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 Check only	XS	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	househ	old (HOH)			ifying survi ise (QSS)	iving		
one box.		u checked the MFS box, enter the na on is a child but not your dependent		our spouse. If you ch	neck	ed the HOH or	r QSS l	oox, enter	the cl	hild's	name if the	e qualifying		
Your first name and middle initial Last nam				t name							Your social security number			
			KOND							761-93-8954				
				Last name						Spouse's social security number				
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.	Pre	esider	ntial Electio	n Campaign		
9210 REDMOND WOODINVILLE RD NE				A303						Check here if you, or your				
City, town, or post office. If you have a foreign address, also comp				nplete spaces below. State Z						spouse if filing jointly, want \$3 to go to this fund. Checking a				
REDMOND				AW			980	98052 bo		box below will not change				
Foreign country name			Foreign province/state/county			Foreign	Foreign postal code your		our tax or refund. You Spouse					
 Digital	Δt an	y time during 2022, did you: (a) rece	eive (as	a reward award or r	าลงก	nent for prope	rty or s	services).	or (b)	sell		Spouse		
Assets		ange, gift, or otherwise dispose of a					-				Yes	⊠ No		
Standard	Som	eone can claim:	pendent	Your spouse	as	a dependent								
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status a	alien									
Age/Blindness	You:	☐ Were born before January 2, 1	958 [Are blind Spo	use	: Was bor	rn befo	re Januar	y 2, 19	958	Is bli	nd		
Dependents	(see i	nstructions):		(2) Social security		(3) Relationsh	nip (4)	Check the	box if	qualifi	ies for (see i	instructions):		
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit	: (Credit for oth	er dependents		
than four														
dependents, see instructions	. —													
and check														
here											<u>L</u>			
Income	1a	Total amount from Form(s) W-2, bo	,							1a		0,104.		
Attach Form(s)	b	Household employee wages not re								1b	+			
W-2 here. Also	c	Tip income not reported on line 1a			otru.	otiona)				1c	+			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	+			
1099-R if tax	e f	•			•					1e 1f	+			
was withheld.		Employer-provided adoption bene Wages from Form 8919, line 6.	iits iroiii	1 FOITH 6639, line 29	•					_	+			
If you did not get a Form	g h	Other earned income (see instructi	one)		•				•	1g 1h	+	0.		
W-2, see	i	Nontaxable combat pay election (s			•				•					
instructions.	z	Add lines 1a through 1h	ice insti	detions)	•		!			1z	14	0,104.		
Attach Sch. B	2a		2a		h Ta	axable interest	 t		•	2b	+	0,101.		
if required.	3a		3a			rdinary divide			·	3b				
	4a		4a			axable amoun				4b				
Standard	5a		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 here (see instructions)												
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requi	ired,	check here				7				
Married filing	8	Other income from Schedule 1, line	e 10 .							8	-1	2,656.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	12	7,448.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ine 26						10				
Head of	11	Subtract line 10 from line 9. This is	e 9. This is your adjusted gross income							11	12	7,448.		
household, \$19,400	household, \$19,400						12	1 1	2,950.					
If you checked any box under	13	Qualified business income deducti	on from	Form 8995 or Form	899	5-A				13				
Standard	14	Add lines 12 and 13							14		2,950.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t	axable incom	ne .			15	11	4,498.		

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	21,315.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	21,315.	
	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	21,315.	
	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	21,315.	
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	24,175.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
qualifying child, attach Sch. EIC. [27	Earned income credit (EIC)			
attach Sch. Elc.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	4		
	30	Reserved for future use	4		
	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	24,175.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,860.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,860.	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X X C Type: Checking Savings			
	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 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		you want to allow another person to discuss this return with the IRS? See			
Designee		tructions		X No	
	De: nar	signee's Phone Personal identi- me no. number (PIN)	rication		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	st of my knowledge and	
Here		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	
			ection P inst.)	IN, enter it here	
Joint return? See instructions.		SOFTWARE ENGINEER		nt vour enques en	
Keep a copy for	Sp		the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.		(see	inst.)		
	Ph	one no. (765)775-8643 Email address SURYAPKONDETI@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 02/24/2023 P0208	2703	Self-employed	
Preparer	Fin	m's name GLOBAL TAXES LLC Phor	ne no. ((678)965-9522	
Use Only	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	84-3171965	