Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your as a dependent       Your spouse as a dependent	E1040		rtment of the Treasury—Internal Revenue Servi <b>5. Individual Income Tax</b>		rn 20	022	OMB No. 15	45-0074	IRS Use Only-	–Do not w	rite or staple ir	n this space.	
PAVAN KUMAR REDDY       KARTALA       +++++++       Spouse's forthame and middle initial         If joint rubm, spouse's forthame and middle initial       Last name       \$pouse's forthame and middle initial         If our rubm, spouse's forthame and middle initial       Last name       *++++++++++++++++++++++++++++++++++++	Check only	lf yo	u checked the MFS box, enter the n	ame of yc	our spouse. If	you checl	ked the HOH			spou	use (QSS)	0	
If joint return, spouse's first name and middle initial       Last name       Spouse's social security cumber 37555         Home address (number and street), If you have a P.O. box, see instructions.       Apt. no.       Predential Election Gampaign         370 P IONEER DELIVE       Check here if you, or your       Check here if you, or your       Check here if you, or your         6 Up; town, or poor office. If you have a foreign address, also complete spaces below.       State       ZIP code       Predential Election Gampaign         6 Gigital       At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); or (b) self.       You       Spouse's a dependent         8 Assets       schhange, gift, or otherwise dispose of a digital asset (or a financial asset)? (Bee instructions).       Yes       Yes       No         8 Age/Bindness       Yes born before January 2, 1958       Are blind       Spouse's adependent       Yes       No         9 Age/Bindness       Yes born before January 2, 1958       Are blind       Spouse's adependent       Yes       No         9 Age/Bindness       Yes born before January 2, 1958       Are blind       Spouse's adependent       Yes       No         9 Household employee wages not reported on Form(s) W-2 to structions)       14       Int 17, 010.       Int 11, 0, 01.       Int 11, 0, 01.         11 dotal amount from Form Situ (as instructi	Your first name	and mi	ddle initial	Last nam	е					Your so	cial security	y number	
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Preview 17555         Home address (number and street). If you have a P.O. box, see instructions.       State       ZIP code       Preview 118 isocian Gampaigo         City, tow, or potal office. If you have a foreign address, also complete spaces balow.       State       ZIP code       Space of Himup Britly, want you have a foreign address, also complete spaces balow.       State       ZIP code       Space of Himup Britly, want you have a foreign address, also complete spaces balow.       CA       You       Space of Himup Britly, want you have a foreign address, also complete spaces balow.       CA       You       Space of Himup Britly, want you have a foreign address, also complete spaces balow.       State Ard       Social scattering Previnced State Complete State Ard       You       Space State Ard       Space State	PAVAN KU	MAR	REDDY	KARTA	LA					***-**-3869			
Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       Predential Biordian Grapping         37.0 PIONEER DRIVE       CRo. http://picki.ac.	If joint return, sp	ouse's	first name and middle initial	Last nam	е					Spouse'	s social sec	urity number	
370       PIONEER DRIVE       Cilce where if yea, ary our 'Cilcy, tow, or post office. If you have a foreign address, also complete spaces below.       CA       2IP code       Cilce where if yea, ary our 'Cilcy, want 33 to below will not change         Foreign country name       Foreign province/state/county       Foreign postal disc.       You       'Spouse of filling billy, want 33 to below will not change         Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property on services), or (b) self.       You       'Spouse         Standard       Somece can call call.       You as a dependent       'Yes       'X ho         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Bindness       You       'Yes       'Xes         Dependents       See instructions):       (I) First name       Last name       'Q' social security'       'Revelopments'       'Revelopments'         See instructions;       (I) First name       Last name       'Q' social security'       'Revelopments'       'Revelopments'       'Revelopments'         Set in the routions;       (I) First name       Last name       IR dual status alien       IR dual status alien       IR dual status alien         Made first name       Last name       IR dual status alien       IR dual status alien       IR dual status'       IR dual status alien										***_	**-7555	5	
Digh; town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spaces hitming jointly, want 53 tog to this fund. Checking a tog tog to this fund. Checking a tog tog tog this fund. Checking a tog	Home address (	numbe	r and street). If you have a P.O. box, see	instructior	IS.			/	Apt. no.	Preside	ntial Electio	n Campaigr	
Cuty, torup, to positive for the point and resp. and compares places below.       Suite       20 - Cole       10	370 PION	EER	DRIVE										
