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

2022
_

OMB No. 1545-0074

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

Filing Status	s X	Single Married filing jointly	Marri	ed filing separately	(MFS))	housel	nold (HOH) [ifying survi se (QSS)	ving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If you	ı check	ced the HOH o	r OSS	hox ente	r the c	•	, ,	aualifying
0.10 00%	-	son is a child but not your depender		your opouco. If you	. 011001		. 400	55%, 51115	1 1110 0	rilia o	namo ii tiic	quamynig
Your first name	and mi	iddle initial	Last na	ame					Yo	ur so	ial security	number
SRAVANI								- 5-0071				
	pouse's	s first name and middle initial	Last na									rity number
,									'			•
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.			Α.	pt. no.	Pr	esider	ntial Election	n Campaign
5335 N I	Macai	RTHUR BLVD					3	110			ere if you, o	
		ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ate	ZIP co				f filing jointl	•
IRVING					TX 75038				•	this fund. C	•	
Foreign country name			Foreign province/state/count		ty	 	n postal co	_		below will not change tax or refund.		
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award.	or pavi	ment for prope	ertv or	services):	or (b)	sell.		
Assets		ange, gift, or otherwise dispose of	•				•	, .	` '		Yes	X No
Standard		eone can claim: You as a de				a dependent						
Deduction		— Spouse itemizes on a separate retu	•									
A (DII I				_					. 0 4	050		-1
	_	Were born before January 2,	1958 [T	pouse		1	re Janua	, ,		Is blir	
Dependent				(2) Social secu number	rity	(3) Relationsh to you	nip (4			· 1	ualifies for (see instructions):	
If more	(1) F	irst name Last name		Tiumbei		to you		Child ta	x creait	'	realt for othe	er dependents
than four dependents,									<u> </u>		<u>L</u>	<u></u>
see instruction	s —								<u></u>		<u>_</u> _	<u></u>
and check here	1 —								<u> </u>			<u></u>
	1 1 0	Total amount from Form(a) W 2 h	20v 1 (00	a inaterations)		1				110		2 710
Income	1a	Total amount from Form(s) W-2, b	,	,						1a 1b	0	3,719.
Attach Form(s)	b	Household employee wages not r	•	. ,						1c		
W-2 here. Also	d	Tip income not reported on line 1a (see instructions)							•	1d		
attach Forms W-2G and	e e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							•	1e		
1099-R if tax	f	Taxable dependent care benefits from Form 2441, line 26							•	1f		
was withheld.	g	Wages from Form 8919, line 6.		•					•	1g		
If you did not get a Form	9 h	Other earned income (see instruc							•	1h		0.
W-2, see	i	Nontaxable combat pay election	,			1	. i .		•			
instructions.	z	Add lines 1a through 1h	(300 11131	radiona,						1z	8	3,719.
Attach Sch. B		Tax-exempt interest	2a	[b Т	axable interes	 t		•	2b		3 / 1 1 2 .
if required.	3a	Qualified dividends	3a			Ordinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for—	6a	Social security benefits	6a			axable amoun				6b		
Single or Married filing	С	If you elect to use the lump-sum	election	method, check he								
separately, \$12,950	7	Capital gain or (loss). Attach Sche		· ·	•	,				7		
Married filing	8	Other income from Schedule 1, line 10							8	_	9,220.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		4,499.
surviving spouse,	10	Adjustments to income from Sche		•						10		-
\$25,900 • Head of	11	Subtract line 10 from line 9. This i								11	7	4,499.
household, \$19,400	12	Standard deduction or itemized								12		2,950.
If you checked	13	Qualified business income deduc				95-A				13		
any box under Standard	14	Add lines 12 and 13								14	1	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	ss, enter -0 This is	s your	taxable incom	ne .			15		1,549.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	9,153.
Credits	17	Amount from Schedule 2, lin	ie 3				🗔	17	
	18	Add lines 16 and 17					🗔	18	9,153.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		🗔	19	
	20	Amount from Schedule 3, lin	ie 8				:	20	
	21	Add lines 19 and 20					7	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			7	22	9,153.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax				7	24	9,153.
Payments	25	Federal income tax withheld							· ·
,	а	Form(s) W-2				25a 11	,182.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	11,182.
.,	26	2022 estimated tax payment						26	· · · · · · · · · · · · · · · · · · ·
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				indable credits	;	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	11,182.
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	;	34	2,029.
neiuliu	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	is attached, chec	ck here	. 🗆 🖪	35a	2,029.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3 7	c Type: 🛛	Checking S	Savings		
See instructions.	d	Account number 8 7 0	5 8 9 8	2 2					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	person to disc	cuss this retu			mplete belo	 ow.	⊠ No
	De	signee's		Phone		Perso	nal identifica	tion _	
-	naı	me		no.		numb	er (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		I		t you an Identity
						ANCENTED OF	(see inst		N, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, I	ooth must sign	Date	SOFTWARE E		<u> </u>		your spouse an
Keep a copy for your records.	Ор	ouse's signature. If a joint return, i	Jour must sign.	Date	opouse s occupan	OII		Prote	ction PIN, enter it here
	Ph	one no. (469)315-961	0	Email address	SRAVANI.CHOUDH	MARY110@GMAIL.CO	 M		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	05/04/2023	P020827	03	Self-employed
Preparer		m's name GLOBAL TA							578)965-9522
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 04/26/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SRAVANI BATTULA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Your social security number 032-95-0071

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	-9,220.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	0. (
	1040, line 1a or 1d	8s (2	
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t	-	
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
9	Total other income. Add lines 8a through 8z	8z	9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		_	-9 220

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here at Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 or 1040-36, line 10, or form 1040-196, line 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

SRAV	ANI BATTULA					(32-95	5-0071	
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40.	d Roya ty, use S	alties Schedule	C. See	instruc	ctions. If you are	an indiv	idual, rep	ort farm
	Did you make any payments in 2022 that would require you t								s 🗵 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIP	code)							
Α	BALAJI RESIDENCY, REDDY COL MIRYALGUDA	TELAN	IGANA	IN 50	0820	7			
В						·			
С									
1b	(from list below) above, report the number of fair r	om list below) above, report the number of fair rental and Days				Persona Day	QJV		
Α	personal use days. Check the QJ		only	Α		365		0	
В	if you meet the requirements to fill qualified joint venture. See instruc			В					
С	qualified joint venture. See institut	CHOHS.		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial		5 Land 6 Roya	Ities	-	Self-Rental Other (describ			
						Properties	5:		
Incon	r			Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Expe	· ·	_							
5	Advertising	5 6							
6	Auto and travel (see instructions)	7		0	00.				
7 8	Commissions	8		9	00.				
9		9							
10	Insurance	10							
11	Management fees	11		4	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			30.				
13	Other interest	13							
14	Repairs	14		2,6	40.				
15	Supplies	15		2,2					
16	Taxes	16							
17	Utilities	17		3,5	40.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,8	20.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-9,2	20.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,22	0.)	[)()
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		600.		
b	Total of all amounts reported on line 4 for all royalty prope	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties			[23d				
е	• • • • • • • • • • • • • • • • • • • •				23e	9,	820.		
24	Income. Add positive amounts shown on line 21. Do not		-				24		
25	Losses. Add royalty losses from line 21 and rental real estate						25 (9,220.)
26	Total rental real estate and royalty income or (loss). Onere. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this am	apply to	o you, a	also en	ter th	is amount on	26		-9,220.