E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn 20	022	OMB No.	1545-00	74 IRS L	Jse Only	–Do not v	write or staple	in this space.	
Filing Status Check only one box.	lf yo	Single Arried filing jointly sources by the MFS box, enter the national sources a child but not your dependent	ame of y	ed filing separa vour spouse. If				usehold (⊢ SS box, e	,	spc	alifying sur ouse (QSS) s name if tl	0	
Your first name and middle initial				Last name							Your social security number		
AISHWARYA			KOTHAPALLY							***-**-4014			
If joint return, spouse's first name and middle initial			Last name							Spouse's social security number			
Home address (	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ential Electi	on Campaign	
31 RIVER COURT			1112						Check here if you, or your				
-		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZI	P code				ntly, want \$3	
JERSEY CITY				NJ 07							to go to this fund. Checking a box below will not change		
Foreign country name			Foreign province/state/county Foreign				oreign posta	ign postal code y		your tax or refund.			
											🗌 You	Spouse	
Digital Assets		ny time during 2022, did you: (a) reco nange, gift, or otherwise dispose of a										X No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌 Your	spouse as	a depend	lent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-s	status alier	า							
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Wa	s born b	pefore Jar	nuary 2	2, 1958	🗌 ls b	lind	
Dependents	(see	instructions):		(2) Social s	security	(3) Relat	ionship	(4) Chec	k the b	ox if qual	lifies for (see	instructions):	
If more		irst name Last name		numb		to y		Child tax o		redit	Credit for ot	ther dependents	
than four													
dependents,								1					
see instructions and check	;												
here 🗌													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)						. 16	a 1-	45,367.	
moomo	b	Household employee wages not reported on Form(s) W-2									b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)								. 10	c		
attach Forms	d	Medicaid waiver payments not rep				uctions) .				. 10	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								. 10	e		
was withheld.	f	Employer-provided adoption bene		n Form 8839, l	ine 29 .					. 1	f		
lf you did not	g	Wages from Form 8919, line 6 .								. 19	g		
get a Form W-2, see	h	Other earned income (see instruction	· · ·				. · ·		•	. 11	h	0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<b>1</b> i			_			
	Z	Add lines 1a through 1h	• • •						•	. 1:		45,367.	
Attach Sch. B	2a		2a			axable int			·	. 21		355.	
if required.	<u>3a</u>		3a	· · · ·		Ordinary di		S	•	. 31		0.	
	4a		4a	-	_	axable an			•	. 41			
Standard Deduction for –	5a		5a			axable an			•	. 51			
<ul> <li>Single or</li> </ul>	6a	Social security benefits       6a       b       Taxable amount       .       .         If you elect to use the lump-sum election method, check here (see instructions)       .       .       .       .								. 61	b		
Married filing separately,	c 7			-	`		,		. L	$\exists$		2 000	
\$12,950	7	Capital gain or (loss). Attach Scher		•	•	-			. L			-3,000.	
Married filing jointly or	8 9								. <u>8</u> . 9		<u>13,259.</u> 20,462		
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>										29,463.	
\$25,900		Adjustments to income from Schedule 1, line 26										20 162	
<ul> <li>Head of household,</li> </ul>	11 12	Subtract line 10 from line 9. This is your adjusted gross income							· 1 <sup>·</sup> · 12		<u>29,463.</u> 15 127		
\$19,400 • If you checked	13	Qualified business income deduction			,				•	. 1		15,127.	
any box under	14						• •		•	. 14		15,127.	
Standard Deduction,	15	Subtract line 14 from line 11. If zer							•	. 1		14,336.	
see instructions.				-, 11					•		- <u> </u>		

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	21,276.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	21,276.							
	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	21,276.							
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.							
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	21,276.							
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	25,597.							
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	25,597.							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,321.							
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,321.							
Direct deposit? See instructions.	b	Routing number       *       *       *       X       X       X       C Type:       Checking       Savings									
	d	Account number * * * * * * * * * * * * * * * * * * 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 <b>amount you owe</b> .									
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		you want to allow another person to discuss this return with the IRS? See	alaw	× No							
Designee				A NO							
	nai	signee's Phone Personal identia ne no. number (PIN)	Ication								
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of my knowledge and							
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ı prepare	er has any knowledge.							
пеге	Yo	5	e IRS sent you an Identity								
			Protection PIN, enter it here (see inst.)								
Joint return? See instructions.		FIANAGING CONSULTANI									
Keep a copy for	Sp		ne IRS sent your spouse an ntity Protection PIN, enter it here e inst.)								
your records.		(see									
	Ph	one no. (516)652-3101 Email address ESHUKOTHAPALLY@GMAIL.COM									
Deid	Pre	eparer's name Preparer's signature Date PTIN	Check if:								
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2023 *****2	2703 Self-employed								
Preparer	Firi	m's name GLOBAL TAXES LLC Phor	eno. (678)965-9522								
Use Only	Fir		's EIN **-***1965								
Go to www.irs.go	Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 02/24/23 PRO Form 1040 (2022)										

irs.gov/Form1040 for instructions and the