	For Calendar Year January 1 - December 31, 2022
Print	in BLACK ink only and DO NOT STAPLE.
	Amended Return Composite Return (For use by S corporations or Partnerships)  Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).
	ng a fiscal year return enter the beginning and ending dates here.  I Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY)  Vendor Code Department Use Only
1 1500	1555
Filing Status	X Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household Widow(er)
	Age 62 through 64   Age 65 or Older   Blind   100% Disabled   Non-Obligated Spouse
You	urself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Spo
Name	Social Security Number  in 2022 Spouse's Social Security Number  in 2022  793 - 82 - 4299  First Name  M.I. Last Name  Suffix  SAI KUMAR  Spouse's First Name  M.I. Spouse's Last Name  Suffix  In Care Of Name (Attorney, Executor, Personal Representative, etc.)
	Present Address (Include Apartment Number or Rural Route)
S	620 N COPPELL RD APT 2706
Address	City, Town, or Post Office State ZIP Code
4	COPPELL TX 75019 - County of Residence
	NONR

You may contribute to any one or all of the trust funds on Line 50. See pages 11-12 of the instructions for more trust fund information.



IN

























					Yourself (Y)			Spouse (S)			
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y		11749	00	18			00	
	2.	Total additions (from <b>Form MO-A</b> , Part 1, Line 7)	2Y			00	28			00	
		Total income - Add Lines 1 and 2	3Y		11749	00	38			00	
ncome	3.	Total Income - Add Lines 1 and 2	31			00	33		[	$\equiv$	
ù I	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y			00	48		].	00	
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y		11749	00	58			00	
	6.	Total Missouri adjusted gross income - Add columns 5Y and 59	S		6	1	1749	. 00			
	7.	Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y		100	%	78		0	6	
	8.	Pension, Social Security and Social Security Disability exempti Section D)	•			,	8			00	
		Coccion D)				 ] [					
	9.	Tax from federal return		9	<u> </u>	IJ.╚ ┐┌	00				
	10.	Other tax from federal return		10		].[	00				
	11.	Total tax from federal return. Do not enter federal income tax with	held.	11	C	) . [	00				
	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage									
Deductions		Missouri Adjusted Gross Income Range, Line 6:       Federal Ta         \$25,000 or less       3:         \$25,001 to \$50,000       2:         \$50,001 to \$100,000       15         \$100,001 to \$125,000       5         \$125,001 or more       0	5% 5% 5% 5%	cen	tage:						
s and	13.	Federal income tax deduction – Multiply Line 11 by the percent amount not to exceed \$5,000 for an individual or \$10,000 for co	_				13	0		00	
ption	14.	Missouri standard deduction or itemized deductions. (If itemizin	g, Se	e Fo	orm MO-A, Part 2)		[10]			00]	
Exem		<ul> <li>Single or Married Filing Separate-\$12,950</li> <li>Head of House</li> <li>Married Filing Combined or Qualifying Widow(er)-\$25,900</li> </ul>					14	12950	.[	00	
	15.	Additional Exemption for Head of Household and Qualified Wid	ow(er	·)			15		.[	00	
	16.	Long-term care insurance deduction					16		.[	00	
	17.	Health care sharing ministry deduction					17		.[	00	
	18.	Active Duty Military income deduction					18		.[	00	
	19.	Inactive Duty Military income deduction					19		.[	00	
		Bring jobs home deduction					20		.[	00	
		Transportation facilities deduction					21			00	
		A. Port Cargo Expansion B. International Trade Fa			1						
			Jinty		. J. Gaannoa mad	5 / 10		IN			



