1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use (Only—[Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly C u checked the MFS box, enter the n on is a child but not your dependent	ame of y	-	eparately (ise. If you c		_			, <u> </u>	spou	lifying surv use (QSS) name if th	0
Your first name	and mi	ddle initial	Last nai	me						Y	'our so	cial securit	y number
SRIKANTH				ARTHAM						7	791-65-2711		
If joint return, sp	ouse's	first name and middle initial	Last nai	me						s	pouse'	s social see	curity number
SUJITHA			ARTH	AM						9	963-9	95-248	0
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	F	Preside	ntial Election	on Campaigr
6301 STO	NE V	100D DR						1	817			nere if you,	
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	ite	ZIP c	ode				tly, want \$3 Checking a
PLANO				TX				750				ow will not	
Foreign country	name	Foreign province/state/county				Foreign postal code			your tax or refund.				
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a							,	•	· · ·	Yes	X No
Standard		eone can claim: Vou as a de	-				a dependent	,			,		
Deduction	_	Spouse itemizes on a separate retur	•		•		•						
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Sp	ouse	: 🗌 Was bor	n befo	ore Janua	ry 2,	1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) S	ocial securit	у	(3) Relationsh	ip (4) Check th	e box	if qualit	fies for (see	instructions):
If more	(1) First name Last name			number			to you		Child tax c		dit	Credit for ot	her dependents
than four	SRI	SRIKRUTHI ARTHAM		963-95-2503)3	Daughter						X
dependents, see instructions SRINIKA ARTHAM		847-		-11-584	17	Daughter		X				<u> </u>	
and check												<u> </u>	
here 🗌												[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	ions) .						1a	10	03,069.
	b	Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	structions	ions)						1c			
attach Forms	d	Medicaid waiver payments not rep	n Form(s)	m(s) W-2 (see instructions)						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	ependent care benefits from Form 244				1, line 26				1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 88	339, line 29).					1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form	h	Other earned income (see instruct	ions) .				· · · · ·	· ·			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1 i						
	z	Add lines 1a through 1h	·		· · ·						1z	10	03,069.
Attach Sch. B	2a	' -	2a				axable interest		• • •		2b	_	
if required.	3a		3a		3.		Ordinary divide		• • •		3b		3.
	4a		4a				axable amoun				4b		
Standard	5a		5a				axable amoun				5b		
Beduction for – Single or	6a		6a				axable amoun	t	• • •	· .	6b		
Married filing separately,	С	If you elect to use the lump-sum e						• •	• •	. Ц			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		4,679.	
 Married filing jointly or 	8	Other income from Schedule 1, line 10							8		0.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9)7,751.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
	11	Subtract line 10 from line 9. This is your adjusted gross income							11)7,751.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12		25,900.		
 If you checked any box under 	13	Qualified business income deduct	ion from	Form 89	95 or Forn	n 899	5-A	• •			13		
Standard	14								14		25,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	J This is	your	taxable incom	ie .	• •		15	3	81,851.

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

Form 1040 (2022	2)								P	Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 🗌 881	4 2 4972	3		16	9,40	08.
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	9,40	J8.
	19	Child tax credit or credit for c	other dependen	ts from Sched	ule 8812			19	2,50	. OC
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21	2,50	00.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	6,90	J8.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is y	our total tax					24	6,90	38.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 6	,564.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instructions)			25c		1		
	d	Add lines 25a through 25c	·					25d	6,56	64.
	26	2022 estimated tax payments						26		
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .				27				
	28	Additional child tax credit from				28		1		
	29	American opportunity credit f				29		1		
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	ə15			31		1		
	32	Add lines 27, 28, 29, and 31.				undable credits		32		
	33	Add lines 25d, 26, and 32. Th						33	6,56	64.
Refund	34	If line 33 is more than line 24,						34		
	35a	Amount of line 34 you want r						35a		
Direct deposit?	b	Routing number X X X				_	Savings			
See instructions.	d									
	36	Amount of line 34 you want a	· · · ·			36				
Amount	37	Subtract line 33 from line 24.								
You Owe	57	For details on how to pay, go						37	34	44.
	38	Estimated tax penalty (see in:	-	-		38				
Third Party Designee			,							
		bo you want to allow another person to discuss this return with the IRS? See							× No	
	De	esignee's Phone Personal identifi						fication		
	nar	ne		no.		num	oer (PIN)			
Sign		der penalties of perjury, I declare th								
Here		elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								0
	Yo	ur signature	Date	Date Your occupation				nt you an Identity IN, enter it here	/	
Joint return?					SOFTWARE I	ENGINEER		inst.)		
See instructions.	Sp	ouse's signature. If a joint return, b	Date	Spouse's occupat			IRS ser	nt your spouse ar	n n	
Keep a copy for	οp	Identi							ection PIN, enter	
your records.		HOMEMAKER (see in								
	Ph	one no. (802)224-1766	5	Email address	ARTHAMSRIKANT	H1985@GMAIL.C	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/12/2023	P0208	2703	Self-emplo	yed
Use Only	Firi	Firm's name GLOBAL TAXES LLC Phone							(678)965-9	522
	Firi	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						's EIN	84-3171	965
Go to www.irs.go	ov/Forn	1040 for instructions and the lates	t information.		BAA	REV 03/22/23 PRO			Form 1040) (2022)