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

OMB No. 1545-0074

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

	s 🗌 S	Single 🔀 Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of I	hous	ehold (HOI	H) [fying survi	iving
Check only one box.	If vo	u checked the MFS box, enter the na	ame of v	our snouse If you ch	neck	ed the HOH or	059	Shox ente	or the	•	se (QSS) name if the	aualifyina
ONE BOX.		on is a child but not your dependent		our spouse. It you cr	ICCK	ed the Horror	QUC	box, crite) tile	Crilia 3 i	iame ii un	qualifying
Your first name			Last nar	me					١,	Your soc	ial security	number
				ABAVATH						***-**-4269		
				st name						Spouse's social security number		
										***-**-5310		
SWATHI GUGULOTHU Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							Apt. no.	-	Presidential Election Campaign			
	,	•						2001			ere if you,	
10200 INDEPENDENCE PKWY City, town, or post office. If you have a foreign address, also complete sp				e spaces below. State			ZIP	IP code		spouse if	filing joint	ly, want \$3
PLANO				TX				025		to go to this fund. Checking a box below will not change		
			TF	Foreign province/state/county			~			your tax or refund.		
						,		J.			You	Spouse
Digital	Δt an	y time during 2022, did you: (a) rece	eive (as :	a reward award or i	าลงก	ment for prope	rty o	r services)	· or (h	n) sell		
Assets		ange, gift, or otherwise dispose of a					-				Yes	X No
Standard Standard		eone can claim: You as a de						11000		,		
Deduction		Spouse itemizes on a separate return		•								
						_			· ·		_	
Age/Blindness	You:	Were born before January 2, 1	958 _	Are blind Spo	use	: Was bor		fore Janua			☐ Is blir	
Dependents				(2) Social security		(3) Relationsh	ip				•	nstructions):
If more than four dependents,	(1) Fi	rst name Last name	number		to you		Child tax cr		dit C		er dependents	
	SWA	RAN NAYAK SABAVATH		***-**-8412		Son				×		<u><</u>
see instructions	s ABH	IRAM NAYAK SABAVATH		***-**-4127		Son			×			
and check	, —						_	L				
here	J										L	
Income	1a	Total amount from Form(s) W-2, be	,	•	7					1a	14	6,155.
Attach Form(s) W-2 here. Also	b	Household employee wages not reported on Form(s) W-2							1b			
	С	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 benefits from Form 8839, line 29								1f		
If you did not	9	Wages from Form 8919, line 6						1g				
get a Form W-2, see	h	Other earned income (see instructi			٠		i			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)	٠	<u>li</u>					1 1 4	C 155
	<u>z</u>	Add lines 1a through 1h								1z	14	6,155.
Attach Sch. B if required.	2a		2a			axable interest				2b		
ii required.	3a		3a			ordinary divider				3b		
	4a		4a			axable amount				4b		
Standard Deduction for—	5a		5a			axable amount				5b		
Single or	6a		6a			axable amount	ι.		· .	6b		
Married filing separately,	C 7	If you elect to use the lump-sum e							. 📙	7	1	2 000
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		3,000.
Married filing jointly or	8	Other income from Schedule 1, line 10								8		<u>5,575.</u>
Qualifying surviving spouse,	9			•						9	12	7,580.
\$25,900	10	Adjustments to income from Schedule 1, line 26								10	1.0	7 500
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								11		7,580.
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									1 2	5,900.
If you checked any box under Standard Deduction,	13	Qualified business income deduction from Form 8995 or Form 8995-A									-	F 000
	14 15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								14		<u>5,900.</u>
see instructions.	10	Subtract line 14 Iron line 11. Il Zer	o or less	s, citter -u ITHS IS yo	Jui l	axable IIICOM	10			15	1 10	1,680.

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	13,604.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	13,604.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	2,500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	11,104.	
	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	11,104.	
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	15,120.	
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	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	15,120.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,016.	
11010111	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,016.	
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings			
See instructions.	d	Account number * * * * * * * * *			
	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 www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See structions	elow.	X No	
· ·	De	signee's Phone Personal identif	ication		
	na	me no. number (PIN)			
Sign Here		ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
	Yo			nt you an Identity	
1		SOFTWARE ENGINEER (see		IN, enter it here	
Joint return? See instructions.	Sn		IRS se	nt your spouse an	
Keep a copy for your records.	Op			ection PIN, enter it here	
		SOFTWARE ENGINEER (see	nst.)		
		one no. (732)524-8595 Email address RAVIKIRAN1913@GMAIL.COM			
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2023 *****	2703	Self-employed	
Use Only	Fir	m's name GLOBAL TAXES LLC Phor	none no. (678)965-9522		
USE Office	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	**-***5487	