1040		rtment of the Treasury—Internal Revenue Serv 5. Individual Income Ta		202	2	OMB No. 1545-	0074	IRS Use Only-	-Do not w	rite or staple in this space.		
Filing Status Check only one box.		Single D Married filing jointly		ig separately (N	,			hold (HOH) [spou	lifying surviving use (QSS) name if the qualifying		
		on is a child but not your dependent			ICON		000		, onlig 3			
Your first name	and mi	ddle initial	Last name	me						Your social security number		
SAINADH REDDY GAYA				M					***-**-2280			
If joint return, spouse's first name and middle initial Last name				ne					Spouse'	s social security numbe		
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				ŀ			ntial Election Campaig		
<u>1800 RHO</u>	RD COLLEGE TOWERS								here if you, or your			
City, town, or po	ce. If you have a foreign address, also co	mplete spaces				ZIP c			if filing jointly, want \$3 this fund. Checking a			
KENT				OH			442	40	box belo	ow will not change		
Foreign country name F				oreign province/state/county			Foreig	in postal code	your tax	or refund.		
Digital		y time during 2022, did you: (a) rec										
Assets		ange, gift, or otherwise dispose of a					asset)	? (See instruc	ctions.)	Yes X No		
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur		Your spouse a dual-status a								
Age/Blindness	You:	Were born before January 2, 1	958 🗌 Are	blind Spo	use	: 🗌 Was bor	n befo	ore January 2,	1958	Is blind		
Dependents	(see	instructions):	(2	2) Social security		(3) Relationsh	ip (4) Check the box	x if qualif	fies for (see instructions):		
If more	(1) Fi	rst name Last name		number		to you		Child tax cre	edit	Credit for other dependent		
than four												
dependents, see instructions												
and check												
here 🗌												
Income	1a	Total amount from Form(s) W-2, b			•	• • • •	61 - P	· · · ·	1a			
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a					• •		1b 1c	-		
W-2 here. Also	c				·	· · · ·	• •		1d			
attach Forms W-2G and	d e	Medicaid waiver payments not rep Taxable dependent care benefits			15110		• •		10			
1099-R if tax	f	Employer-provided adoption bene			·		• •		1f			
was withheld.	g	Wages from Form 8919, line 6 .		10000, 1110 20	•				1g			
lf you did not get a Form	h	Other earned income (see instruct							1h			
W-2, see	i	Nontaxable combat pay election (1i	1					
instructions.	z	Add lines 1a through 1h					_		1z	21,557.		
Attach Sch. B	2a		2a		b T	axable interest			2b			
if required.	3a		3a			rdinary divider			3b			
	4a	IRA distributions	4a		bТ	axable amount			4b			
Standard	5a	Pensions and annuities	5a		bТ	axable amount			5b			
Deduction for—	6a	Social security benefits	6a			axable amount			6b			
Single or Married filing	С	If you elect to use the lump-sum e	🗆]								
separately, \$12,950	7	Capital gain or (loss). Attach Sche] 7									
 Married filing 	8	Other income from Schedule 1, lin	e10						8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. This is	s your total inc	ome	ə			9	21,557.		
surviving spouse, \$25,900	10	Adjustments to income from Sche	10									
Head of	11	Subtract line 10 from line 9. This is	11	21,557.								
household, \$19,400	12	Standard deduction or itemized	deductions (f	from Schedule	A)		· .		12	12,950.		
If you checked	13	Qualified business income deduct	ion from Form	8995 or Form	899	5-A			13			
any box under Standard	14	Add lines 12 and 13			•				14	12,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, ente	er -0 This is ye	our 1	axable incom	е.		15	8,607.		
)												

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	863.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	863.
	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	863.
	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	863.
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	2,369.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (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	2,369.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,506.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,506.
Direct deposit?	b	Routing number * * * X X X X C Type: Checking Savings		
See instructions.	d	Account number * * * * * * * * * * * * * * * * * * *		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
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	
	38	Estimated tax penalty (see instructions)		
Third Party Designee	Do	o you want to allow another person to discuss this return with the IRS? See		_
	ins	structions	elow.	X No
		signee's Phone Personal identif me no. Personal identif	ication [
<u></u>	nar			
Sign		der 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		
Here				nt you an Identity
		Prote	ection Pl	N, enter it here
Joint return? See instructions. Keep a copy for		SOFTWARE ENGINEER (see	inst.)	
	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	IRS sen	it your spouse an
your records.		(see		ection PIN, enter it here
-	Ph	one no. (980) 643-2926 Email address SAINADHREDDY5452@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
	110			Self-employed
Preparer		m's name GLOBAL TAXES LLC Phor		
Use Only			ne no.	
Cataurin			's EIN	Form 1040 (2022)
GO TO WWW.Irs.go	JV/Forn	n1040 for instructions and the latest information. BAA REV 01/28/23 PRO		Form 1040 (2022)

irs.gov/Form1040 for instructions and the lat