

Filing Status [] Single [] Married filing jointly [X] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: PAVAN PUTTAGUNTA

Your first name and middle initial: MONISHA
Last name: YARTHA
Your social security number: 804-62-1508
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number: 752-06-6450
Home address (number and street): 6604 NW 150TH TERRACE
City, town, or post office: OKLAHOMA CITY
State: OK
ZIP code: 73142
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 154,040.; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0.; 1i Nontaxable combat pay election (see instructions); 1z Add lines 1a through 1h 154,040.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest; 3a Qualified dividends 127.; 3b Ordinary dividends 150.; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here -36.; 8 Other income from Schedule 1, line 10 -13,947.; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 140,839.; 10 Adjustments to income from Schedule 1, line 26 235.; 11 Subtract line 10 from line 9. This is your adjusted gross income 140,604.; 12 Standard deduction or itemized deductions (from Schedule A) 12,950.; 13 Qualified business income deduction from Form 8995 or Form 8995-A 1.; 14 Add lines 12 and 13 12,951.; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 127,653.

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	24,461.
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	24,461.
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	1.
	21 Add lines 19 and 20	21	1.
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	24,460.
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	446.
	24 Add lines 22 and 23. This is your total tax	24	24,906.

Payments	25 Federal income tax withheld from:				
	a Form(s) W-2	25a	27,012.		
	b Form(s) 1099	25b			
	c Other forms (see instructions)	25c	0.		
	d Add lines 25a through 25c	25d		27,012.	
	26 2022 estimated tax payments and amount applied from 2021 return	26			
	27 Earned income credit (EIC)	27			
	28 Additional child tax credit from Schedule 8812	28			
	29 American opportunity credit from Form 8863, line 8	29			
	30 Reserved for future use	30			
	31 Amount from Schedule 3, line 15	31			
	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		27,012.	

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,106.	
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,106.	
	b Routing number: X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number: 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	36		

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)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. (513) 801-8282	Email address MONISHA4B9@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 04/02/2023	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965