E 1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545	-0074	IRS Use O	nly—Do r	not wi	rite 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 na on is a child but not your dependent	ame of y	-	eparately (use. If you o		_			S	spou	ifying surviving use (QSS) name if the qualifying	
Your first name	ur first name and middle initial Last name Y							You	Your social security number				
ARAVIND BABU				NENI					788		88-47-1422		
If joint return, spouse's first name and middle initial				Last name							Spouse's social security numbe		
GOWTHAMI				CHITTURI						97:		971-96-7374	
Home address	numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Pres	sider	ntial Election Campaigr	
12591 EQ	UESI	TRIAN CIR						1	204		Check here if you, or your		
City, town, or post office. If you have a foreign address, also co				mplete spaces below. State ZI								if filing jointly, want \$3 this fund. Checking a	
FORT MYERS				FL 3				339	07		box below will not change		
Foreign country name			Foreign province/state/county Fo				Foreig				/our tax or refund.		
Disital	At or	ny time during 2022, did you: (a) rece		a roward	l oword o	001	mont for propo	rtu or i		or (b) o			
Digital Assets		ange, gift, or otherwise dispose of a						•	,	• •		Yes X No	
Standard		eone can claim: You as a de					a dependent	40001)	. (000 110	liuotioi	10.)		
Deduction	_	Spouse itemizes on a separate return											
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Sp	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 195	58	Is blind	
Dependents	(see	instructions):		(2) S	ocial securit	у	(3) Relationsh	ip (4) Check the	e box if q	qualif	fies for (see instructions):	
lf more	(1) Fi	rst name Last name			number		to you		Child tax	credit		Credit for other dependents	
than four]			
dependents, see instructions]			
and check													
here 🗌]			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	tions) .						1a	159,333.	
moomo	b	Household employee wages not re	ported (on Form	(s) W-2 .						1b		
Attach Form(s)	с	Tip income not reported on line 1a (see instructions)								1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form	h	Other earned income (see instructi	ons) .							. [1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	z	Add lines 1a through 1h								1z	159,333.		
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a			bC	Ordinary divide	nds .		. [3b		
	4a	IRA distributions	4a			bΤ	axable amoun	t		. [4b		
Standard Deduction for –	5a	Pensions and annuities	5a			bТ	axable amoun	t			5b		
	6a	Social security benefits	6a			bΤ	axable amoun	t		. [6b		
Single or Married filing	с	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7	-3,000.	
Married filing	8	Other income from Schedule 1, line 10								. †	8	1,298.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. †	9	157,631.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									10		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income									11		
household,	ousehold, 12 Standard doduction or itemized doductions (from Schodulo A)							. †	12				
\$19,400 • If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A									13		
any box under Standard	14	Add lines 12 and 13								14			
Deduction,	15									15			
see instructions.	-												

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 🗌 881	4 2 4972	3		16	20,195.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	20,195.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	20,195.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	184.
	24	Add lines 22 and 23. This is	your total tax					24	20,379.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 19	,160.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions	s)			25c		1	
	d	Add lines 25a through 25c						25d	19,160.
	26	2022 estimated tax payment						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				29		1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31		1	
	32	Add lines 27, 28, 29, and 31.				undable credits		32	
	33	Add lines 25d, 26, and 32. Tl						33	19,160.
	34	If line 33 is more than line 24						34	
Refund	35a	Amount of line 34 you want						35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you want a							
Amount	37	Subtract line 33 from line 24.							
You Owe	57	For details on how to pay, go to www.irs.gov/Payments or see instructions					37	1,219.	
	38	Estimated tax penalty (see in	-	-		38			,
Third Party Designee									
		Do you want to allow another person to discuss this return with the IRS? See Instructions							× No
		esignee's Phone Personal identifie						fication	
	nar	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare tl							
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 Your occupation					nt you an Identity IN, enter it here	
Joint return?					MULESOFT DEVELOPER			inst.)	
See instructions.	Sp	ouse's signature. If a joint return, b	Date					nt your spouse an	
Keep a copy for	- 1-								ection PIN, enter it here
your records.		SOFTWARE ENGINEER (see in						inst.)	
	Ph	one no. (484) 350-593		Email address	ARAVINDKAMIN	ENI514@GMAIL.C			1
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	03/07/2023	P0208	2703	Self-employed
Use Only	Firi	Firm's name GLOBAL TAXES LLC Phone							(678)965-9522
	Firi	m's address 245 ROONES	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 02/24/23 PRO			Form 1040 (2022)

BAA