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.

•	s 📙 S	Single X Married filing jointly	_ Marrie	ed filing separately (M	IFS)	household (HOH)		ifying surviving ıse (QSS)
Check only one box.	If vo	ou checked the MFS box, enter the n	ame of v	our spouse. If you ch	ecked the HOH o	r QSS box. enter t		` '
		son is a child but not your dependent						
Your first name and middle initial Last nam			st name				Your social security number	
SIDDESWARA GAJU:			JULABALIJA				***-**-1784	
If joint return, spouse's first name and middle initial Last name							Spouse's social security number	
POORNIMA AMMISETTY				SETTY			***_	**-2692
		er and street). If you have a P.O. box, see				Apt. no.		ntial Election Campaign
						Check here if you, or your		
City, town, or post office. If you have a foreign address, also complete spaces below.				paces below.	State	ZIP code		if filing jointly, want \$3
ALPHARE'		,		GA 30004				this fund. Checking a ow will not change
			Foreign province/state/county		Foreign postal code			
3	,			, , , , , , , , , , , , , , , , , , ,	,			You Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward award or r	navment for prope	erty or services): o	r (b) sell	
Assets		lange, gift, or otherwise dispose of						Yes X No
Standard		eone can claim: You as a de			as a dependent			
Deduction		Spouse itemizes on a separate retur		•			•	
		: Were born before January 2, 1	958 _	Are blind Spo	use:	rn before January		☐ Is blind
Dependent	•	•		(2) Social security	(3) Relations	P	1	ies for (see instructions):
If more	(1) F	irst name Last name		number	to you	Child tax	credit	Credit for other dependents
than four dependents,	GAC	GANSAI GAJULABALIJA	4	***-**-4820	Son	X		
see instruction	ıs ——							
and check	, —							
here								
Income	1a	Total amount from Form(s) W-2, b	,	,			. 1a	-,
Attack Farm(s)	b	Household employee wages not re	•				. 1b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	,	· · · · · · · · · · · · · · · · · · ·			. 1c	
attach Forms	d	Medicaid waiver payments not rep			structions)		. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits	7				. 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 instruct					. 1h	0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)	<u>1</u>	i	_	100.000
	<u>z</u>	Add lines 1a through 1h					. 1z	-
Attach Sch. B	2a		2a		b Taxable interes		. 2b	
if required.	3a		3a		,	nds		
	4a	IRA distributions	4a		b Taxable amour		. 4b	
Standard Deduction for—	5a		5a			nt		
Single or	6a		6a			nt	. 6b	
Married filing separately,	C	If you elect to use the lump-sum e			,		片 📙	
\$12,950	7	Capital gain or (loss). Attach Sche					□ <u> 7</u>	10.050
Married filing jointly or	8	Other income from Schedule 1, lin					. 8	-10,850.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					. 9	110,033.
\$25,900	10	Adjustments to income from Schedule 1, line 26						
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income						110,033.
\$19,400	12	Standard deduction or itemized					. 12	
If you checked any box under	13	Qualified business income deduct					. 13	
Standard Deduction,	14						. 14	<u> </u>
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -U This is yo	our taxable incon	ne	. 15	84,133.
	-							

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,742.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,742.
	19	Child tax credit or credit for other dependents from Schedule 8812	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	7,742.
	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	7,742.
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	13,109.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. 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	13,109.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,367.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,367.
Direct deposit? See instructions.	b	Routing number * * * * * X X X X X C Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * * * * * * * * X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	elow.	X No
3	De	signee's Phone Personal identif	ication	
	nar	me no. number (PIN)		
Sign Here		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		
пеге	Yo			nt you an Identity
				PIN, enter it here
Joint return? See instructions.		SOFTWARE ENGINEER		nt your spouse an
Keep a copy for	Sp			ection PIN, enter it here
your records.		HOME MAKER (see	nst.)	
	Ph	one no. Email address SIDDESWARAGAJULA@GMAIL.COM		
Doid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/05/2023 *****2	2703	Self-employed
Preparer	Fin	m's name GLOBAL TAXES LLC Phor	ie no. ((678)965-9522
Use Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	's EIN	**-***5487