E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022	2
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (M	1FS)	Head of	house	nold (HO	H)		fying survi se (QSS)	ving
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you ch	necke	d the HOH or	r QSS	box, ente	er the o		, ,	qualifying
	-	on is a child but not your dependent	-	,								
Your first name and middle initial Last name					Y	Your social security number						
PRAVEENKUMAR KOG				LA					*	***-**-7168		
If joint return, spouse's first name and middle initial Last na				me					S	Spouse's social security number		
SRILATHA AKUNURI									*	****ED FOR		
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			P	pt. no.	Р	residen	tial Election	n Campaign
20 CHURG	CH RI						1	.3M <			ere if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	State)	ZIP c	ode			f filing joint this fund. C	ly, want \$3
MAPLE SHADE				NJ			080				w will not o	
Foreign country name			F	Foreign province/state/county			Foreig	Foreign postal code yo			or refund.	J
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward, award, or	paym	ent for prope	erty or	services	; or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of a	digital	asset (or a financial in	nteres	st in a digital	asset)	? (See in	structi	ons.)	X Yes	☐ No
Standard	Som	eone can claim:	pendent	t Your spouse	as a	dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status a	alien							
Age/Rlindness	You:	Were born before January 2, 1	958 F	Are blind Spo	use:	☐ Was bor	rn hefo	re Janus	ary 2 1	1958	ls blir	
Dependents		Verification and the second and the		(2) Social security		(3) Relationsh	1.		, ,			nstructions):
-		rst name Last name		number		to you	IIP (ax cred	T.		er dependents
If more than four	(1)	Lastrano		1,011 6440,000 0440,000 0450				1		. ,	F	7
dependents,	9								_			
see instruction: and check	s —							 [_			
here	1					10.		[=		F	┪
	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	9	9,777.
Income	b	Household employee wages not re		100 D. S.						1b		3/1/1.
Attach Form(s)	C	Tip income not reported on line 1a								1c		
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d				
attach Forms W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
was withheld.	g	Wages from Form 8919, line 6						1g				
If you did not get a Form	h	Other earned income (see instructi						1h		0.		
W-2, see	i		able combat pay election (see instructions)									
instructions.	z	Add lines 1a through 1h	oo moa	dottotio) I	•					1z	9	9,777.
Attach Sch. B	2a		2a		h Ta	 xable interest	t			2b		<u> </u>
if required.	3a		3a			dinary divider				3b		
	4a		4a			xable amoun				4b		
Standard	5a		5a	,		xable amoun				5b		
Deduction for—	6a		6a							6b		
Single or Married filing	С	Social security benefits 6a b Taxable amount										
separately,	7	Capital gain or (loss). Attach Scheo								7	1	
\$12,950 Married filing	8	Other income from Schedule 1, lin								8		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	9	9,777.
Qualifying surviving spouse,	10	Adjustments to income from Sche		(E)						10		<i>5</i> / / / ·
\$25,900 Head of	11	Adjustments to income from Schedule 1, line 26						11	<u>a</u>	9,777.		
household,	12	Standard deduction or itemized deductions (from Schedule A)						12		5,900.		
\$19,400 If you checked	13				,	 -А				13		<u></u>
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A							14	2	5,900.	
Standard Deduction,	15							15		3,877.		
see instructions.		222,432,1110,1111110,111,11201	2 0, 1000	c, cinci o i i i i o io y						13		J, 011.

Form 1040 (2022	2)					Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2] 4972 3 🗌		. 16	8,454.
Credits	17	Amount from Schedule 2, line 3	_	 .	. 17	
	18	Add lines 16 and 17			. 18	8,454.
	19	Child tax credit or credit for other dependents from Schedule 8812			. 19	· .
	20	Amount from Schedule 3, line 8			. 20	
	21	Add lines 19 and 20			. 21	
	22	Subtract line 21 from line 18. If zero or less, enter -0			. 22	8,454.
	23	Other taxes, including self-employment tax, from Schedule 2, line 2			. 23	0.
	24	Add lines 22 and 23. This is your total tax			. 24	8,454.
Payments	25	Federal income tax withheld from:		(S) (S) (A) (B)		
. aymonto	а	Form(s) W-2	25a	15,54	0.	
	b	Form(s) 1099	1000000			
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c			. 25d	15,540.
	26	2022 estimated tax payments and amount applied from 2021 return			26	21/1111
If you have a qualifying child,	27	Earned income credit (EIC)	I I			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			10	
	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		credits	. 32	
	33	Add lines 25d, 26, and 32. These are your total payments			. 33	15,540.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the			. 34	7,086.
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attact		_	35a	7,086.
Direct deposit?	b	Routing number * * * * 2 0 8 4 c Ty				.,
See instructions.	d	Account number * * * * * * * * 5 7 1 9	J. S.	jig caviii	, ,	
	36	Amount of line 34 you want applied to your 2023 estimated tax .	36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .	. 00			
You Owe	31	For details on how to pay, go to www.irs.gov/Payments or see instr	uctions		. 37	
	38	Estimated tax penalty (see instructions)	1 1		0,	
Third Party		you want to allow another person to discuss this return with t				
Designee		tructions		Yes. Comple	te below.	X No
	De	signee's Phone		Personal id		
	nar	ne no.		number (PII	۷)	
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompa	anying schedules ar	nd statements, an	d to the bes	t of my knowledge and
Here	bel	ef, they are true, correct, and complete. Declaration of preparer (other than taxp	payer) is based on a	1		
	Yo	ur signature Date Your occ	cupation			nt you an Identity N, enter it here
Joint return?		SOFTI	WARE DEVEL		see inst.)	IN, enter it fiele
See instructions.			Spouse's occupation			nt your spouse an
Keep a copy for	9	operator in a journal of the control	o occupano.	I.	dentity Prote	ection PIN, enter it here
your records.		HOME	MAKER	(:	see inst.)	
	Ph	one no. (571) 395-2797 Email address PRAVEE	ENKUMARKOGILA@	GMAIL.COM		
Paid	Pre	parer's name Preparer's signature	Date	PTIN		Check if:
Preparer Preparer						Self-employed
Use Only	Fin	n's name GLOBAL TAXES LLC		F	Phone no.	
USE OILLY	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ 0881	16	F	irm's EIN	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the latest information.	REV 03/	18/23 PRO		Form 1040 (2022)