E 1040 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.

Filing Status Check only one box.		Single Married filing jointly u checked the MFS box, enter the name		d filing separately (Nour spouse. If you ch						spou	fying surv se (QSS) name if th	Ü
		on is a child but not your dependent	T									
			Last nan	Last name						Your social security number		
				VUKANTI						***-**-1444		
If joint return, spouse's first name and middle initial La				Last name						Spouse's social security numbe		
Home address ((numbe	er and street). If you have a P.O. box, see	instructio	ns.			А	pt. no.	- 1			on Campaigr
1 RAINBO	W C	IRCLE					5				ere if you,	
City, town, or post office. If you have a foreign address, also complet			mplete sp	plete spaces below. State								tly, want \$3 Checking a
BLOOMINGTON				IL			617	61704 bo			w will not	change
Foreign country name			F	Foreign province/state/county Forei				reign postal code you		our tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									Yes	X No
Standard		eone can claim: You as a de					uoootj	. (000 111	Struot	10110.)		
Deduction	_	Spouse itemizes on a separate retur	•			эрепаетт						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	Was bo	rn befo	re Janua	ry 2,	1958	☐ Is bli	ind
Dependents	(see	instructions):		(2) Social security	(3) Relationsh	nip (4	Check th	ne box	if qualifi	es for (see	instructions):
If more	(1) Fi	irst name Last name		number		to you		Child ta	ax cred	dit (Credit for oth	her dependents
than four							X					
dependents, see instructions	,										[
and check	·						>				[
here											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)		1				1a	16	56,550.
	b	Household employee wages not re	eported o	on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	tructions)		·				1c		
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see in	nstructio	ns)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								1e		
was withheld.	f	Employer-provided adoption bene	fits from	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 (s	see instru	uctions)		. <u>1</u> i	i					
	Z	Add lines 1a through 1h								1z	16	56,550.
Attach Sch. B	2 a		2a			ble interes				2b		
if required.	<u>3a</u>		3a			nary divide				3b		
	4a		4a			ble amoun				4b		
Standard Deduction for—	5a		5a			ble amoun				5b		
Single or	6a	Social security benefits 6a b Taxable amount							6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)							_			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8		L8,875.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	14	17,675.
\$25,900	Adjustments to income from Schedule 1, line 20											
 Head of household, 	11 (is your adjusted gross income						11		<u> 17,675.</u>	
\$19,400	12	Standard deduction or itemized		•	,					12	1	12,950.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
Standard Deduction,	14	Add lines 12 and 13							14		<u>12,950.</u>	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -u This is ye	our taxa	inie incon	ie .			15		34,725.

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	26,170.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	26,170.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20	7,500.	
	21	Add lines 19 and 20	21	7,500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	18,670.	
	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	18,670.	
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	33,526.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	T		
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	7		
	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	33,526.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	14,856.	
nerana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	14,856.	
Direct deposit?	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 www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	oelow.	X No	
· ·	De	signee's Phone Personal identi	fication		
		me no. number (PIN)			
Sign		der 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 whicl			
Here				,	
	YO			nt you an Identity IN, enter it here	
Joint return?			inst.)		
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	ne IRS sent your spouse an		
Keep a copy for your records.			tity Protection PIN, enter it here inst.)		
	Ph	one no. (585)764-2293 Email address PRASHANTHVUKANTI@GMAIL.COM			
Paid	Pre	eparer's name Preparer's signature Date PTIN	·	Check if:	
Preparer Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/01/2023 *****	2703	Self-employed	
Use Only	Fir	m's name GLOBAL TAXES LLC Phot	ione no. (678)965-9522		
OSE OITIN	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***5487	