1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use Only-	–Do not w	rite or staple in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)									
Your first name	ddle initial	ame						Your social security number			
RAVI KUMAR PA			PALE	PALEM					615-83-0039		
lf joint return, sp	oouse's	first name and middle initial	Last na	ast name					Spouse'	s social security numb	
_SUSMITHA PAMAR				RTHI					614-85-1147		
Home address	(numbe	r and street). If you have a P.O. box, see	ins.						ntial Election Campaig		
<u>910 DEER</u>	FIEI	LD CROSSING DR							Check here if you, or your spouse if filing jointly, want \$3		
City, town, or p	ost offic	ce. If you have a foreign address, also co	ate				to go to this fund. Checking a				
ALPHAREI						300	04	box belo	ow will not change		
Foreign country name			F	Foreign province/state/county			Foreig	Foreign postal code your ta		or refund.	
										You Spous	
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a		2010 Contraction (1997)			-			Yes X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your spou	se as	a dependent					
Deduction		pouse itemizes on a separate retur	n or you	i were a dual-statu	s alier	1					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind S	ouse	: 🗌 Was bo	m befo	ore January 2	, 1958	Is blind	
Dependents				(2) Social secur		(3) Relationsh				fies for (see instructions	
If more		rst name Last name		number	· ·	to you	"P	Child tax cre	edit	Credit for other depender	
than four	_										
dependents,											
see instructions and check	5 ——										
here	_										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .		· · · ·			1 a	109,192.	
meome	b	Household employee wages not re	1b								
Attach Form(s) W-2 here, Also	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)									
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	n Form 8839, line 2	9.				1f		
lf you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form	h	Other earned income (see instruction				· · · ·	· ·		1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s				· · _ 1i			_		
	Z	Add lines 1a through 1h							1z	,	
Attach Sch. B	2a		2a			axable interes			2b		
if required.	<u>3a</u>		3a			Ordinary divide			3b		
	4a		4a	,		axable amoun			4b		
Standard Deduction for –	5a		5a			axable amoun			5b		
 Single or 	6a	Social security benefits 6a b Taxable amount							6b		
Married filing separately,							· · · _				
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
 Married filing jointly or 								8	0.		
Qualifying spouse,	9						• •		9	109,192.	
\$25,900								10			
 Head of household, 	<u>11</u> 12	Subtract line 10 from line 9. This is your adjusted gross income							11		
\$19,400 12 Standard deduction or itemized deductions (irom Schedule A)									12		
 If you checked any box under 	y box under								13		
Standard Deduction,	Justion, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income							14	1000		
see instructions.	10		0 01 100		your				15	05,292.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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 , 582.			
Credits	17	Amount from Schedule 2, line 3		. 17				
	18	Add lines 16 and 17		. 18	9,582.			
	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	9,582.			
	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	9,582.			
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2	25a 7,01	7.				
	b	Form(s) 1099	25b					
	С	Other forms (see instructions)	25c					
	d	Add lines 25a through 25c		. 25d	7,017.			
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return		. 26				
	27	Earned income credit (EIC)						
	28	Additional child tax credit from Schedule 8812						
	29	American opportunity credit from Form 8863, line 8	29					
	30	Reserved for future use	30					
	31	Amount from Schedule 3, line 15	31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refund	dable credits	. 32				
	33	Add lines 25d, 26, and 32. These are your total payments		. 33	7,017.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount	you overpaid .	. 34				
norana	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check	here	35a				
Direct deposit?	b	Routing number X X X X X X X C Type: C		ngs				
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	37	Subtract line 33 from line 24. This is the amount you owe .						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .	. 37	2,628.				
	38	Estimated tax penalty (see instructions)	38 6	53.				
Third Party Designee								
				X No				
	De	ne Phone no.	number (P	dentification				
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying sched	ules and statements, a	nd to the bes	t of my knowledge and			
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base						
Here	Yo	ur signature Date Your occupation		If the IRS se	nt you an Identity			
				Protection P (see inst.)	IN, enter it here			
Joint return? See instructions.		SOFTWARE EN	GINEER		nt your spouse an			
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	Date Spouse's occupation					
your records.		HOME MAKER	(see inst.)	ection PIN, enter it here				
	Ph	one no. (678) 646-4030 Email address RAVIKUM.P01	@GMAIL.COM					
			Date PTI	N	Check if:			
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/23/2023 P02	2082703	Self-employed			
Preparer		n's name GLOBAL TAXES LLC			678)965-9522			
Use Only		n's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN	84-3171965			
Go to www.irs.a			EV 02/10/23 PRO		Form 1040 (2022)			
- 5					, - ,			

Go to www.irs.gov/Form1040 for instructions a st information.

, 7

BAA