							_	
	22.	First time home buyers deduction.	В.		22		. [	00
~	23.	Long term dignity savings account deduction			23		. [	00
ntinue	24.	Foster parent tax deduction			24		. [	00
ns Col	25.	Total deductions - Add Lines 8 and 13 through 24			25	12950	. [	00
<b>Deductions Continued</b>	26.	Subtotal - Subtract Line 25 from Line 6			26	0	. [	00
De	27.	Multiply Line 26 by appropriate percentages (%) on Lines 7Y and 7S	27Y	0.00	278		. [	00
	28.	Enterprise zone or rural empowerment zone income modification	28Y	. 00	28S		. [	00
	29.	Taxable income - Subtract Line 28 from Line 27	29Y	0.00	298		. [	00
	30.	Tax (see tax chart on page 26 of the instructions)	30Y	0 . 00	308		. [	00
	31.	Resident credit - Attach Form MO-CR and other states' income tax return(s)	31Y	. 00	31S		. [	00
×	32.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a copy of your federal return if less than 100%	32Y	15 %	328		9	6
Тах	33.	Balance - Subtract Line 31 from Line 30; OR multiply Line 30 by percentage on Line 32	33Y	0.00	33S		. [	00
	34.	Other taxes - Select box and attach federal form indicated.						
		Lump sum distribution (Form 4972)					_	
		Recapture of low income housing credit (Form 8611)	34Y	. 00	348		.[	00
	35.	Subtotal - Add Lines 33 and 34	35Y	0 00	358		. [	00
	36.	Total Tax - Add Lines 35Y and 35S			36	0	. [	00
	37.	MISSOURI tax withheld - Attach Forms W-2 and 1099			37		. [	00
	38.	2022 Missouri estimated tax payments - Include overpayment from	om 2021 applied	to 2022	. 38		.[	00
Payments and Credits	39.	Missouri tax payments for nonresident partners or S corporation MO-2NR and MO-NRP			39		. [	00
ts and	40.	Missouri tax payments for nonresident entertainers - Attach Fo	orm MO-2ENT .		40		].	00
aymen	41.	Amount paid with Missouri extension of time to file (Form MO-	<b>·60</b> )		41		. [	00
٩	42.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attack	h Form MO-TC		42	7	.[	00
	43.	Property tax credit - Attach Form MO-PTS			43		. [	00
	44	Total payments and credits - Add Lines 37 through 43			44			00



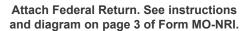
	SK	KIP Lines 45 through 47 if you are not filing an amended return.		
	45.	Amount paid on original return.	45	. 00
	46.	Overpayment as shown (or adjusted) on original return	46	. 00
		Indicate Reason for Amending  Enter date of IRS report (MM/DD/YY)		
Amended Return		A. Federal audit		
Amende		B. Net Operating Loss carryback Enter year of credit (YY)		
		C. Investment tax credit carryback Enter date of federal amended return, if filed	. (MM/DD/YY)	
		D. Correction other than A, B, or C		
	47.	Amended return total payments and credits - Add Lines 44 and 45; subtract Line 46.  Enter on Line 47	47	. 00
	48.	If Line 44, or if amended return, Line 47, is larger than Line 36, enter the difference.  Amount of OVERPAYMENT	. 48	. 00
	49.	Amount of Line 48 to be applied to your 2023 estimated tax	49	. 00
	50.	Enter the amount of your donation in the trust fund boxes below. See instructions for additional	trust fund codes.	
	50	Oa. Trust Fund  Children's Delivered Meals  Trust Fund  Children's Delivered Meals  Trust Fund  Delivered Meals  Trust Fund  . 00 50c. Trust Fund	Missouri National Guard Od. Trust Fund	. 00
	50	Konga City Soldiers	Oh. General Revenue Fund	. 00
Refund	50i	Regional Law Military Military Inforcement Museum in	MIssouri Medal of OI. Honor Fund	. 00
ž	50	Additional Fund Fund Amount . 00 50n. Code Additional Fund Amount . 00		
		Total Donation - Add amounts from Boxes 50a through 50n and enter here	50	. 00
	51.	Amount of Line 48 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from <u>Form 5632</u>	51	. 00
	52.	REFUND - Subtract Lines 49, 50, and 51 from Line 48 and enter here	52	. 00
		a. Routing Number c.	Checking Savir	ngs
		Number		

