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	X	Single   Married filing jointly	Marr	ied filing separately	(MFS)	Head of	housel	nold (HOH)			fying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the i	name of	your spouse. If you	chack	ed the HOH o	r 088	hov enter			se (QSS) name if the	aualifyina	
ONC DOX.		on is a child but not your depender		your spouse. If you	CHCCK		QUU	box, critci	ti io oi	ilia 3	name ii tiic	qualifying	
Your first name and middle initial Last name										Your social security number			
				TTIPATI						364-63-6117			
If joint return, spouse's first name and middle initial				ame					$\neg$	Spouse's social security number			
,, -,-									-			,	
Home address (	numbe	er and street). If you have a P.O. box, se	e instruct	tions.			Α	pt. no.	Pre	esiden	tial Election	n Campaign	
21 TORBE											ere if you, c		
		ce. If you have a foreign address, also c	omplete	spaces below.	Sta	ite	ZIP co	ode			f filing jointl	•	
HILLSBOROUGH NJ 0884								to go to this fund. Checking box below will not change					
Foreign country name				Foreign province/state/o				~			or refund.	nange	
				g p	-,	-,			,		You	Spouse	
Digital	Δt an	ny time during 2022, did you: (a) red	ceive (as	s a reward award o	or navr	ment for prope	erty or	services).	or (b)	sell			
Assets		ange, gift, or otherwise dispose of	•				•	, .	` '		Yes	⊠ No	
Standard		eone can claim:  You as a d		<u></u>				(		,			
Deduction	_	Spouse itemizes on a separate retu											
			,										
		Were born before January 2,	1958	Are blind S	pouse	: U Was bo		re Januar	, ,		☐ Is blir		
Dependents		see instructions):		(2) Social security		1 ' '				if qualifies for (see instructions):			
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax credit		Credit for other dependent		er dependents	
than four dependents,									1				
see instructions									1				
and check									1				
here													
Income	1a	Total amount from Form(s) W-2, I	•	,						1a	6	9,453.	
Attach Form(s)	b	Household employee wages not		. ,						1b			
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)								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	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	•	instructions)						1h		0.		
instructions.	i	Nontaxable combat pay election (see instructions)									0 450		
		Add lines 1a through 1h	. i	· · · · · i					•	1z	6	9,453.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes			•	2b			
ii required.	3a	Qualified dividends	3a			ordinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b			
Single or	6a	Social security benefits	6a			axable amoun			Ė	6b			
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)								-	1		
\$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		6,910.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	+ 6	2,543.	
\$25,900	10	Adjustments to income from Sch								10	-		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This							•	11		2,543.	
\$19,400	12	Standard deduction or itemized		•	,				•	12	+ +	<u>2,950.</u>	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	1	2 0 5 2		
Standard Deduction,	14 15	Add lines 12 and 13							14		2,950.		
see instructions.	15	Subtract line 14 from line 11. If Ze	ero or ies	55, enter -U THIS IS	your 1	rayanie ilicou	ie .			15	4	9,593.	

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	6,	524.
Credits	17	Amount from Schedule 2, lir	ne 3				🗔	17		
	18	Add lines 16 and 17					🗔	18	6,	524.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		🗔	19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,	524.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	6,	524.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 8	,267.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	,				2	5d	8,	267.
	26	2022 estimated tax paymen					2	26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31				ndable credits	;	32		
	33	Add lines 25d, 26, and 32. T	•	-	-		;	33	8,	267.
Refund	34	If line 33 is more than line 24	•					34	1,	743.
neiulia	35a	Amount of line 34 you want				•	. 🗆 🖪	5a	1,	743.
Direct deposit?	b	Routing number X X X			_	_	Savings			
See instructions.	d	Account number X X X	X X X X	X X X Z	$X \mid X \mid X \mid X \mid X$	X X				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe						
You Owe	•	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another			rn with the IRS?		mplete belo	w F	× No	
Doolgiloo		signee's		Phone			nal identificat			
		ne		no.		numb	er (PIN)		<u> </u>	
Sign		der penalties of perjury, I declare								
Here	be	ief, they are true, correct, and com	iplete. Declaration of		1	sed on all information			•	•
	Yo	ur signature	Date Your occupation					ou an Iden enter it he	•	
Joint return?				   SOFTWARE E	NGINEER	(see inst				
See instructions.	Sp	ouse's signature. If a joint return,	Date Spouse's occupation			If the IRS	S sent y	our spouse	e an	
Keep a copy for	·					,		ion PIN, en	ter it here	
your records.							(see inst	.)	$\bot\bot\bot$	
		one no. (609)255-853		Email address	SOMANADHAM	AR@GMAIL.CO				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	_	heck if:	
Preparer	SYAN	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/19/2023	P020827		Self-em	· ·
Use Only	Fir	m's name GLOBAL TA					Phone n	o. (67	78)965-	-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	N	84-317	<u> 71965                                    </u>
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/09/23 PRO			Form 10	<b>)40</b> (2022)