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

2022
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	IFS)	Head of	household	(HOH	l)		fying survi se (QSS)	iving	
one box.	-	u checked the MFS box, enter the nation is a child but not your dependent	-	our spouse. If you ch	eck	ed the HOH or	QSS box,	ente	r the c	hild's	name if the	e qualifying	
Your first name and middle initial Last name							Y	Your social security number					
SARMA KANAPALLE SA				PALLE SATYA (	TYA GODA					676-18-5134			
If joint return, spouse's first name and middle initial Last name							S	Spouse's social security number					
SWATHI NISTALA							8	848-62-0440					
	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. ne	٥.	Pı	Presidential Election Campaign			
4604 SW	LILI	LY ST									ere if you,		
	_	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code					ly, want \$3	
BENTONVILLE				AR							w will not	Checking a change	
Foreign country name			Foreign province/state/county			Foreign postal code yo			your tax or refund.				
											You	Spouse	
Digital	At an	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or p	oayr	nent for prope	rty or servi	ces);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard	Som	eone can claim:	pendent	Your spouse	as	a dependent		7					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien								
Age/Blindnes:	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use	: Was bor	n before Ja	anua	ry 2, 1	958	☐ Is bli	nd	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	ck th	e box i	f qualifi	es for (see i	nstructions):	
If more	<b>(1)</b> Fi	(1) First name Last name		number		to you	Child tax cre		x credi	t (	Credit for oth	er dependents	
than four	NIR	NIRVAAN KANNEPALLI		187-37-265		Son	×		<			]	
dependents, see instruction	s											]	
and check												]	
here	]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					•	1a	18	6,086.	
	b	Household employee wages not re	eported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	(see ins	structions)	٧.				***	1c			
attach Forms	d	Medicaid waiver payments not rep	reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					14.0	1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instructions)								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i							
motractions.	Z	Add lines 1a through 1h								1z	18	6,086.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t			2b			
if required.	3a	Qualified dividends	3a		b O	ordinary divider	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a	l II	b T	axable amoun	t			5b			
Deduction for—	6a	Social security benefits	6a	- 1	b T	axable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum e	lection r	nethod, check here (	see	instructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required. If not requi	ired	, check here				7			
Married filing	8	Other income from Schedule 1, lin	e 10 .							8		0.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inc</b>	ome	е				9	18	6,086.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26					1	10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	18	6,086.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12		<b>5,</b> 900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A											
any box under Standard	14	Add lines 12 and 13									2	5,900.	
Deduction,	15									15		0,186.	
see instructions.	_	_											

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	26,475.
Credits	17	Amount from Schedule 2, line 3	🗀	17	,
	18	Add lines 16 and 17	🗀	18	26,475.
	19	Child tax credit or credit for other dependents from Schedule 8812	<del>-</del>	19	2,000.
	20	Amount from Schedule 3, line 8		20	· · · · · · · · · · · · · · · · · · ·
	21	Add lines 19 and 20	[	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	[	22	24,475.
	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	24,475.
Payments	25	Federal income tax withheld from:			,
	а	Form(s) W-2	335.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	22,335.
	26	2022 estimated tax payments and amount applied from 2021 return		26	
If you have a qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		4	
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15	407.		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		32	1,407.
	33	Add lines 25d, 26, and 32. These are your total payments		33	23,742.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	. 🗆 🛭	35a	
Direct deposit?	b	Routing number X X X X X X X X X X X X X X X S C Type: Checking Sav	vings		
See instructions.	d	Account number   X   X   X   X   X   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 <b>amount you owe</b> .  For details on how to pay, go to www.irs.gov/Payments or see instructions		37	733.
	38	Estimated tax penalty (see instructions)			
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	plete bel	low.	X No
	De		al identifica (PIN)	ation [	
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of			
	Yo	our signature Date Your occupation	Protect	tion PI	t you an Identity N, enter it here
Joint return?		EMPLOYED (WALMART)	(see ins	<u> </u>	
See instructions. Keep a copy for your records.					t your spouse an ction PIN, enter it here
your records.		HOME MAKER	il.)		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Phone no.

**Paid** 

**Preparer** 

**Use Only** 

Preparer's name

Firm's name

Firm's address

(501) 398-7885

GLOBAL TAXES LLC

BAA

Email address

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM

REV 02/05/23 PRO

02/13/2023

PTIN

P02082703

Firm's EIN

84-3171965 Form **1040** (2022)

Self-employed

Check if:

Phone no. (678) 965-9522

KSGSHARMA@GMAIL.COM

Date