## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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

Filing Status Check only	s 🔀 🤅	Single Married filing jointly	Marrie	ed filing separately (N	MFS)	Head of	household (HOI	H)		fying surv se (QSS)	iving		
one box.		u checked the MFS box, enter the noon is a child but not your dependent		our spouse. If you c	hecked	the HOH or	QSS box, ente	er the cl	nild's i	name if th	e qualifying		
Your first name and middle initial				Last name						Your social security number			
MOUNIKA				GEDALA						***-**-6046			
If joint return, s	pouse's	first name and middle initial	Last nar	st name					Spouse's social security number				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Pr	Presidential Election Campaign				
201 SE JAYHAWK BLVD								Cr	Check here if you, or you				
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	olete spaces below. State Z							pouse if filing jointly, want \$3 o go to this fund. Checking a		
BENTONVILLE				AR			72712				oox below will not change		
Foreign country name			Foreign province/state/county			Foreign postal co	our tax or refund.						
									You Spouse				
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes	⊠ No		
Standard		eone can claim:  You as a de					4000t). (000 II)	Struotic	7110.)				
Deduction		Spouse itemizes on a separate return				acpendent							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	n before Janua			☐ Is bli			
Dependents				(2) Social security	/   1	(3) Relationsh			. T.,		instructions):		
If more	(1) F	rst name Last name		number			to you Child t		: (	credit for oth	ner dependents		
than four dependents,										L			
see instruction:	s									L			
and check	1 —					100				L			
here	]									L			
Income	1a	Total amount from Form(s) W-2, b		and the second s		40			1a	9	6,455.		
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b	7			
W-2 here. Also	C	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)							1d				
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6 .	. ///						1g				
get a Form W-2, see	h								1h		0.		
instructions.	i		see instri	uctions)		. <u>li</u>					)		
		Add lines 1a through 1h							1z	9	6,455.		
Attach Sch. B if required.	2a		2a			able interest			2b				
	3a		3a			inary divider			3b				
24	4a 5a		4a 5a			able amount	t		4b 5b				
Standard Deduction for— Single or	6a		6a			able amount			6b				
	С			nethod check here					OD				
Married filing separately,		If you elect to use the lump-sum election method, check here (see instructions)							7				
\$12,950 Married filing	950 Capital gain or (loss). Attach Schedule D if required. If no								8		9,363.		
jointly or	9	Other income from Schedule 1, line 10							9		37,092.		
Qualifying surviving spouse,	10	Add lines 12, 20, 30, 40, 50, 60, 7, and 6. This is your total income.									11032.		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								9	37,092.		
household,	12	Standard deduction or itemized deductions (from Schedule A)									2,950.		
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								1	2,000.		
any box under Standard	14	Add lines 12 and 13							13	1	2,950.		
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15	T .	4,142.		
see instructions.				, , , , , , , , , , , , , , , , , , , ,				-			-,		

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	11,925.		
Credits	17	Amount from Schedule 2, line 3	17			
0.000	18	Add lines 16 and 17	18	11,925.		
	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	11,925.		
	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	11,925.		
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	14,144.		
	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	27	Earned income credit (EIC)	Y			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	<b>3</b>			
	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	14,144.		
D. ( !	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,219.		
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	2,219.		
Direct deposit?	b	Routing number   *   *   *   *   *   X   X   X   X   C Type: Checking Savings				
See instructions.		Account number   *   *   *   *   *   *   *   *   *				
	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 <b>amount you owe</b> .				
Tou Owe	00	For details on how to pay, go to www.irs.gov/Payments or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party		by you want to allow another person to discuss this return with the IRS? See structions	holow	× No		
Designee		signee's Phone Personal ident		NO		
	nai	Section 10	lication			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to				
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	h prepar	er has any knowledge.		
TICIC	Yo		the IRS sent you an Identity			
	SOFTWARE ENGINEER (see			IN, enter it here		
Joint return? See instructions.	Sn	SOFTWAKE ENGINEER		at your spouse an		
Keep a copy for	Sp			IRS sent your spouse an ity Protection PIN, enter it here		
your records.		(see	inst.)			
	Ph	one no. (913) 636-2321 Email address MOUNIKA7272@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 03/17/2023 *****	2703	Self-employed		
Preparer Use Only	Fin	m's name GLOBAL TAXES LLC Pho	none no. (678) 965-9522			
Use Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	's FIN **-**1965			