Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

_		Single 🛛 Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	hous	sehold (HOH)			ving	
Check only one box.	If you	u checked the MFS box, enter the na	ame of v	your spouse. If you ch	necki	ed the HOH or	OS	S hox enter	the c		se (QSS) name if the	aualifying	
One box.		on is a child but not your dependent		our opouco. Il you or	10011		QO.	o box, onto		ı ma o	namo ii tire	quamynig	
Your first name and middle initial Last n				st name						Your social security number			
SRAVANI SRIF				IRAMOJU						***-**-6704			
If joint return, spouse's first name and middle initial Last na										Spouse's social security number			
				NDAPAKA					*	***-**-6161			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										n Campaign			
106 SHADY COURT							Check			here if you, or your			
City, town, or post office. If you have a foreign address, also complete sp				ete spaces below. State 2			ZIP	code		spouse if filing jointly, want \$3			
Long Beach				MS			39			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county						your tax or refund.			
									Ψ		You	Spouse	
Digital	At an	y time during 2022, did you: (a) rece	eive (as	a reward. award. or i	oavn	nent for prope	rtv c	r services):	or (b)	sell.			
Assets		ange, gift, or otherwise dispose of a					-				Yes	⊠ No	
Standard		eone can claim: You as a de								,			
Deduction	_	Spouse itemizes on a separate returi											
Age/Rlindness	Vou	☐ Were born before January 2, 19	958 [Are blind Spo	IISO.	. □ Was hor	n he	efore Januar	v 2 1	958	☐ Is blir	nd	
Dependents				(2) Social security	uoc.	(3) Relationsh		(4) Check the					
If more		rst name Last name		number		to you		Child tax credi		·	Credit for other	er dependents	
than four	ARHI	ISHIKTH RAM KONDAPAKA	***-**-2509	9	Son		×						
dependents,				150.					1			<u> </u>	
see instructions and check							,]	
here]	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)	1					1a	13	0,959.	
income	b	Household employee wages not reported 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 instructions)							1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	Z	Add lines 1a through 1h								1z	13	0,959.	
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	axable interest				2b			
if required.	3a		3a			rdinary divider				3b			
	4a	IRA distributions ,	1a		b Ta	axable amount	t.			4b			
Standard	5a		5a 📄		b Ta	axable amount	t.			5b			
Deduction for— Single or	6a		6a		b Taxable amount				÷	6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)								7			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
Married filing jointly or	8	Other income from Schedule 1, line 10							8		0,350.		
Qualifying	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	12	0,609.	
surviving spouse, \$25,900						10							
Head of household,	Subtract line 10 from line 9. This is your adjusted gross income								11		0,609.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									2	<u>5,900.</u>	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A											
Standard Deduction,	14	Add lines 12 and 13								14			
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									9	4,709.	

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	12,074.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	12,074.	
	19	Child tax credit or credit for other dependents from Schedule 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. If zero or less, enter -0	22	10,074.	
	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	10,074.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	16,862.	
If you have a qualifying child,	26	2022 estimated tax payments and amount applied from 2021 return	26		
	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	16,862.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,788.	
11010111	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	6,788.	
Direct deposit?	b	Routing number * * * * * 0 3 2 6 c Type: X Checking Savings			
See instructions.	d	Account number * * * * * 2 1 5 7			
	36	Amount of line 34 you want applied to your 2023 estimated tax			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See structions	pelow.	X No	
	De	signee's Phone Personal identif	cation		
	na	me no. number (PIN)			
Sign Here		ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
	Yo			nt you an Identity	
Joint return? See instructions. Keep a copy for your records.			ection P inst.)	IN, enter it here	
	Sn	SOFTWARE ENGINEER		nt your spouse an	
	ОР			ection PIN, enter it here	
		SOFTWARE ENGINEER (see	inst.)		
	Ph	one no. (708)945-5226 Email address SRAVYASRIRAMOJU@GMAIL.COM			
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/28/2023 *****	2703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TAXES LLC Phor	Phone no. (678)965-9522		
USE UTILY	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	**-***1965	