| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | n 20 2 | 2 | OMB No. 1545 | 0074 | IRS Use Only | ∕—Do not w | rite or staple in this space. | |
|---|------------|--|--|-------------------------------|--------|------------------|-----------------------|-----------------------------|---|--------------------------------|--|
| Filing Status Check only | | | _ | filing separately (N | , | | | | spou | lifying surviving use (QSS) | |
| one box. | | u checked the MFS box, enter the nation is a child but not your dependent | , | ir spouse. If you cr | теск | led the HOH or | Q55 | box, enter tr | ie child s | a name if the qualifying | |
| Your first name | and mi | iddle initial | Last name | | | | | | Your so | cial security number | |
| SAIKIRAN REDDY MUTH | | | | ALA | | | | | 684-99-1050 | | |
| If joint return, spouse's first name and middle initial Last na | | | | name | | | | Spouse's social security nu | | s social security number | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructions | | | | A | pt. no. | Preside | ntial Election Campaign | |
| 814 MARS | H TI | RAIL CIRCLE | | | | | | | Check here if you, or your spouse if filing jointly, want \$3 | | |
| City, town, or p | ces below. | ow. State Z | | | ode | | this fund. Checking a | | | | |
| SANDY SPRINGS | | | | GA | | | 303 | 28 | box bel | ow will not change | |
| Foreign country name | | | | Foreign province/state/county | | | Foreig | Foreign postal code | | or refund. | |
| Digital | At ar | ny time during 2022, did you: (a) rece | eive (as a r | eward, award, or | payr | nent for prope | ty or | services); or | (b) sell, | | |
| Assets | exch | ange, gift, or otherwise dispose of a | - | set (or a financial i | nter | est in a digital | asset) | ? (See instru | uctions.) | 🗌 Yes 🛛 No | |
| Standard Deduction | | eone can claim: You as a de Spouse itemizes on a separate retur | • | Your spouse | | • | | | | | |
| | | Were born before January 2, 1 | - | Are blind Spo | | | n befo | ore January 2 | 2. 1958 | Is blind | |
| Dependents | - | | | (2) Social security | | (3) Relationsh | | | | fies for (see instructions): | |
| If more | • | irst name Last name | number | | to you | | | Child tax c | redit | Credit for other dependents | |
| than four | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | |
| and check | | | | | | | | | | | |
| here 🗌 | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ` | , | | | | | . 1a | | |
| Attach Form(a) | b | Household employee wages not reported on Form(s) W-2 | | | | | | | . 1b | | |
| Attach Form(s) W-2 here. Also | c | Tip income not reported on line 1a (see instructions) | | | | | | . <u>1</u> c | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | . <u>1d</u> | | | |
| W-2G and 1099-R if tax | e | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | . 1e | | |
| was withheld. | f | ., | | | | | • • | | . 1f | | |
| If you did not get a Form | g L | Wages from Form 8919, line 6 . | | | | | • • | | . <u>1g</u> . 1h | | |
| W-2, see | h i | Other earned income (see instructions) | | | | | | | 10 | 0. | |
| instructions. | z | | | | | | | | | 97,936. | |
| Attach Sch. B | 2a | - | 2a | | | axable interest | • • | | . 1z . 2b | | |
| if required. | 3a | | 3a | | | Ordinary divider | | | . 25 | | |
| | 4a | | 4a | | | axable amount | | | . 4b | | |
| Standard Deduction for — | 5a | | 5a | | | axable amount | | | . 5b | | |
| | 6a | | 6a | | | axable amount | | | . 6b | | |
| Single or Married filing | с | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | |
| Married filing | 8 | Other income from Schedule 1, lin | | | | | | | . 8 | 0. | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | 97,936. | |
| 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 | | | | | | | . 11 | 97,936. | |
| household, \$19,400 | 12 | Standard deduction or itemized | deduction | s (from Schedule | A) | | | | . 12 | 12,950. | |
| If you checked | 13 | Qualified business income deduct | iness income deduction from Form 8995 or Form 8995-A | | | | | | . 13 | | |
| any box under Standard | 14 | Add lines 12 and 13 | | | | | | | | 12,950. | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | o or less, e | enter -0 This is yo | our | taxable incom | е. | | . 15 | 84,986. | |
|) | | | | | | | | | | | |

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 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 14,312. |
| Credits | 17 | Amount from Schedule 2, lir | ne3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 14,312. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ne8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 14,312. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 14,312. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 1 | 5,070. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instruction | | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 15,070. |
| If you have a qualifying child, | 26 | 2022 estimated tax payment | ts and amount a | pplied from 20 |)21 return | | | 26 | |
| | 27 | Earned income credit (EIC) | | | No | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | undable credits | | 32 | 1 |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 15,070. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 758. |
| Refutio | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | 35a | 758. |
| Direct deposit? | b | Routing number $X X X X X X X X X X $ | | | | | | | |
| See instructions. | d | Account number X X X X X X X X X X X X X X X X X X X | | | | | | | |
| | 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 . | | | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party Designee | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | |
| | | structions | · · · · · | | | 🗌 Yes. 🤇 | Complete | below. | X No |
| | | signee's | | Phone | | | sonal ident | ification | |
| | na | | | no. | | | nber (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | | | nt you an Identity |
| | 10 | ul signature | | Date | Tour occupation | | | | PIN, enter it here |
| Joint return? | | | | | SOFTWARE DEVELOPER | | (see | inst.) | |
| See instructions. | Sp | ouse's signature. If a joint return, I | both must sign. | Date | Spouse's occupat | ion | | | nt your spouse an |
| Keep a copy for your records. | | | | | | | | itity Prot inst.) | ection PIN, enter it here |
| , 20. 1000100. | | (220) 541 520 | | | | | (| 1131.) | |
| | | one no. (336) 541-530 | 1 | Email address | SAIK.MUTHYA | | | | Chook if: |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | 0700 | Check if: |
| Preparer | | I PRIYA RAM SAGAR GUPTA TALLAM | | KAM SAGAR | GUPTA TALLAM | 04/01/2023 | | | Self-employed |
| Use Only | | m's name GLOBAL TAX | | | T 0001 C | | | | (678) 965-9522 |
| | | | Y CT E BRU | NSWICK N | η ηρατρ | | Firm | ı's EIN | 84-3171965 |
| (20 to www.irc.a | ov/Eorr | n1040 for instructions and the late | ct information | | | | | | Earm 1040 (2022) |

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/18/23 PRO

Form **1040** (2022)