GLENDALE       CA       91203       box below will not change         Foreign country name       Foreign province/state/country       Foreign province	City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete spa	lete spaces below. State				ode				
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self. exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).   Yes  X No         Standard Deduction       Someone can claim:   You as a dependent   Your spouse as a dependent Deduction   Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:   Were born before January 2, 1958       Are blind       Spouse:   Was born before Japuary 2, 1958       Is blind         Dependents       Gee instructions):       (2) Social security       (a) Relationship       (Poheck the box it qualifies for (see instructions))         If more dependents, see instructions;       (1) First name       Last name       (2) Social security       (a) Relationship       (Poheck the box it qualifies for (see instructions);         If more dependents, see instructions;       (1) First name       Last name       (1) First name       (1) First name       Last name       (1) First name       Last name       (1) First name       Last name       (1) First name <td>GLENDALE</td> <td></td> <td></td> <td></td> <td colspan="3">CA</td> <td>912</td> <td colspan="2"></td> <td colspan="2"></td>	GLENDALE				CA			912					
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, assets         Standard Standard       Someone can claim:       You is a dependent       You spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       You       Child ta credit       Credit for other dependent         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (f) First name       Last name       Income       1a       Int number       Int number <thint number<="" th=""> <thint number<="" th=""></thint></thint>	Foreign country	name		Fc	Foreign province/state/county			Forei	Foreign postal code yo		our tax or refund.		
Assets       exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (a) Social security       Relationsing       (b) Child tax credit       Credit or other dependent         if more       in forme       In the me       Last name       Immeter       Immeter       Immeter         if more       in the four dependents, see instructions)       Immeter       Immeter       Immeter       Immeter       Immeter         if thar       Total amount from Form(s) W-2, box 1 (see instructions)       Immeter											You	Spouse	
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (i) First name       Last name       Immber       (i) First name       Credit for other dependent         (if more than four dependents, see instructions, and check       Immber       Immber       Immber       III III IIII IIIIIIIIIIIIIIIIIIIIIIII	Digital	At an	ny time during 2022, did you: (a) rece	eive (as a	reward, awa	ard, or pay	ment for pro	perty or	services); or	(b) sell,			
Deduction       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1958       A re blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (b) Relationship       (d) Check the box if qualifies for Gee instructions)         If more than four dependents, see instructions       Image: Spouse itemizes on a separate return or you were a dual-status allen       Cheld tax credit       Credit for other dependent         dependents, see instructions       Image: Spouse itemizes on a separate return or you were a dual-status allen       Image: Spouse itemizes on a separate return or you were a dual-status allen         Income       Image: Spouse itemizes on a separate return or you were a dual-status allen       Image: Spouse itemizes on a separate return or you were a dual-status allen         Income       Image: Spouse itemizes on a separate return or you were a dual-status allen       Image: Spouse itemizes on a separate return or you were a dual-status allen         Income       Image: Spouse itemizes on a separate return form (S) W-2, box 1 (see instructions)       Image: Spouse itemizes on a separate return form SPM 24, line 26       Image: Spouse itemizes on a separate return form SPM 24, line 26         If you all of the seme fits from Form SPM 244, line 26       Image: Spouse itemizes on a dualified adoption benefits from Form SPM 248,		exch	ange, gift, or otherwise dispose of a	a digital a	sset (or a fina	ancial inter	rest in a digit	al asset)	? (See instru	ctions.)	Ves	X No	
Age/Bilindmess       You:       Were born before January 2, 1958       Are blind       Spouse:       Wati born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (a) Relationship       (b) Relationship       (c) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       (a) Relationship       (b) Relationship       (c) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (c) Instructions       (c) Instructions       (c) Instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (c) Instructions       (c) Instructions <td>Standard</td> <td>Som</td> <td>eone can claim: 🗌 You as a de</td> <td>pendent</td> <td>Your</td> <td>spouse as</td> <td>a dependen</td> <td>t</td> <td></td> <td></td> <td></td> <td></td>	Standard	Som	eone can claim: 🗌 You as a de	pendent	Your	spouse as	a dependen	t					
