E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not v	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single $\bigotimes$ Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of ye	-	eparately (N ıse. If you ch					spo	lifying surv use (QSS) a name if th	•
Your first name	and mi	ddle initial	Last nan	ne						Your so	cial securit	y number
BHARGAVI	SRI	I DURGHA	TANUI	KU						801-	51-114	0
If joint return, sp	ouse's	first name and middle initial	Last nan	ne						Spouse	's social see	curity number
CHALLAPA	LLI		VEERA	A VEN	KATA NA	GΑ				711-	78-522	9
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.	Preside	ntial Election	on Campaigr
2060 CON	TINE	ENTAL AVE						2	256		nere if you,	
						spouse if filing jointly, want \$3 to go to this fund. Checking a						
TALLAHASSEE			FL				323	04		ow will not		
Foreign country name							Foreig			your tax or refund.		
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	•			-				. ,	Yes	No
Standard		eone can claim:  You as a de	•				a dependent		. (000			
Deduction		Spouse itemizes on a separate return					•					
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd <b>Spo</b>	use	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	ind
Dependents	(see	instructions):	(2) S		Social security		(3) Relationsh	p (4) Check the I		ox if quali	fies for (see	instructions):
lf more	<b>(1)</b> Fi	rst name Last name			number		to you		Child tax c	redit	Credit for ot	her dependents
than four											[	
dependents, see instructions											[	
and check												
here 🗌											[	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	tions)					. 1a	1	74,568.
	b	Household employee wages not re	eported o	on Form	(s) W-2					. 1b	)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	tructions	5)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s)	W-2 (see in	Istru	ictions)			. 10		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forr	m 2441,	line 26 .	(see instructions)         .         .         .         1d           6         .         .         .         .         1e						
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29					. 1f		
lf you did not	g	Wages from Form 8919, line 6 .								. 1g	1	
get a Form	h	Other earned income (see instructi	ons) .					· ·		. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<b>1</b> i					
	z	Add lines 1a through 1h								. 1z	1	74,568.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b	)	
if required.	3a	Qualified dividends	3a			<b>b</b> C	Ordinary divide	nds .		. 3b	)	
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b	)	
Standard	5a		5a			bΤ	axable amoun	t		. 5b	)	
• Single or	6a	,	6a				axable amoun		-	. 6b	•	
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions) $\ldots$ $\ldots$ $\ldots$										
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here $\ldots$ $\Box$								7	_	1.
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10							. 8		14,706.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								. 9		59,863.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								. 10		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11		59,863.	
\$19,400	12	Standard deduction or itemized				'		• •		. 12	-	25,900.
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13			
Standard Deduction,	14	Add lines 12 and 13								. 14		<u>25,900.</u>
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								. 15	13	33,963.

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

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	20,706.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	20,706.
	19	Child tax credit or credit for ot	ther dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. I	f zero or less, e	enter -0				22	20,706.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is yo	our <b>total tax</b>					24	20,706.
Payments	25	Federal income tax withheld f							
,, <b>,</b>	а	Form(s) W-2				<b>25a</b> 22	,015.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions)				25c		1	
	d	Add lines 25a through 25c .						25d	22,015.
Here have a	26	2022 estimated tax payments	and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit fr	om Form 8863	B, line 8		29		1	
	30	Reserved for future use				30		1	
	31	Amount from Schedule 3, line				31		1	
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. The						33	22,015.
Refund	34	If line 33 is more than line 24,						34	1,309
	35a	Amount of line 34 you want re						35a	1,309
Direct deposit?	b	Routing number 1 0 1					Savings		
See instructions.	d	Account number 5 1 8 0 0 6 6 9 5 7 8 1							
	36	Amount of line 34 you want ap							
Amount	37	Subtract line 33 from line 24.							
You Owe	07	For details on how to pay, go						37	
	38	Estimated tax penalty (see instructions)							
Third Party	Do								
Designee		Do you want to allow another person to discuss this return with the IRS? See nstructions							× No
	De	esignee's Phone Personal identifi						ication	· · · · · ·
	nai	ne		no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare the							
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which						• •	, ,
nere	Yo	ur signature	Date Your occupation					nt you an Identity IN, enter it here	
Joint return?					SOFTWARE ENGINEER			inst.)	
See instructions.	Sp	ouse's signature. If a joint return, bo	Date					nt your spouse an	
Keep a copy for	- 1-	,	lder			tity Prot	ection PIN, enter it he		
your records.					SOFTWARE 1	ENGINEER	(see	nst.)	
	Ph	one no. (850) 567-7311		Email address	BHARGAVITAN	UKU@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2023 P02082						2703	Self-employed
Use Only	Fir	Firm's name GLOBAL TAXES LLC Phone							(678)965-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm'	's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest	information.		BAA	REV 01/28/23 PRO			Form <b>1040</b> (20

BAA