		f Line 36 is larger than Line 44 or Line Amount of UNDERPAYMENT		nce.		53		0	. 00
nt Due	54. l	Underpayment of estimated tax penalt	y - Attach <u>Form MO-</u>	<b>2210</b> . Enter penal	ty amount he	ere 54			. 00
Amount Due		Select this box if you are a farm	penalty.						
	I	AMOUNT DUE - Add Lines 53 and 54 f you pay by check, you authorize the electronically. Any returned check may	Department of Reve	-		55		0	. 00
	of my the D base impo	er penalties of perjury, I declare that I hay knowledge and belief it is true, correct, Department of Revenue with my signatured on all information of which he or shosed on any individual who files a furthorized aliens as defined under federals. I am aware of any applicable reporting.	and complete. By sigr re as required under <u>S</u> e has knowledge. As rivolous return. I als al law and that I am no	ning or entering my ection 143.561, RS s provided in <u>Char</u> so declare under ot eligible for any ta	name in the "Somo. Declarate 143, RSI penalties of ax exemption,	Signature" fiel tion of prepar <b>Mo.</b> , a penal perjury tha credit, or ab	d(s) below, I are to the than ty of up to \$4 the I employ reacted attempts if I entered to the tempts of	am prov taxpay 500 sha no illeg employ	viding ver) is all be al or such
	Signa	ature				Date (MM/DD	/YY)		
	Spou	use's Signature (If filing combined, BOTH m	Date (MM/DD	/YY)					
O)	E-ma	ail Address				Daytime Tele	phone		
Signature	SY	AM@GTAXFILE.COM	901921	0111					
Sign	Prep	arer's Signature	Date (MM/DD	)/YY)					
	VE	NKATA SAI PAVAN KUMAR	02	23	23				
		arer's FEIN, SSN, or PTIN		Preparer's Telephone					
	88	-2145487		6789659522					
	Prep	arer's Address				State	ZIP Code		
	24	5 ROONEY CT E BRUNSWI	CK			NJ	08816		
	or an Did y an Ir	thorize the Director of Revenue or deleny member of the preparer's firm  you pay a tax return preparer to completernal Revenue Service preparer tax is learer's name, address, and phone num	ete your return, but th	e preparer failed to If you marked yes	sign the retus, please inse	irn or provide	Yes	×	No No
		1111	223220						
			Departmen						
	Α	FA E10	☐ DE	F					
	l to: er ser	Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329 Phone: (573) 751-7200 rved on active duty in the United	Refund or No Am Missouri Departme P.O. Box 500 Jefferson City, MO Phone: (573) 751	nt of Revenue 65105-0500 -3505	Submissio Email: inc	522-1762 ometaxproc n of Individe ome@dor.m d correspon	ual Income ' no.gov	r.mo.g	<u>ov</u>

IN REV 02/07/23 PRO MO-1040 Page 5

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at

veteranbenefits.mo.gov/state-benefits/.





Social Security Number		Spouse's Social Security Numbe	r
793 – 82 –	4299	_	_
Name		Spouse's Name	
ADEPU, SAI KUMAR			
Address		Address	
620 N COPPELL RD APT	2706		
City, State, ZIP Code		City, State, ZIP Code	
COPPELL	TX 75019		
X 1. Nonresident of Missouri State of residence during 202	)22 TEXAS	1. Nonresident of Misso     State of residence durin	
Remote Work (See instr	ructions on Form MO-NRI, page 3)	Remote Work (See	instructions on Form MO-NRI, page 3)
2. Part-Year Missouri Resid	lent	2. Part-Year Missouri R	esident
Remote Work (See instr	ructions on Form MO-NRI, page 3)	Remote Work (See	instructions on Form MO-NRI, page 3)
Indicate the dates you were a N	Missouri Resident in 2022.	Indicate the dates you wer	e a Missouri Resident in 2022.
A. Date From:	Date To:	A. Date From:	Date To:
B. Indicate the other state of		B. Indicate the other sta	
and dates you resided the	ere	and dates you reside	d there
Date From:	Date To:	Date From:	Date To:
	military orders, and Missouri is your	state of residence, any income you	ber residing outside of Missouri solely ou earn is taxable to Missouri. <b>Do no</b>
	Status - Indicate your tax status		Fax Status - Indicate your tax status
3. Military/Nonresident Tax below and complete Part C -	- Missouri Income Percentage.	below and complete Par	t C - Missouri Income Percentage.
below and complete Part C -  Missouri Home of Recor I did not at any time durir permanent place of abod than 30 days in Missouri	- Missouri Income Percentage.	Missouri Home of R I did not at any time permanent place of than 30 days in Miss	•