Dependents       (see instructions):       (2) Social security number       (3) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Check the box if qualifies for (see instructions)         and check       (2) Social security number       (3) Check the box if qualifies for (see instructions)       (4) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1) Check the box if qualifies for (see instructions)         Match Form(s)       Household employee wages not reported on Form(s) W-2.       (1) Encome not reported on line 1a (see instructions)       (1) Encome not reported on Form(s) W-2.         Medical waiver payments not reported on Form(s) W-2 (see instructions)       (1) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)         W-2 and an unities       Add lines 1a through 1h       (2) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)         W-2 see also reported on form S0 (see instructions)       (1) Encome not reported on form S0 (	Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you \	were a dual-s	status aliei	n						
Dependents       (see instructions):       (2) Social security number       (3) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Check the box if qualifies for (see instructions)         and check       (2) Social security number       (3) Check the box if qualifies for (see instructions)       (4) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1) Check the box if qualifies for (see instructions)         Match Form(s)       Household employee wages not reported on Form(s) W-2.       (1) Encome not reported on line 1a (see instructions)       (1) Encome not reported on Form(s) W-2.         Medical waiver payments not reported on Form(s) W-2 (see instructions)       (1) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)         W-2 and an unities       Add lines 1a through 1h       (2) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)       (1) Encome not reported on Form S0 (see instructions)         W-2 see also reported on form S0 (see instructions)       (1) Encome not reported on form S0 (	Age/Blindness	You	Were born before January 2 1	958 🗌	Are blind	Spouse	e: 🗌 Was h	orn bef	ore January 2	1958	🗌 ls bli	nd	
b C protecting (bc inductions).       (c) First name       (c) First name <td></td> <td></td> <td>•</td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>			•			-				-			
In Thote       Image of the form of th	-				• •					· ·		,	
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       Image: see instructions		(1).									Γ	7	
and check       here	dependents,										C	1	
here       Image: Construction of the second s											C	1	
Inconne       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 8809, line 26       1d         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         V-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       117, 010.         Attach Sch. B       2a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, S12,950       7       Capital gain or (loss), Attach Schedule 1, line 10       b       Taxable amount       6b         11       Subtract line 10 from, line 9, This is your adjusted gross income       11       9       98, 261.         19 auditing separately, S13, 400       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	. —							)			Γ	<u>-</u>	
Inconne       b       Household employee wages not reported on Form(s) W-2       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 8809, line 26       1d         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         V-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       117, 010.         Attach Sch. B       2a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, S12,950       7       Capital gain or (loss), Attach Schedule 1, line 10       b       Taxable amount       6b         11       Subtract line 10 from, line 9, This is your adjusted gross income       11       9       98, 261.         19 auditing separately, S13, 400       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	Incomo	1a	Total amount from Form(s) W-2. be	ox 1 (see	instructions)				 	1a	11		
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       1099-R if tax       e       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         get a Form       Mages from Form 8919, line 6       1g       1g         get a Form       Other earned income (see instructions)       1i       1g         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       117, 010.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable amount       4b         Standard       3a       b       Taxable amount       4b       5b         Geta filing separately, sitzesto       f       Fyou elect to use the lump-sum election method, check here (see instructions)       7       -4.         Standard filing separately, sitzesto       6b       Standard filing separately, sitzesto       9       98, 261.         Standard filing separately, sitzesto       6       Standard filing separately, sitzesto       9       98, 261.         Stand	income	b		`	,					1b			
