1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		rn 202	2	OMB No. 154	5-0074	IRS Use O	nly—Do	not wr	ite or staple i	n this space.
Filing Status Check only	X S	Single] Married	d filing separately (MFS)	Head of	house	hold (HOH)			ifying surv se (QSS)	iving
one box.		u checked the MFS box, enter the nation is a child but not your dependent	5	our spouse. If you o	check	ed the HOH c	r QSS	box, enter	the cl	nild's	name if th	e qualifying
Your first name	and mi	ddle initial	Last nam	ne							tial securit	
ROHAN RE	DDY		PARTH	HIREDDY					**	***-**-1823		
lf joint return, sp	oouse's	first name and middle initial	Last nam	le					Sp	ouse's	s social sec	urity number
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	vpt. no.	Pre	esider	tial Electio	n Campaign
99 Flore	ence	St					#	6			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP c	ode				tly, want \$3 Checking a
MALDEN					MZ	ł	021	48		<u> </u>	w will not	0
Foreign country	name		Fo	oreign province/state	/count	ty	Foreig	n postal coc	le yo	ur tax	or refund.	
											You	Spouse
Digital		ny time during 2022, did you: (a) rece										
Assets		ange, gift, or otherwise dispose of a	-				asset)	? (See ins	tructic	ns.)	Yes	X No
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur	•									
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bo	rn befo	ore Januar	y 2, 19	958	🗌 ls bli	nd
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relations	hip (4) Check the	box if	qualif	ies for (see	instructions):
If more	(1) Fi	irst name Last name		number		to you		Child tax	credit		Credit for oth	er dependents
than four]]
dependents, see instructions]]
and check]			
here												
Income	1a	Total amount from Form(s) W-2, be		,	•		• •		•	1a	10	6,652.
Attach Form(s)	b	Household employee wages not re			• •				·	1b 1c		
W-2 here. Also	c d	Tip income not reported on line 1a			· · · · ·	· · · ·	• •		·	1d		
attach Forms W-2G and	d e	Medicaid waiver payments not rep Taxable dependent care benefits f			insut		• •		·	1e		
1099-R if tax	f	Employer-provided adoption bene					• •		•	1f		
was withheld.	g	Wages from Form 8919, line 6 .			· ·		• •		·	1g		
lf you did not get a Form	h	Other earned income (see instructi							·	1h		0.
W-2, see	i	Nontaxable combat pay election (s		ictions)		1	i		-			
instructions.	z	Add lines 1a through 1h								1z	10	6,652.
Attach Sch. B	2a	° I	2a		bТ	axable interes	st.			2b		6.
if required.	3a		3a		bС	Ordinary divide	ends .			3b		0.
	4a	IRA distributions ,	4a		bТ	axable amour	nt			4b		
Standard	5a	Pensions and annuities	5a		bТ	axable amour	nt			5b		
Deduction for –	6a	Social security benefits	6a		bТ	axable amour	nt			6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if i	required. If not req	uired	, check here				7	-	3,000.
Married filing	8	Other income from Schedule 1, lin	e10 .							8	-1	0,197.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your total in	com	e				9	9	3,461.
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, lir	ne 26						10		
 Head of household, 	11	Subtract line 10 from line 9. This is								11		3,461.
поиsenoid, \$19,400	12	Standard deduction or itemized			,					12	1	2,950.
 If you checked any box under 	13	Qualified business income deducti			n 899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13								14		2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -U This is	your	taxable incor	ne.		•	15	8	0,511.
_												

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	4 2 🗌 4972	3	16	13,333.	
Credits	17	Amount from Schedule 2, line 3			17		
	18	Add lines 16 and 17			18	13,333.	
	19	Child tax credit or credit for other dependents 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. If zero or less, enter -0			22	13,333.	
	23	Other taxes, including self-employment tax, from Schedule			23	0.	
	24	Add lines 22 and 23. This is your total tax			24	13,333.	
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2		25a 16,	262.		
	b	Form(s) 1099		25b			
	С	Other forms (see instructions)		25c			
	d	Add lines 25a through 25c	250				
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 20	26				
	27	Earned income credit (EIC)		27			
	28	Additional child tax credit from Schedule 8812		28			
	29	American opportunity credit from Form 8863, line 8.		29			
	30	Reserved for future use		30			
	31	Amount from Schedule 3, line 15		31			
	32	Add lines 27, 28, 29, and 31. These are your total other pa			32	16,262.	
	33	Add lines 25d, 26, and 32. These are your total payments			33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33.			34		
Direct depent?	35a	Amount of line 34 you want refunded to you. If Form 8888 Routing number * * * 0 0 4 5			. 🔄 35a	2,929.	
Direct deposit? See instructions.	b	Routing number 0 0 4 5 Account number * * * * * * 8 9 4		Checking Sa	vings		
	d 36	Account number Account number Account number Account number Account of line 34 you want applied to your 2023 estimate		36			
Amount				30			
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			37		
	38	Estimated tax penalty (see instructions)		38	57		
Third Party		you want to allow another person to discuss this return					
Designee					plete below	. 🗙 No	
20019.000		signee's Phone			al identification	ι <u> </u>	
	nai			numbe	. ,		
Sign		der penalties of perjury, I declare that I have examined this return and ef, they are true, correct, and complete. Declaration of preparer (othe					
Here			Your occupation			ent you an Identity	
	10	ur signature Date	Four occupation			Protection PIN, enter it here	
Joint return?			COMPLIANCE	E ENGINEER	(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date	Spouse's occupat	on		ent your spouse an	
your records.					(see inst.)	otection PIN, enter it her	
	Ph	one no. (316)708-8294 Email address	(1111)				
		parer's name Preparer's signature	KOHANKEDDI, P	ARTHI@GMAIL.COM	PTIN	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR			****2703		
Preparer Use Only		n's name GLOBAL TAXES LLC		02/13/2023	Phone no.		
		n's address 245 ROONEY CT E BRUNSWICK No	T 08816		Firm's EIN	·	
Go to www.irs.a		1040 for instructions and the latest information.	BAA	REV 02/05/23 PRO	1	Form 1040 (202	
	C		N			·	