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

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

Check only				d filing separately (N						spou	fying surv se (QSS)	Ü		
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. It you c	hecke	ed the HOH oi	r QSS	box, enter	the ch	nild's	name if th	ie qualitying		
Your first name and middle initial				Last name							Your social security number			
SAI MANEESHA				KUPPURI						359-41-8157				
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			<i>A</i>	Apt. no.				on Campaign		
8500 MAI	PLE :	TREE DR								Check here if you, or your spouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also cor				mplete spaces below. State			ZIP c	ode				Checking a		
INDIANAPOLIS			IN			ſ	462	56	bo	box below will not change				
Foreign country name			Foreign province/state/county			у	Foreign postal code yo			your tax or refund.				
											You	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			The second	Yes	⊠ No		
Standard		eone can claim:  You as a de				a dependent	40001)	. (666 1116)	idotic	7110.)				
Deduction <b>Deduction</b>	_	Spouse itemizes on a separate return				a doportuoni								
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spe	ouse:	: Was bo	rn befo	ore January	2, 19	958	☐ Is bl	ind		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4	) Check the	box if	qualifi	es for (see	instructions):		
If more	(1) Fi	rst name Last name		number		to you	Child tax of		credit	(	Credit for oth	her dependents		
than four	_										[			
dependents, see instructions	s				$ \rightarrow  $									
and check	,									$\rightarrow$				
here	]													
Income	1a	Total amount from Form(s) W-2, b							4.5	1a	10	06,548.		
	b	Household employee wages not reported on Form(s) W-2							1b					
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								1c				
attach Forms	d	Medicaid 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							7 C	1f		_		
If you did not	g	Wages from Form 8919, line 6 .	: : V					* • •	٠	1g				
get a Form W-2, see	h	Other earned income (see instruct				· · · · · · · · ·	i i			1h		0.		
instructions.	i	Nontaxable combat pay election (	see instru	uctions)		<u>1</u> i				4-	1.0	) C F 4 O		
	<u>z</u>	Add lines 1a through 1h	00		 b T				14 (	1z 2b	1	06,548.		
Attach Sch. B if required.	2a 3a		2a   3a			axable interes rdinary divide			•	3b				
	4a		4a			axable amoun			• 0	4b				
Phan dand	5a	1991	5a			axable amoun			•	5b				
Standard Deduction for— Single or Married filing	6a		6a			axable amoun			•	6b		_		
	C	If you elect to use the lump-sum e	20070074	nethod check here					$\dot{\Box}$	O.D				
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
\$12,950 Married filing	8	Other income from Schedule 1, lin								8		0.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	1 (	06,548.			
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26										. 0, 0 10 .		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									1 10	06,548.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								11		12,950.		
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	_	,			
any box under Standard	14	Add lines 12 and 13								14	1	12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		93,598.		
		₹												

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	16,294.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	16,294.							
	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	16,294.							
	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	16,294.							
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	15,222.							
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26								
	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									
	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	15,222.							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34								
	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 X X X X									
See instructions.	d	Account number X X X X X X X X X X X X X X X 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 <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	1,072.							
	38	Estimated tax penalty (see instructions)									
Third Party		you want to allow another person to discuss this return with the IRS? See									
Designee		tructions		X No							
	De nai	signee's Phone Personal identifume no. Personal identifume no.	ication								
Sign	Un	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 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				nt you an Identity							
	10			IN, enter it here							
Joint return? See instructions. Keep a copy for your records.		SOFTWARE DEVELOPER (see	inst.)								
	Sp	Ident	the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)								
	Ph	one no. (510) 565-4830 Email address SAIMKUPPURI@GMAIL.COM									
Daid	Pre	eparer's name Preparer's signature Date PTIN		Check if:							
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2023 P02082	2703	Self-employed							
Preparer	Fire	m's name GLOBAL TAXES LLC Phor	Phone no. (678) 965-9522								
Use Only	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	88-2145487							