W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tar       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-R if tar       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       in       Other earned income (see instructions)       1i         W-2, see       instructions       1i       1z       117, 010.         Za       Add lines 1a through 1h       2a       2b       2b         Attach Sch. B       2a       Tax-exempt interest       2a       3b       b       Taxable amount       2b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Social security benefits       6a       b       Taxable amount       6b       6b         Married filing separately, S12,950       7       Capital gain or (loss), Attach Schedule D if required. If not required, check here       7       -4.         Married filing bointly or S12,950       Add lines 1z, 2b, 3b, 6b, 7b, 7and 8. This is your tatal income       9       98, 261.         Subtract line 10 from li		с								1c	:		
W-22 and 1099-R if tax was withheld.       e       Taxable dependent care benefits from Form 2441, line 26       1e         If you did not get a Form       f       Employer-provided adoption benefits from Form 8839, line 29       1f         W-2, see instructions.       h       Other earned income (see instructions)       1h       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1z       117, 010.         Attach Sch. B       2a       b       b       Tax-exempt interest       2b       2b         If required.       3a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b       5b         Obduction for- 6a       Social security benefits       6a       b       taxable amount       5b       5b         Married fling pentatify or Qualifying       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       98, 261.         Virgenove       1       Subtract line 10 from line 9. This is your adjusted gross income       11       98, 261.         Virgenove       1       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       12       <		d				(see instr	uctions) .			1d			
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         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       i       Nontaxable combat pay election (see instructions)       1i       1h       0.         Add lines 1a through 1h       .       .       1i       1z       117, 010.         Attach Sch. B       2a       b       Tax-exempt interest       2b       2b         Attach Sch. B       2a       b       Tax-exempt interest       2b       2b       2b         4a       IRA distributions       4a       Badded bedit       3b       4b       5b         Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         9       942,261.       1ine 10       .       7       -4.       .       8       -18,745.         9       942,261.       1ine 26       .       11       9       942,621.         10       Standard d	W-2G and	е	Taxable dependent care benefits f	rom Form	2441, line 2					1e			
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1h   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. z Add lines 1a through 1h 1z   Attach Sch. B 2a b Tax-exempt interest 2b   Attach Sch. B a Qualified dividends 3a b   Gaulified dividends 3a a b Dordinary dividends   4a IRA distributions 4a b Dordinary dividends   5a Pensions and annuitifes 5a b Taxable amount   6a Social security benefits 6a b Taxable amount   *Single or Married filing yeaprately, site 950 C If you elect to use the lump-sum election method, check here (see instructions) 1   *Married filing yeaprately, or 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9   9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 11   9 9.8, 261. 10   8 Other income from Schedule 1, line 26 11   9 9.8, 261. 11   9 9.8, 261. 12   10 Standard deduction or itemized deductions (from Schedule A) 12   11 9 9.261.   11 9   9 9.261.   10 12 12, 950.   11 9.2.2.5.0 <td< td=""><td></td><td>f</td><td>Employer-provided adoption bene</td><td>fits from</td><td>Form 8839, li</td><td>ine 29 .</td><td></td><td></td><td></td><td>1f</td><td></td><td></td></td<>		f	Employer-provided adoption bene	fits from	Form 8839, li	ine 29 .				1f			
get a Form W-2, see instructions.       h       Other earned income (see instructions)       1h       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       1h       0.         Attach Sch, B       2a       Add lines 1a through 1h       1       1z       117,010.         Attach Sch, B       3a       b       b       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3a       b       Drabable interest       2b         4a       IRA distributions       4a       b       Taxable amount       4b       5b         5a       Pensions and annuifies       5a       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -4.       8       -18,745.         9       98,261.       Nutract line 10       11       9       98,261.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       9       98,261.         10       Standard deduction or itemized deductions from Sc		g	Wages from Form 8919, line 6 .							1g			
instructions.       I       Nontaxable combat bay election (see instructions)       II         Add lines 1a through 1h       IIT, 010.         Attach Sch. B       I       Tax-exempt interest       Iz       117,010.         If required.       3a       Qualified dividends       3a       b       Tax-exempt interest       Iz       117,010.         Attach Sch. B       if required.       3a       Qualified dividends       3a       b       Tax-exempt interest       Iz       117,010.         Add lines 1a through 1h       Iteration       Sa       Qualified dividends       Iz       Iteration       Iter	get a Form	h	Other earned income (see instruction	ions) .			· · ·			1h		0.	