,	Wor	ksheet for Missouri Source Income							
		Reflect for missouri dource meetic	Federal Form		Yourself or		Spouse (C	n Δ	
		A 5 4 4 0	1040 or Federal		One Income Filer				
		Adjusted Gross	Form 1040-SR Line No.				Combined R		
		Income Computations	Line No.		Missouri Sources		Missouri So	ources	
	A.	Wages, salaries, tips, etc.	1z	Α	1749 00		A		00
	_		2b	В	. 00	П	В		00
	В.	Taxable interest income.	3b	С	. 00	_	C		00
	C.	Dividend income	1	D	00		D	<u> </u>	00
	D.	State and local income tax refunds (from schedule 1, part 1)		E		_	E E		00
	E.	Alimony received (from schedule 1, part 1)	2a	F	. 00	_			
	F.	Business income or (loss) (from schedule 1, part 1)	3	-	. 00	_	F		00
	G.	Capital gain or (loss)	7	G	. 00		G		00
	Н.	Other gains or (losses) (from schedule 1, part 1)	4	Н	. 00		H .		00
В	١.	Taxable IRA distributions	4b	1	. 00	_	1		00
Part F	J.	Taxable pensions and annuities	5b	J	. 00	_	J		00
Ра	K.	Rents, royalties, partnerships, S corporations, etc. (from schedule 1, part 1)	5	K	. 00	Ц	K		00
	L.	Farm income or (loss) (from schedule 1, part 1)	6	L	. 00		L		00
	M.	Unemployment compensation (from schedule 1, part 1)	7	М	. 00	_	M		00
	N.	Taxable social security benefits	6b	N			N		00
	Ο.	Other income (from schedule 1, part 1)	9	0	. 00	(	O		00
	Ρ.	Total - Add Lines A through O		Р	1749 . 00		P		00
	Q.	Minus: federal adjustments to income	10	Q	_ 00	(	Q		00
	R.	SUBTOTAL (Line P - Line Q) If no modifications to income,				_			
		enter this amount on Part C, Line 1	11	R	1749 00		R		00
	S.	Missouri modifications - additions to federal adjusted gross income							
		(Missouri source from Form MO-1040, Line 2)		S	. 00	,	S		00
	т	Missouri modifications - subtractions from federal adjusted gross income				_			
	٠.	(Missouri source from Form MO-1040, Line 4)		Т	00		Т		00
	П	MISSOURI INCOME (Missouri sources) Line R plus Line S, minus							
	0.	Line T. Enter this amount on Part C, Line 1		U	00	I	U		00
		Ellio I. Ellio allo allo allo allo allo allo allo					·		
	Miss	souri Income Percentage							
					ourself or	(	Spouse	D = 4:	`
				One	Income Filer	(C	On A Combined	Return	
	1.		437		1749 00 1				00
		file a Missouri return if the amount on this line is more than \$600)	[11]		1749 . [00]	<u> </u>			[00]
0	2.	Taxpayer's total adjusted gross income (from Form MO-1040, Lines 5Y							
Part C	۷.	and 5S or from your federal form if you are a military nonresident and you	ou 🗆			_			
ď		are not required to file a Missouri return)	0.4		11749 00 2	s			00
		a.o., 101. 104u 01. 11. 01. 11. 11. 11. 11. 11. 11.							
	3.	Missouri Income Percentage - Divide Line 1 by Line 2. If greater than							
		100%, enter 100%. (Round to a whole percent such as 91% instead of							
		90.5% and 90% instead of 90.4%. However, if percentage is less than							
		0.5%, use the exact percentage.) Enter percentage here and on Form				Т			
		MO-1040, Lines 32Y and 32S	3Y		15 % 3	S			%
		dan amakina af madium. I dan bara di akhibara ar	Ale a least C		andadaa cod balla 19	4			4
		der penalties of perjury, I declare that I have examined this form and to claration of preparer (other than taxpayer) is based on all information o							
		penalty of up to \$500 shall be imposed on any individual who files a frive		, ilas	any knowledge. As pro-	vide	d in Onapier 14	13, IX3N	vio,
ē			olous retuiri.				0.00		
atn	Sig	nature			Date (MM/	טט/	(YY)		
Signature									
U)	Sn	ouse's Signature (if filing combined, BOTH must sign)			Date (MM/	יחם) יחם			
					Date (MIN)	7			
					1 1		1   1		

