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

2022

OMB No. 1545-0074

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

Filing Status	s 🗌 🤅	Single Married filing jointly	X Marrie	ed filing separately	(MFS)	Head of	household (HOI	H)		ifying surv ıse (QSS)	iving		
Check only one box.	If yo	ou checked the MFS box, enter the r	name of y	our spouse. If you	check	ed the HOH or	QSS box, ente	r the c			e qualifying		
	pers	son is a child but not your dependen	it: PAV	AN KUMAR REDDY K	ARTALA	•							
Your first name and middle initial La				ast name						Your social security number			
SRIKALA NA				ARRAVULA						***-**-7555			
If joint return, s	pouse's	s first name and middle initial	Last nar	ast name					Spouse's social security number				
								*	***-**-3869				
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.		Presidential Election Campaign				
_370 PIO									Check here if you, or your spouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also complete spaces be											Checking a		
GLENDALE				CA			91203	bo	box below will not change				
Foreign country name			F	Foreign province/state/county			Foreign postal code		your tax or refund.				
							A 6	¥		You	Spouse		
Digital		ny time during 2022, did you: (a) red								□ Vaa	X No		
Assets		ange, gift, or otherwise dispose of					asset)? (See in	structi	ons.)	∐ Yes	NO		
Standard Deduction		eone can claim: You as a de				a dependent							
Deduction	ш,	Spouse itemizes on a separate retu	rn or you	were a dual-statu	is allen			,					
Age/Blindness	You	: Were born before January 2,	1958	Are blind S	pouse:	: Was bor	n before Janua	ry 2, 1	958	ls bli	nd		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box i	f qualif	ies for (see i	instructions):		
If more	(1) F	irst name Last name		number		to you	Child ta	x cred	it	Credit for oth	er dependents		
than four													
dependents, see instruction	s ——									L			
and check	, —												
here]					7							
Income	1a	Total amount from Form(s) W-2, b	,	,					1a	8	87,161.		
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b				
W-2 here. Also	С.	Tip income not reported on line 1	`						1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not get a Form	g	Wages from Form 8919, line 6. Other earned income (see instruc							1g 1h		0.		
W-2, see	h i	Nontaxable combat pay election							111				
instructions.	z	Add lines 1a through 1h	(See Ilisti)	uctions)					1z	9	37,161.		
Attach Sch. B		Tax-exempt interest	2a		 h Та	 axable interest			2b	+	7,101.		
if required.	3a	Qualified dividends	3a			rdinary divider			3b				
	4a	IRA distributions ,	4a			axable amoun			4b				
Standard	5a	Pensions and annuities	5a			axable amoun			5b				
Deduction for—	6a	Social security benefits	6a			axable amoun			6b				
 Single or Married filing 	С	If you elect to use the lump-sum e		nethod, check her	e (see	instructions)		. 🗆					
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		1,167.		
Married filing	2,350								8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9	8	88,328.			
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								8	88,328.		
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)									2,950.		
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	nes 12 and 13							1	2,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									5,378.		

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	12,122.
Credits	17	Amount from Schedule 2, line 3	[17	
	18	Add lines 16 and 17	[18	12,122.
	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	12,122.
	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	12,122.
Payments	25	Federal income tax withheld from:			
•	а	Form(s) W-2	898.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c		25d	12,898.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return	C	26	·
	27	Earned income credit (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	12,898.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	776.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	. 🗆 🛚	35a	776.
Direct deposit?	b		avings		
See instructions.	d	Account number * * * * * * * * *			
	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	Do	you want to allow another person to discuss this return with the IRS? See	anlata ha	law	⊠ No
Designee		_	al identific		INO
		me no. rumbe			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information			
Here	Yo	ur signature Date Your occupation	If the IF	RS sent	t you an Identity
					N, enter it here
Joint return?		QA ANALYST	(see ins		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation			your spouse an otion PIN, enter it here
your records.			(see ins	_	1 1 1 1 1
	———Ph	one no. (805)825-8869 Email address SRIKALAREDDY02@GMAIL.COM			
			PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 *	****27	703	Self-employed
Preparer		m's name GLOBAL TAXES LLC	Phone		578)965-9522
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816	Firm's		**-***1965
					1040