z       Add lines 1a through 1h       117,010.         Attach Sch. B       2a       Tax-exempt interest       2a         if required.       3a       b       Taxable interest       2b         4a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         * Single or Married filing separately, \$12,950       C       If you elect to use the lump-sum election method, check here (see instructions)       7       -4.         Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       98, 261.         Warried filing jointly or Qualifying surviving spous. \$25,900       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       98, 261.         10       Subtract line 10 from line 9. This is your adjusted gross income       10       11       98, 261.         14       12, 950.       14       12, 950.       14       12, 950.         13       0ualified business income deduction from Schedule A)       13		i	Nontaxable combat pay election (s	see instru	ctions) .		🗋	1i					
if required.       3a       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing jointly or Qualifying surviving spouse       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       -4.         8       Other income from Schedule 1, line 10       8       -18,745.       9       98,261.         9       94,261.       10       Adjustments to income from Schedule 1, line 26       10       11       98,261.         10       Subtract line 10 from line 9. This is your adjusted gross income       11       98,261.       12       12,950.         14       Add lines 12 and 13       .       .       .       14       12,950.         15       Subtract line 14 from line 11 if zero or less enter -0. This is your tazable income       15       15       85.311		z	Add lines 1a through 1h							1z	11	7,010.	
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- Obduction for- • Single or Married filing separately, \$12,950       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       6a       Social security benefits       6a       6b         • Single or Married filing separately, \$12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       b       Taxable amount       7       -4.         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8       -18, 745.         9       98, 261.       9       98, 261.       10         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       98, 261.         12       12,950.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       12,950.       14       Add lines 12 and 13       14       12,950.	Attach Sch. B	2a	Tax-exempt interest	2a		b 1	Taxable inter	est .		2b			
Standard Deduction for-       5a       5a       b       Taxable amount	if required.	3a		3a		b (	Ordinary divid	lends .		3b			
Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7       -4.         • Married filing jointly or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       .       .       .       8       -18,745.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       98,261.       9       98,261.         • Head of household, \$19,400       10       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .       11       98,261.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       .       .       .       12       12,950.         • If you checked any box under Standard       13       .       .       .       .       .       14       12,950.         • If you checked any box under Standard       14       12,950.       .       .       .		4a	IRA distributions ,	4a		b 1	Faxable amo	unt		4b			
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Head of household, \$19,400</li> <li>Married filing 12 (apital gain or (loss), Attach Schedule D if required. If not required, check here</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Married filing 2 (apital gain or (loss), Attach Schedule D if required. If not required, check here</li> <li>Married filing jointy or Qualifying surviving spouse, \$25,900</li> <li>Matried filing 10 (apital gain or (loss), Attach Schedule 1, line 26 (apital gain or (loss), Attach Schedule 1, line 26 (apital gain or (loss), Attach Schedule 1, line 26 (b dimensional from line 9. This is your adjusted gross income (from Schedule A) (apital gain or (loss), Attach Schedule 1, line 26 (b dimensional from line 9. This is your adjusted gross income (from Schedule A) (apital gain or (loss), Attach Schedule 1, line 26 (from Schedule A) (apital gain or (loss), Attach Schedule 1, line 26 (from Schedule A) (apital gain or (loss), Attach Schedule 1, line 26 (from Schedule A) (apital gain or (loss), Attach Schedule 1, line 26 (from Schedule A) (from Schedule A) (fr</li></ul>	Standard	5a	Pensions and annuities	5a						5b			
Married filling separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       . <td< td=""><td></td><td>6a</td><td></td><td></td><td></td><td></td><td></td><td></td><td>· · · _</td><td>6b</td><td></td><td></td></td<>		6a							· · · _	6b			
\$12,950       7       Capital gain of (loss). Attach Schedule D in required, in for required, check here       1       7       -4.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       98, 261.         • Married filing jointly or Qualifying surviving spouse, \$25,900       10       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       98, 261.         • Head of standard deduction or itemized deductions (from Schedule A)       12       12, 950.       12       12, 950.         • If you checked any box under Standard       14       12, 950.       13       14       12, 950.         • Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •	Married filing	С			,	``			<u>L</u>				
jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       98, 261.         10       Adjustments to income from Schedule 1, line 26       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       98, 261.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       12, 950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If Add lines 12 and 13       14       12, 950.       14       12, 950.         • Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       85					equired. If no	ot required	l, check here		L	7		-4.	
