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

2022	
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OMB No. 1545-0074

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

Filing Status Check only	<b>X</b> S	Single Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	house	ehold (HOH)			fying survi se (QSS)	ving	
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If you ch	hecke	d the HOH or	QSS	box, enter				qualifying	
	pers	on is a child but not your dependen	t:										
Your first name	and mi	ddle initial	Last na	ast name						Your social security number			
NITIN	NITIN G			'IPARTHI					**	***-**-3222			
If joint return, spouse's first name and middle initial Last name				name				Sp	Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.				Apt. no.	Pre	siden	tial Election	n Campaign	
1137 GANNON DRIVE PLANO								Check			ck here if you, or your		
City, town, or post office. If you have a foreign address, also complete				olete spaces below. State ZI			ZIP o					y, want \$3	
PLANO				TX 7			750				this fund. C w will not c		
Foreign country name			F	Foreign province/state/county			Forei	Foreign postal code you			your tax or refund.		
									Ψ,		You	Spouse	
Digital	At ar	y time during 2022, did you: (a) red	eive (as	a reward, award, or	payme	ent for prope	rty or	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financial i	interes	st in a digital	asset	)? (See ins	tructio	ns.)	Yes	⊠ No	
Standard	Som	eone can claim: 🗌 You as a de	ependent	t	e as a	dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status	alien								
Age/Blindness	You:	☐ Were born before January 2,	1958	Are blind Spo	use:	☐ Was bor	n bef	ore Januar	y 2, 19	958	☐ Is blir	nd	
Dependents	s (see	see instructions):		(2) Social security number		(3) Relationship to you		(4) Check the bo		qualifi	es for (see ii	nstructions):	
If more	<b>(1)</b> Fi	1) First name Last name								redit Credit for		for other dependents	
than four dependents,									<u> </u>				
see instructions	s ——								]				
and check	. —								1		L		
here	1	T. I	4 (										
Income	1a	Total amount from Form(s) W-2, b	•	,						1a	11	9,288.	
Attach Form(s)	b	Household employee wages not r	•						•	1b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)						•	1c 1d				
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1e					
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29						1f					
was withheld.		Wages from Form 8919, line 6							•	1g			
If you did not get a Form	g h	Other earned income (see instructions)	tions)						•	1h		0.	
W-2, see	i	· ·	taxable combat pay election (see instructions)						•			<u></u>	
instructions.	z								1z	11	9,288.		
Attach Sch. B		Tax-exempt interest	2a		 <b>b</b> Тах	 kable interest	t .		Ċ	2b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
if required.	3a	Qualified dividends	3a			dinary divider				3b			
	4a	IRA distributions	4a			kable amoun				4b			
Standard	5a	Pensions and annuities	5a			kable amoun				5b			
Deduction for-	6a	Social security benefits	6a		<b>b</b> Tax	kable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum e	election r	method, check here (	(see in	structions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired, d	check here				7			
Married filing 8 Other income from Schedule 1, line 10 .								8		0.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	11	9,288.		
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							10				
Head of	11	Subtract line 10 from line 9. This i	s your <b>a</b> c	djusted gross incon	ne					11	11	9,288.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12	1	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							14				
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15	5 106,338.			
)													

Form 1040 (2022	2)				Pa	ige <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16		19,35	<del>-</del>
Credits	17	Amount from Schedule 2, line 3	17			
Oreans	18	Add lines 16 and 17	18		19,35	7.
	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		19,35	7.
	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		19,35	
Payments	25	Federal income tax withheld from:				
. ayoc	а	Form(s) W-2				
	b	Form(s) 1099		74		
	С	Other forms (see instructions)		V		
	d	Add lines 25a through 25c	25d		16,880	0.
15	26	2022 estimated tax payments and amount applied from 2021 return	26			
If you have a qualifying child,	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	<b>†</b>			
	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 <b>total payments</b>	33		16,880	0.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34			
neiuliu	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a			
Direct deposit?	b	Routing number * * * * * * X X X X X C Type: Checking Savings				
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 <b>amount you owe</b> .  For details on how to pay, go to www.irs.gov/Payments or see instructions	37		2,47	7
	38	Estimated tax penalty (see instructions)				
Third Party Designee		you want to allow another person to discuss this return with the IRS? See		× N	_	
		signee's Phone Personal identif		_ N(	Б	
		signee's Phone Personal identifume no. number (PIN)	ication		$\Box$	
Sign		der 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				
Here	Yo	ur signature Date Your occupation If the	IRS se	nt you a	n Identity	
				IN, enter	r it here	
Joint return?		SOFTWARE ENGINEER (see				Ш
See instructions. Keep a copy for	Sp				spouse an IN, enter it	horo
your records.		(see	,		III, CIRCI II	
	——Ph	one no. (832)679-0559 Email address NITINGOTTIPARTHI@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check	if:	
Paid		V 227 V 218	202		alf amamia	امما

Firm's address

GLOBAL TAXES LLC

**Preparer** 

**Use Only** 

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/10/2023

245 ROONEY CT E BRUNSWICK NJ 08816

Self-employed

Phone no. (678)965-9522

Firm's EIN