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 5	Single Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	ehold (HOH)			fying survi se (QSS)	ving	
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	neck	ed the HOH or	QSS	S box, enter	the c			e qualifying	
	pers	on is a child but not your dependent	:										
Your first name	and mi	ddle initial	Last nar	me					Yo	Your social security number			
SREEKANT	TH GO	DUD	YERU	KALA					8	822-58-0102			
If joint return, sp	pouse's	first name and middle initial	Last nar	me					Sp	Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Pr	esider	tial Electio	n Campaign	
10424 MA	DISC	ON DR								Check here if you, or your			
City town or nost office If you have a foreign address also complete spaces below State 7IP code												ly, want \$3 Checking a	
ATLANTA				GA 3			30	346			w will not		
Foreign country	name		Foreign province/state/county Fo				Fore	ign postal cod	e yo	ur tax	ur tax or refund.		
											You	Spouse	
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or p	oayn	nent for prope	rty o	r services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial in	ntere	est in a digital	asse	t)? (See inst	ructio	ons.)	☐ Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	as	a dependent							
Deduction		Spouse itemizes on a separate retur	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	n be	fore January	/ 2, 1	958	☐ Is blii	nd	
Dependents	ts (see instructions): (2) Social security (3) Relationship (4) Check the bo							box it	f qualifi	es for (see i	nstructions):		
If more	(1) Fi	rst name Last name	number			to you		Child tax cre		t (Credit for oth	er dependents	
than four													
dependents, see instructions	s ——												
and check													
here										\perp			
Income	1a	Total amount from Form(s) W-2, bo								1a	6	0,392.	
A44I- F(-)	b	Household employee wages not re			h					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 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption bene			٠					1f			
If you did not	g	Wages from Form 8919, line 6							1g 1h				
get a Form W-2, see	h	Other earned income (see instructions)										0.	
instructions.	i	Nontaxable combat pay election (see instructions)										0 202	
	z 2a	Add lines 1a through 1h						1z	1 0	0,392.			
Attach Sch. B if required.								2b 3b					
	3a 4a	Qualified dividends							•	4b			
Standard	т а 5а	Pensions and annuities 5a b Taxable amount								5b			
Deduction for—	6a	Social security benefits 6a b Taxable amount						•	6b				
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)								0.0			
separately, 7 Capital gain or (loss) Attach School lo D if required If not required check here									\Box	7			
\$12,950 Married filing									8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	6	0,392.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									1	-,-,-,-	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								10	6	0,392.	
household,	schold, 12 Standard deduction or itemized deductions (from Schodulo A)										2,950.		
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										,	
any box under Standard	14	Add lines 12 and 13									1	2,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		7,442.	
000 monucions.		▼											

Form 1040 (2022	2)											Page 2		
Tax and	16	Tax (see in	nstructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		6,051.		
Credits	17	Amount fro	om Schedule 2, lin	ne 3						17				
	18	Add lines 1	16 and 17							18		6,051.		
	19	Child tax o	credit or credit for	other dependen	ts from Sched	ule 8812				19				
	20	Amount fro	om Schedule 3, lin	ne 8						20				
	21	Add lines 1	19 and 20							21				
	22		ine 21 from line 18							22		6,051.		
	23		es, including self-e							23		0.		
	24		22 and 23. This is							24		6,051.		
Payments	25		come tax withheld											
,	а	Form(s) W-	'-2				25a	3	,426.					
	b	Form(s) 10	099				25b							
	С	` '	ns (see instructions				25c					r		
	d		25a through 25c	•						25d		3,426.		
	26		nated tax payment							26				
If you have a qualifying child,	27		come credit (EIC)				27							
attach Sch. EIC.	28		child tax credit from				28							
	29		opportunity credit				29							
	30		for future use .		-		30							
	31		om Schedule 3, lin				31							
	32		27, 28, 29, and 31					credits		32				
	33		25d, 26, and 32. T							33		3,426.		
Defined	34		s more than line 24					\rightarrow		34				
Refund	35a		f line 34 you want	-					. 🖂	35a				
Direct deposit?	b		ımber X X X				Checkir	ng □ S	Savings					
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		f line 34 you want a				36	2						
Amount	37		ine 33 from line 24											
You Owe	0,		s on how to pay, g							37		2,703.		
	38		tax penalty (see in	_			38		78.					
Third Party	Do		to allow another				See							
Designee		instructions							below.	× No				
		Designee's Phone Personal identifi					fication							
	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to													
Sign														
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which Your signature Date							nt you an					
	10	iui signature			Date	Tour occupation					IN, enter i	,		
Joint return?						SOFTWARE E	CNGINE	EER	(see	inst.)				
See instructions.	Sp								IRS sent your spouse an					
Keep a copy for your records.		Identi (see ii							ection PIN	I, enter it here				
,									11131.)					
		Phone no. (470)890-8262 Email address YSREEKANTHGOUD@GMAIL.COM Preparer's name Preparer's signature Date PTIN								Check if				
Paid	Pre	eparer's name	,	Preparer's signat	ure	ure Date								
Preparer			97.07.5								Self	-employed		
Use Only		Firm's name GLOBAL TAXES LLC Phon												
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's								's EIN	EIN			