Qualifying surviving spouse, \$25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       98, 261.         10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       98, 261.         I 1       98, 261.       10         I 2       12, 950.       11       98, 261.         I 3       Qualified business income deduction from Form 8995 or Form 8995-A       12       12         I 4       12, 950.       14       12, 950.         Deduction,       15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15													
\$25,900       10       Adjustments to income form defined if it in 20       11       98,261.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       98,261.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       12,950.         • If you checked any box under Standard       14       12,950.       13       14       12,950.         • Subtract line 14 from line 11.       If zero or less enter -0       This is your taxable income.       15       85,311.	Qualifying					8,261.							
household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • If you checked any box under Standard       15       Subtract line 14 from line 11       If zero or less enter -0-       This is your taxable income       15       85													
\$19,400       12       Standard deduction or itemized deductions (irom Schedule A)       12       12,950.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • If you checked any box under Standard       14       Add lines 12 and 13       14       12,950.         • Deduction, Deduction,       15       Subtract line 14 from line 11       If zero or less enter -0 This is your taxable income.       15       85 311										-			
any box under Standard 14 Add lines 12 and 13	\$19,400					2,950.							
Standard       14       12,950.         Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       85 311					orm 8995 or	r Form 899	95-A						
	Standard												
		15	Subtract line 14 from line 11. If zer	o or less,	enter -0 Th	nis is your	taxable inco	ome .		15	8	5,311.	

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         8814         2         4972         3          .         .	16	14,389.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	14,389.	
	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	14,389.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	14,389.	
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	18,810.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	4		
	30	Reserved for future use         .	4		
	31	Amount from Schedule 3, line 15         . <th.< th="">         .          .         <th< th=""><th></th><th></th></th<></th.<>			
	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	18,810.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,421.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,421.	
Direct deposit? See instructions.	b	Routing number       *       *       *       *       X       X       X       X       C Type:       C Checking       Savings			
See instructions.	d	Account number * * * * * * * * * * * * * * * * * * X X X X			
	36	Amount of line 34 you want applied to your 2023 estimated tax	-		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See		× No	
Designee		tructions		IN0	
	nai	signee's Phone Personal identif ne no. Personal identif	Ication		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of my knowledge and	
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.	
пеге	Yo	ů – – – – – – – – – – – – – – – – – – –	If the IRS sent you an Identity		
				N, enter it here	
Joint return? See instructions.		SOFTWARE ENGINEER	,		
Keep a copy for	Sþ		IRS sent your spouse an ity Protection PIN, enter it here		
your records.		(see i	inst.)		
	Ph	one no. (816)299-6789 Email address KARTALAPAVAN93@GMAIL.COM			
Paid	Pre	pparer's name Preparer's signature Date PTIN	Check if:		
Paid Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/23/2023 *****2	2703	3 Self-employed	
Use Only	Firi	n's name GLOBAL TAXES LLC Phon	eno. (678)965-9522		
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN **-**1965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/17/23 PRO		Form <b>1040</b> (2022)	

irs.gov/Form1040 for instructions and the