Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.		Single Married filing jointly currently use the MFS box, enter the na	_	ed filing separately (N	,		household (HOH	,	spous	fying survise (QSS)	Ü		
ONE DOX.	•	on is a child but not your dependent	•	our spouse. If you or	ICCN		QOO DOX, CITICI	ti io oi	ilia 3 i	iame ii ti	ic qualifying		
				me				Yo	Your social security number				
			KARN	ATI				86	864-84-6768				
				me					Spouse's social security number				
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.	Pre	esiden	tial Election	on Campaign		
						Check here if you, or your							
City, town, or po	ost offic	e. If you have a foreign address, also co	mplete sp	paces below.	Stat	e	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
FARMINGT	ON				MI 48335					box below will not change			
Foreign country	name		F	oreign province/state/o	Foreign postal co	our tax or refund.							
											Spouse		
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	,				,			Yes	⊠ No		
Standard		eone can claim: You as a de					asset): (See IIIe	dotic	110.)				
Deduction Deduction	_	Spouse itemizes on a separate return				a dependent							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Januar			☐ Is bl			
Dependents	(see i	nstructions):		(2) Social security		(3) Relationsh	.P		· i		instructions):		
If more	(1) Fi	rst name Last name		number		to you	Child tax cre		C	redit for oth	ner dependents		
than four dependents,													
see instructions											ᆗ		
and check											ᆜ		
here													
Income	1a	Total amount from Form(s) W-2, bo	`						1a	5	92,846.		
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b				
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e 1f				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not get a Form	g h	Wages from Form 8919, line 6.			•				1g 1h		0.		
W-2, see	i	Other earned income (see instructions)							111				
instructions.	z	Add lines 1a through 1h	see man	uctions)	•				1z		92,846.		
Attach Sch. B			2a		h Ta	 axable interest		•	2b	-	72,010.		
if required.	3a							3b					
	4a		4a			axable amount			4b				
Standard	5a		5a			axable amount			5b				
Deduction for—	6a		6a				t		6b				
Single or Married filing	С	If you elect to use the lump-sum el	lection n	nethod, check here (see i	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		16.		
Married filing	8	Other income from Schedule 1, line 10							8	-1	LO,384.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								32,478.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							10				
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incon	ne				11	8	32,478.		
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)				12		12,950.		
If you checked	13	Qualified business income deducti	on from	Form 8995 or Form	8995	5-A			13				
any box under Standard	14	Add lines 12 and 13							14	1	L2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	15 69,528.			

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,913.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	10,913.	
	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	10,913.	
	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	10,913.	
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	13,181.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	27	Earned income credit (EIC)	7		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	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	13,181.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,268.	
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,268.	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking 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	Amount of line 34 you want applied to your 2023 estimated tax			
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)			
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	pelow.	X No	
D00191100	De	signee's Phone Personal identi			
0:	naı	ne no. number (PIN) der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	****	t of my translades and	
Sign		der penalities of perjury, i declare that i have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
Here	Yo	ur signature Date Your occupation If the	RS ser	nt you an Identity	
		Prot	ection P	N, enter it here	
Joint return?		SOFTWARE ENGINEER (see	inst.)		
See instructions. Keep a copy for your records.	Sp	lden	he IRS sent your spouse an entity Protection PIN, enter it here e inst.)		
	Ph	one no. (660)262-8649 Email address PRIYANKA, KARNATI84@GMAIL.COM			
Doid	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 03/15/2023 P0208	2703	Self-employed	
Preparer	Fir	m's name GLOBAL TAXES LLC Phor	hone no. (678)965-9522		
Use Only	Fire	m's address 245 ROONEY C'T E BRIINSWICK NJ 08816	's FIN	84-3171965	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number 864-84-6768

PRIY	IYANKA KARNATI 86							864-84	864-84-6768			
Part			ental Real Estate an					•				
	Note: If you a	are in the business	of renting personal proper n 4835 on page 2, line 40.	rty, use	Schedule	C . See	instru	ctions. If you are	e an indiv	idual, rep	ort farm	
Α [2 that would require you	to file	Form(s) 1	0992.5	See ins	tructions		□ Ve	S X No	
1a	If "Yes," did you or will you file required Form(s) 1099?									<u> </u>		
	T Trysical address	s of each proper	ty (Street, City, State, Zi	Code	7)							
A B								$\overline{}$				
C												
1b	Type of Property	0 Fax acab	rental real estate prepa	vet v liest	ad		Го	ir Dontol	Persona	al IIaa		
ID	(from list below)		rental real estate proper eport the number of fair						Day	QJV		
Α	3	personal	use days. Check the Q	JV box	only	Α		365	0			
В			et the requirements to			В	_					
С		qualified	joint venture. See instru	uctions	i.	C						
Туре	of Property:	•										
1	Single Family Resi	dence 3 Va	acation/Short-Term Ren	ıtal	5 Land			Self-Rental				
2	Multi-Family Resid	lence 4 Co	ommercial		6 Roya	lties	8	Other (describ	oe)			
								Propertie				
Incom	ne:			-		Α		В			С	
3				3		5	50.	·				
4				_								
Exper												
5	Advertising			5								
6	Auto and travel (s	see instructions)										
7	-		,	7		1,3	96.					
8				8								
9				9								
10				10			5 0					
11	Management fees			11		⊥,⊥	58.					
12 13	Other interest .	•	etc. (see instructions)	12								
14				14		2 5	93.					
15	Supplies			15			18.					
16	Taxes			16								
17	Utilities			17		3,3	69.					
18			n	18								
19	Other (list)			19								
20	Total expenses. A	Add lines 5 throu	igh 19	20		10,9	34.					
21			and/or 4 (royalties). If									
			to find out if you must									
	file Form 6198 .			21	-	-10,3	84.					
22			after limitation, if any,		,	10 20	, ,	/			,	
00-				22	(10,38		(550.)	
23a b			ine 3 for all rental prope ine 4 for all royalty prop				23a 23b		550.			
C			ine 4 for all royalty prop ine 12 for all properties				23c					
d			ine 12 for all properties				23d					
e			ine 20 for all properties				23e	10.	934.			
24			shown on line 21. Do no		de anv In	sses			24			
25			ne 21 and rental real esta		-		nter to	otal losses here			10,384.)	
26	•	-	alty income or (loss).									
-			40 on page 2 do not									
	Schedule 1 (Form	1040) line 5 0	therwise include this a	mount	in the tot	al on li	no /11	on nage 2	06		_10 20/	