<b>1040</b>		Internal Revenue Servenue Serv		rn	202	2	OMB No. 1545	-0074	IRS Use Only-	-Do not w	vrite or staple	in this space.
Filing Status Check only				0	eparately (N	,			hold (HOH) [	spoi	lifying surv use (QSS)	
one box.		u checked the MFS box, enter the n on is a child but not your dependent	,	our spou	se. If you ch	neck	ed the HOH or	QSS	box, enter the	child's	s name if th	e qualifying
Your first name and middle initial Last name										cial securit	-	
SAIPRAKASH AKUL				A						***-**-1886		
If joint return, spouse's first name and middle initial Last name				me					Spouse'	's social sec	curity numbe	
Home address (	numbe	r and street). If you have a P.O. box, see	instructior	ns.				4	Apt. no.	<b>Preside</b>	ntial Election	on Campaigr
1274 SPR								here if you,				
City, town, or post office. If you have a foreign address, also complete sp					paces below. State							tly, want \$3 Checking a
SAINT PAUL				MN			551	.23	box bel	ow will not	change	
Foreign country name F				Foreign province/state/county			Foreign postal code your tax or refund.					
Digital	At an	y time during 2022, did you: (a) rec	eive (as a	reward	, award, or	payr	nent for prope	rty or	services); or (	b) sell,		
Assets	exch	ange, gift, or otherwise dispose of a	a digital as	sset (or	a financial i	ntere	est in a digital	asset)	? (See instruc	ctions.)	Yes	X No
Standard Deduction	_	eone can claim:  Vou as a de  Spouse itemizes on a separate retur					a dependent					
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd <mark>Spo</mark>	use	: 🗌 Was bor	n befo	ore January 2,	1958	🗌 Is bl	ind
Dependents	(see	instructions):			ocial security		(3) Relationsh	ip (4	) Check the bo	x if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name		number to you			to you	0	Child tax cre	edit	Credit for ot	her dependents
than four											[	
dependents, see instructions											[	
and check											[	
here 🗌											[[	
Income	<b>1</b> a	Total amount from Form(s) W-2, b				•	• • (* *)	<u>e</u> l ~		<b>1</b> a		74,800.
	b	Household employee wages not re				•		•	· · · ·	1b		
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a (see instructions)						• •	· · · ·	10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	• •		1d		
1099-R if tax	e	Taxable dependent care benefits t				•	• • • •	• •		1e		
was withheld.	f	Employer-provided adoption bene			339, line 29			• •		1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .		• •	$\cdot$ $\cdot$ $\cdot$ $\cdot$	•		• •		1g		0.
W-2, see	h i	Other earned income (see instructions)								1h	1	0.
instructions.	z	Add lines 1a through 1h	seemstru	ctions)	••••	•	· · []			1z		74,800.
Attach Sch. B	2a		2a		· · · · ·	Ь Т	axable interest			2b		/ 4,000.
if required.	3a		3a				rdinary divider			3b		
	4a		4a				axable amoun			4b		
Standard	5a		5a				axable amoun			5b		
Deduction for—	6a		6a				axable amoun			6b		
Single or Married filing	С	If you elect to use the lump-sum e		ethod, o					[	]		
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, line 10							8	-	7,794.	
jointly or Qualifying	pintly or Add lines to 0h 0h the 5h Ch 7 and 0. This is your total income								9		67,006.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26										
<ul> <li>* Head of</li> <li>* Head of</li> <li>* Subtract line 10 from line 9. This is your adjusted gross income</li> <li>* • • • • • • • • • • • • • • • • • • •</li></ul>								11	6	67,006.		
household, \$19,400	household, 12 Standard deduction or itemized deductions (from Schodule A)							12		12,950.		
If you checked	13	Qualified business income deduct	ion from F	Form 89	95 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,	enter -	0 This is y	our <b>I</b>	axable incom	e.		15		54,056.

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	<b>2</b> 4972	3 🗌	. 16	7,514.			
Credits	17	Amount from Schedule 2, line 3			. 17				
	18	Add lines 16 and 17			. 18	7,514.			
	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	7,514.			
	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	7,514.			
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2		<b>25a</b> 9,8	27.				
	b	Form(s) 1099		25b					
	С	Other forms (see instructions)		25c					
If you have a qualifying child,	d	Add lines 25a through 25c			. 25d	9,827.			
	26	2022 estimated tax payments and amount applied from 2021	. 26						
	27	Earned income credit (EIC)		*					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		28					
	29	American opportunity credit from Form 8863, line 8		29					
	30	Reserved for future use		30					
	31	Amount from Schedule 3, line 15		31					
	32	Add lines 27, 28, 29, and 31. These are your total other payn	nents and refu	ndable credits	. 32				
	33	Add lines 25d, 26, and 32. These are your total payments			. 33	9,827.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. Th	is is the amoun	t you <b>overpaid</b> .	. 34	2,313.			
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is	attached, chec	khere	35a	2,313.			
Direct deposit?	b	Routing number * * * * * * X X X X	с Туре:	Checking 🗌 Savi	ings				
See instructions.	d	Account number * * * * * * * * * * * * *	* * X X	XX					
	36	Amount of line 34 you want applied to your 2023 estimated t	ax	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	e instructions .		. 37				
	38	Estimated tax penalty (see instructions)		38					
Third Party		you want to allow another person to discuss this return	with the IRS?						
Designee		structions		_	Complete below. X No				
	De	signee's Phone no.	Phone no.			Personal identification number (PIN)			
Cian		der penalties of perjury, I declare that I have examined this return and ac	companying sche		,	t of my knowledge and			
Sign		ief, they are true, correct, and complete. Declaration of preparer (other that							
Here	Yo	ur signature	our occupation		If the IRS set	nt you an Identity			
					Protection PIN, enter it here				
Joint return?			OFTWARE		(see inst.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Sp	oouse's occupatio	on	If the IRS sent your spouse an Identity Protection PIN, enter it here				
your records.				(see inst.)					
	Ph	one no. (669) 209-5229 Email address S	AIPRAKASH.S	SQL@GMAIL.COM					
Paid Preparer Use Only	Pre	eparer's name Preparer's signature		Date PT	IN	Check if:			
	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GU	PTA TALLAM	02/17/2023 **	***2703	Self-employed			
	Fir	m's name GLOBAL TAXES LLC			Phone no. (	(678) 965-9522			
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ	08816		Firm's EIN	**-**1965			
Go to www.irs.g	ov/Form	n1040 for instructions and the latest information.	BAA	REV 02/05/23 PRO		Form 1040 (2022)			
	ς		Nc	)					