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## Ever served on active duty in the United States Armed Forces?

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.

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.

one box. If you checked the MRS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:  Vour for name and middle initial  Last name  ADEPU  Tyou have a freign address, also complete spaces below.  State  TY over social security number  ADEPU  Tyou have a foreign address, also complete spaces below.  State  TY 750.19  Presidential Election Campaign Check here if you, or your  Chity, town, or post office. If you have a foreign address, also complete spaces below.  State  COPPELL RD  TY 750.19  Today province/state/county  Foreign province/state/county  Trough province/state/county  Foreign province/state/county  Tyou go be the time. One-bring a go to this time. Checking a go to the time. Checking a go to the time. Checking a control time of the province/state/county  Tyou go be province/state/county  Tyou go as a reward, award, or payment for property or services); (t) sell, your tox or refund.  Your spouse as a dependent  Deduction  Someone can claim: You sa a dependent Your spouse as a dependent  Deduction  Dependents; Sece instructions;  If more  Attach Form(a)  Wh. her., Also  Wh.	Filing Status Check only	<b>X</b> S	Single Married filing jointly	Marrie	ed filing separately (	(MFS)	Head of	hous	ehold (HOF	l)		ifying surv ıse (QSS)	iving
If poir terrum, spouse? If ist name and middle initial Last name    Spouse	one box.				our spouse. If you	checke	ed the HOH or	r QSS	box, ente	r the c	hild's	name if th	e qualifying
If joint return, spouse's first name and middle initial   Last name   Last n	Your first name	and mi	ddle initial	Last na	me					Yo	our so	cial security	y number
April no.   Copperation   Co	SAI KUMA	ΑR		ADEP	Ū					7	793-82-4299		
City, town, or post office. If you have a foreign address, also complete spaces below.  City, town, or post office. If you have a foreign address, also complete spaces below.  City, town, or post office. If you have a foreign address, also complete spaces below.  TX 750.19  TX 750.19  TX 750.19  TX 750.19  TX 750.19  Foreign country name  Foreign postal code  Space gift, or otherwise dispose of a digital asset (or a financial Interest in a digital asset)? (See instructions)  Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You: Were born before January 2, 1958 Are blind  Dependents (see instructions): (2) Social security  If more undependents (1) First name  Last name  Spouse: (2) Social security  (3) Relationship (4) Check the box if qualifies for (see instructions): Child tax credit  Condit for other dependents and check here  Income  Income  In Total amount from Form(s) W-2, box 1 (see instructions)  Hased Formick  W-2, see  Instructions  In Total amount from Form(s) W-2, box 1 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  In Total amount from Form(s) W-2, box 1 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  In Total amount from Form(s) W-2, box 1 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  In Total amount from Form(s) W-2, box 1 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  Household employee wages not reported on Form(s) W-2 (see instructions)  Household employee wages n	If joint return, s	pouse's	first name and middle initial	Last nai	me					Sp	ouse'	s social sec	urity number
Copper   Color   Col	Home address	(numbe	r and street). If you have a P.O. box, see	 e instruction	ons.				Apt. no.				
COPPEIL   State   Coppendents   State   Coppendents   State   Coppendents   Coppende													
Foreign country name		ost offic	ce. If you have a foreign address, also co	TX 75						0,	•		
Spouse   Income   Attach Form(s)   W-2 pero Also and Earth Form(s)   W-2 pero Also and Earth Form(s)   W-2 pero Also and Earth Form (spendents, see instructions)   Medicaid waiver payments not reported on Form(s) W-2 (see instructions)   1 to 90 and 1 to 9								_					change
