim: You as a de	pendent	Your spous	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien							
Ago/Blindnos	. Vau	Were born before January 2, 1	058	Are blind Sp	ouse	. Mac box	n before Januar	, 2 10	 50	☐ Is blir		
			300 _	<u> </u>			10.01 1.11					
Dependent		instructions): irst name Last name	(2) Occidi Security (b) Helationship		Child tax			Credit for other dependents				
If more than four	(1)	instriaine Lastriaine				,	Ciliid tax	l	\dashv			
dependents,								<u> </u> 	+		┽──	
see instruction	s —							<u> </u> 	+		┽──	
and check here	1 —							<u> </u>	+		┽──	
	1a	Total amount from Form(s) W-2, b	nv 1 (sa	e instructions)					1a	T g	<u> </u>	
Income			,	,				.	1b	+ 0	4,045.	
Attach Form(s)	b Household employee wages not reported on Form(s) W-2						.	1c				
W-2 here. Also	e. Also Medicaid waiver payments not reported on Ferm(s) W. 2 (see instructions)						.	1d				
attach Forms W-2G and	en i en i							.	1e			
1099-R if tax	f	Employer-provided adoption bene							1f			
was withheld.	g	Wages from Form 8919, line 6.						.	1g			
If you did not get a Form	9 h	Other earned income (see instruct						.	1h		0.	
W-2, see	ï	Nontaxable combat pay election (,			1 _{1i}		.				
instructions.	z	Add lines 1a through 1h	000 111011	dotions)					1z	8	4,045.	
Attach Sch. B			2a		 b Та	axable interes	 t	.	2b	+	16.	
if required.	3a	· –	3a	3.			nds	-	3b		3.	
	4a		4a			axable amoun			4b			
Standard	5a	-	5a			axable amoun			5b			
Deduction for—	6a		6a			axable amoun		.	6b			
Single or Married filing	С	If you elect to use the lump-sum e		method. check here				$\dot{\Box}$				
separately, \$12,950	7	Capital gain or (loss). Attach Sche						\Box	7	1 -	3,000.	
• Married filing	8	Other income from Schedule 1, lin						_ [8		0.	
jointly or Qualifying	9							.	9	8	1,064.	
surviving spouse,	10	Adjustments to income from Sche						.	10	1		
\$25,900 Head of	11	Subtract line 10 from line 9. This is						.	11	8	1,064.	
household, \$19,400	12	Standard deduction or itemized	-	-				.	12		25,900.	
If you checked	13	Qualified business income deduct				5-A		.	13			
any box under Standard	14	Add lines 12 and 13						.	14	2	.5 , 900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	your t	axable incom	ne		15		5,164.	
- 50	1											

	Page 2
16	6,210.
17	
18	6,210.
19	
20	
21	
22	6,210.
23	0.
24	0. 6,210.
25d	13,099.
26	,
32	135.
33	13,234.
34	135. 13,234. 7,024. 7,024.
35a	7,024.
37	

Form 1040 (2022) Tax (see instructions). Check if any from Form(s): 1 8814 **2** 4972 3 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 Add lines 16 and 17 18 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 Add lines 22 and 23. This is your total tax 24 **Payments** 25 Federal income tax withheld from: 13,09 Form(s) W-2 . 25a а Form(s) 1099 25b b Other forms (see instructions) 25c С d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return If you have a 27 Earned income credit (EIC) 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a Routing number 0 2 1 2 0 0 3 3 9 Direct deposit? b **c** Type: X Checking Saving See instructions. Account number 3 8 1 0 4 3 4 1 9 6 9 d 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 amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . Estimated tax penalty (see instructions) . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Comple Designee Designee's Phone Personal id number (PIN) 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here Network Security Engineer (see inst.) Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) HOMEMAKER Phone no. (201)238-7364Email address krk5209@gmail.com Preparer's name PTIN Check if: Preparer's signature Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/04/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name

Firm's address

Use Only

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's EIN