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	s ∐ S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS) Hea	ıd of hou	sehold (HOH)		alifying sur ouse (QSS)	
one box.	If yo	u checked the MFS box, enter the r	ame of y	our spouse. If you ch	necked the HC	)H or QS	SS box, enter		, ,	
	pers	on is a child but not your dependen	t:							
Your first name and middle initial Last name			st name					Your social security number		
RAJASEKHAR R ADUN			UNURI					***-**-3944		
If joint return, spouse's first name and middle initial Last name			t name					Spouse's social security number		
SRIDEVI			ADUN	URI				***-	-**-501	.3
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.	Presid	ential Elect	ion Campaign
406 BOS	CAWEI	N LN							here if you	, ,
City, town, or post office. If you have a foreign address, also complete space			e spaces below. State ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a				
CARY			NC 2			7519	_	elow will no	•	
Foreign country name		F	Foreign province/state/county			reign postal code	your ta	ax or refund	l	
									You	Spouse
Digital		ny time during 2022, did you: (a) red								
Assets	exch	ange, gift, or otherwise dispose of	a digital a	asset (or a financial i	nterest in a di	gital ass	et)? (See inst	ructions.	)	⊠ No
Standard	Som	eone can claim: 🗌 You as a de	ependent	Your spouse	as a depend	ent				
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status a	alien					
Age/Blindnes:	s You:	Were born before January 2, 1	958	Are blind Spo	use: Wa	s born b	efore January	2. 1958	☐ Is b	lind
Dependent				(2) Social security	(3) Relat					e instructions):
If more		irst name Last name		number	toy		Child tax		1	ther dependents
than four	• • •	ESH R ADUNURI		***-**-5232	l Son		×			$\overline{\Box}$
dependents,		IBBII R IBBIIORI		323	DOIL					$\overline{\Box}$
see instruction and check	s									$\overline{\Box}$
here	] —									
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)	<b>.</b>			. 1	a 1	07,607.
Income	b	Household employee wages not r	,	,				. 1		. ,
Attach Form(s)	С	Tip income not reported on line 1a	•					. 1	С	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	oorted or	n Form(s) W-2 (see in	structions) .			. 1	d	
W-2G and	е		ependent care benefits from Form 2441, line 26						е	
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 29				. 1	f	
If you did not	g	Wages from Form 8919, line 6.						. 1	g	
get a Form	h	Other earned income (see instruct	tions) .					. 1	h	0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)		1i				
ilistructions.	z	Add lines 1a through 1h						. 1	<b>z</b> 1	07,607.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Taxable int	erest		. 2	b	264.
if required.	3a	Qualified dividends	3a	4,939.	<b>b</b> Ordinary di	vidends		. 3	b	5,211.
	4a	IRA distributions ,	4a		<b>b</b> Taxable an	nount .		. 4	b	
Standard	5a	Pensions and annuities	5a		<b>b</b> Taxable an	nount .		. 5	b	
Deduction for—	6a	Social security benefits	6a		<b>b</b> Taxable an	nount .		. 6	b	
Single or Married filing	С	If you elect to use the lump-sum e	election n	nethod, check here (	see instructio	ns) .				
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired, check he	ere .			7	-3,000.
Married filing	8	Other income from Schedule 1, lir	ne 10 .					. 8	3 –	10,000.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is your <b>total inc</b>	ome			. 9	1	00,082.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							0	
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income						. 1	1 1	00,082.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)			. 1		25,900.
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Form	8995-A			. 1	3	2.
any box under Standard	14	Add lines 12 and 13						. 1	4	25,902.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is yo	our <b>taxable in</b>	come		. 1	5	74,180.

Form 1040 (2022	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	7,896.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,896.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,896.
	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	5,896.
<b>Payments</b>	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	9,972.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	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	9,972.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,076.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,076.
Direct deposit? See instructions.	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 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See structions	elow.	X No
		signee's Phone Personal identif	ication	
		me number (PIN)		
Sign Here		ider 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 which		
Пете	Yo			nt you an Identity
				IN, enter it here
Joint return? See instructions.		INFORMATION TECHNOLOGI		t your spouse an
Keep a copy for	Op			ection PIN, enter it here
your records.		INFORMATION TECHNOLOGY (see	nst.)	
	Ph	one no. (919)459-7766 Email address radunuri@gmail.com		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/13/2023 *****	2703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC Phor	e no. (	678)965-9522
USE Office	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	**-***1965