## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly currently single uchecked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you cl		_				spou	ifying : use (QS name	SS)	
		on is a child but not your dependent											
Your first name and middle initial				me						Your social security number			
				LA						021-54-1351			
If joint return, s	pouse's	s first name and middle initial	Last nar	me					Sp	ouse's	s social	secur	rity number
Home address	(numbe	er and street). If you have a P.O. box, see	ons.	Apt. no.				Pre	Presidential Election Campaign				
13176 ROYAL PINES DR										Check here if you, or your			
City, town, or post office. If you have a foreign address, also co				omplete spaces below. State Z						spouse if filing jointly, want \$3 to go to this fund. Checking a			
SAINT LOUIS				MO			63146	63146 bo			box below will not change		
Foreign country name			Foreign province/state/county			Foreign posta	Foreign postal code you			ur tax or refund.			
											Yo	<b>ɔ</b> u [	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a			-		-				□ Y	es [	⊠ No
Standard		eone can claim:  You as a de					43301): (000	11131	idotic	113.)			
Deduction		Spouse itemizes on a separate retur		•		а аерепаеті							
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jar	uar	/ 2, 19	958		s blind	d
Dependent	s (see	(see instructions):		(2) Social security		(3) Relationsh	p (4) Check the b		box if	qualif	ies for (	see ins	structions):
If more	(1) F	(1) First name Last name		number		to you	Chile	Child tax cı		credit Credit fo		or other dependents	
than four													
dependents, see instruction	s												
and check	·												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		51	,005.
	b	Household employee wages not reported on Form(s) W-2								1b	$\perp$		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c	$\perp$		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	$\perp$		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f	$\perp$		
If you did not	g	Wages from Form 8919, line 6								1g			
get a Form	h	Other earned income (see instructions)								1h	$\perp$		0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	ructions)		1i							
	Z	Add lines 1a through 1h	. , .							1z	$\perp$	51	,005.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	:			2b	$\perp$		
if required.	3a	Qualified dividends	3a		<b>b</b> Or	rdinary divide	nds			3b	$\perp$		
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t			4b			
Standard Deduction for— Single or	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t			5b			
	6a	Social security benefits	6a		<b>b</b> Ta	axable amoun	t			6b	$\perp$		
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	$\perp$		
Married filing	8	Other income from Schedule 1, line 10						8		<u>-5</u>	,211.		
jointly or Qualifying surviving spouse, \$25,900	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	$\perp$	45	794.	
	10	Adjustments to income from Schedule 1, line 26							10	$\perp$			
Head of Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11	$\perp$	45	794.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	$\perp$	12	2 <b>,</b> 950.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	$\perp$		
any box under Standard	14	Add lines 12 and 13								14		12	950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	$\perp$	32	,844.

			Pa	age	e <b>2</b>	
	3,	7	3	4		
						_
	3,	7	3	4		
	2	7	2	1		
	3,					
	3,	7	3	4	•	
	<u> </u>		_	_	•	
	7,	9	7	2		
	7,	9	7	2		
	7, 4, 4,	2	3	8		•
	4,	2	3	8		
X No						

**Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . 17 Add lines 16 and 17 . . . . . . . . . . . 18 18 19 Child tax credit or credit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 . . . . . . . . 20 21 21 22 22 Subtract line 21 from line 18. If zero or less, enter -0-23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 7,972. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) . . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use . . . . . . . . . . . . . 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 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . . 35a 35a Routing number X X X X X X X X X X X Direct deposit? b c Type: Checking Savings See instructions. d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) . . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) 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 Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (989)488-3437Email address RAVULASINDHUJAREDDY@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2023 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name Use Only 84-3171965 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Firm's EIN

Form 1040 (2022)