1040		artment of the Treasury–Internal Revenue Serv S. Individual Income Ta 2		urn	202	2	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependent	ame of	-	eparately (se. If you (_		. ,	spo	lifying surv use (QSS) s name if th	
Your first name	and mi	ddle initial	Last na	ame						Your so	cial securit	ty number
ARJUN			AILE	CENT							83-665	
	ouse's	s first name and middle initial	Last na									curity number
SHRAVYA			GANG	GARAM							38-003	
	numbe	er and street). If you have a P.O. box, see		-				4	Apt. no.			on Campaigr
		FREET, NE, UNIT 1107						1		ł	here if you,	
		ce. If you have a foreign address, also co	omolete s	snaces held	w	Sta	ate	ZIP c	nde	spouse	if filing join	ntly, want \$3
SAINT PETERSBURG								337				
Foreign country name				Foreign province/state/county					Foreign postal code		k 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	Som	eone can claim: 🗌 You as a de	penden	t 🗌 י	Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a c	lual-status	alier	ı					
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	lind
Dependents	s (see	instructions):		(2) S	ocial securit	у	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):
If more	(1) First name Last name			numbe		ber		to you		redit	Credit for other dependents	
than four	ARS	SHA AILEENI		869-21-3358		58	Son		X		[
dependents, see instructions											[
and check											[
here 🗌											[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	ions) .					. 1a	ı 19	97 , 340.
	b	Household employee wages not re	eported	on Form(s) W-2.					. 1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see in	structions	s)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	ported o	on Form(s)	W-2 (see	instru	uctions)			. 1d	I	
W-2G and	е	Taxable dependent care benefits	from Fo	rm 2441,	line 26					. 1e	,	
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits fron	n Form 88	339, line 29).				. 1f		
lf you did not	g	Wages from Form 8919, line 6 .								. 1g	ı	
get a Form	h	Other earned income (see instruct	ions)					· ·		. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see inst	ructions)			1 i					You Spouse
	z	Add lines 1a through 1h	• ;							. 1z	: 19	
Attach Sch. B	2a	Tax-exempt interest	2a			b٦	axable interest			. 2b)	
if required.	3a	Qualified dividends	3a		4.	b (Ordinary divide	nds .		. 3b)	4.
	4a	IRA distributions	4a			b٦	axable amoun	t		. 4b)	
Standard Deduction for – • Single or	5a	Pensions and annuities	5a			b٦	axable amoun	t		. 5b)	
	6a	Social security benefits	6a			b٦	axable amoun	t		. 6b	•	
Married filing	С	If you elect to use the lump-sum e	lection	method, o	check here	(see	instructions)		[
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		11.
Married filing	8	Other income from Schedule 1, line 10								. 8		0.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9	19	97 , 355.
our duing on our of	10	Adjustments to income from Schedule 1, line 26								. 10)	
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								. 11	19	97,355.
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A)							. 12	2	25,900.			
If you checked	13	Qualified business income deduct	ion from									
any box under Standard	14									. 14	. 2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	0 This is	your	taxable incom	е.		. 15	1	71 , 455.

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): 1 🗌 881	4 2 🗌 4972	3		16	28,954
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	28,954
	19	Child tax credit or credit for ot	her dependent	ts from Sched	ule 8812			19	2,000
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	2,000
	22	Subtract line 21 from line 18. I	f zero or less,	enter -0				22	26,954
	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 total tax					24	26,954
Payments	25	Federal income tax withheld fr							
,	а	Form(s) W-2				25a 35	, 092.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c						25d	35,092
	26	2022 estimated tax payments						26	
If you have a ^L qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
)	29	American opportunity credit fro				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31. T				-		32	
	33	Add lines 25d, 26, and 32. The						33	35,092
Refund	34	If line 33 is more than line 24,						34	8,138
	35a	Amount of line 34 you want re						35a	8,138
Direct deposit? See instructions.	b	Routing number 0 4 4 0					Savings	oou	
	d	Account number 5 9 8 2 5 6 8 0 3							
	36	Amount of line 34 you want ap							
Amount	37					36			
You Owe	31	Subtract line 33 from line 24. T						37	
	38	For details on how to pay, go to www.irs.gov/Payments or see instructions							
Third Party									
Designee		Do you want to allow another person to discuss this return with the IRS? See instructions							X No
Designee	De	esignee's Phone Personal identif							
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tha							
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							, 0
nere	Yo	ur signature	Date	Your occupation			nt you an Identity		
laint as to a 0								nst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, bo	Date	SOFIWARE DEVELOTER .				t your spouse an	
Keep a copy for your records.	op								ection PIN, enter it he
	VALIDATION ENGINEER (see i						nst.)		
	Ph	one no. (234) 755-3602		Email address	ARJUN.RATH	AN@GMAIL.CO	M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/26/2023	P02082	703	Self-employed
Preparer	Fir	Firm's name GLOBAL TAXES LLC Phon							(678) 965-9522
Use Only	Fir	m's address 245 ROONEY		NSWICK N	J 08816		Firm's		84-317196
Go to www.irs.go	ov/Forn	1040 for instructions and the latest	information.		BAA	REV 02/24/23 PRO			Form 1040 (20
0									(