Assets  exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Foreign country name				Foreign province/state	/count	У	Fore	ign postal co	de yc	ur tax	_	Spouse
Standard Deduction	Digital												
Spouse itemizes on a separate return or you were a dual-status alien	-							asse	t)? (See ins	struction	ons.)	∐ Yes	△ No
Dependents (see instructions):  (if more (1) First name Last name   (2) Social security number   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (4) Check the box if qualifies for (see instructions):  (if more (1) First name Last name   (4) Check the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if cast of the box if qualifies for (see instructions):  (if the policy of the	Standard Deduction			•	-		a dependent						
If more than four dependents, see instructions and check here	Age/Blindness	You:	Were born before January 2, 1	1958	Are blind Sp	ouse:	☐ Was bo						
If more If If more If If more If If If If more If If If If more If If If If If If more If	Dependents	s (see	instructions):			:y		nip	(4) Check th	e box i	f qualif	ies for (see i	instructions):
dependents, see instructions and check here	If more	<b>(1)</b> Fi	(1) First name Last name		number		to you		Child tax credit		Credit for other dependent		er dependents
Income													
Income		s ——						_	L			L	
Income  1a Total amount from Form(s) W-2, box 1 (see instructions)	and check	1 —						$\rightarrow$					
b Household employee wages not reported on Form(s) W-2  Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions  If Wages from Form 8919, line 6  Wages from Form 8919, line 6  Other earned income (see instructions)  In the combat pay election (see instructions)  In the combat pay election (see instructions)  Add lines 1 a through 1 h  Attach Sch. B ara-exempt interest 2 a b Taxable amount 4 b  Standard Deduction for Single or Married filing separately. \$12,950  Married filing separately. \$12,950  Married filing piontly or Qualifying surviving spouse, \$25,900  Married filing long to the combat pay election method, check here (see instructions)  D Household, \$13,400  Hyou checked and ployee wages not reported on Form(s) W-2 (see instructions)  D Household employee wages not reported on Form(s) W-2 (see instructions)  D Household employee wages not reported on Form(s) W-2 (see instructions)  D Household and walk and the combat pay election Form Form 8839, line 29  Hyou did not get a Form Form 8919, line 6  D Other earned income (see instructions)  D Taxable amount 4b  D Taxable amount 5b  D Taxable amount 6b  D T		10	Total amount from Form(a) W 2 h	201 1 (20)	o instructions)						10	L	<u> </u>
Attach Forms W-2 here. Also attach Forms W-2 gand 1099-Ri ft ax was withheld.  If you did not get a Form W-2, see instructions.  Z Add lines 1a through 1h  Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b IRA distributions . 4a b Taxable amount . 5b Scigle or Married filing separately, \$72,890  Strange or Married filing separately, \$72,890  Strange or Married filing separately, \$72,890  Married filing or Coulifying Sustrians or Capital Signature . 10 Signature . 11 Signature . 11 Signature . 12 Signature . 12 Signature . 11 Signature . 12 Signature . 12 Signature . 13 Signature . 14 Signature . 15 Signature .	Income		• • • • • • • • • • • • • • • • • • • •	,	,			•					1,749.
W-2 here. Also attach Forms W-2G and 1099-R it tax was withheld. If you idid not get a Form h h Get at Form h h Get at Form Household, separately. Strandard Deduction for—Single or Married filing separately. Strandard Ocularlying separately. Strandard Or Qualifying spouse, S25,990 Married filing bound in the Marken of the	Attach Form(s)							•					
W-2G and 1099-R if tax was withheld. If you did not get a Form W242 and lines 1 at hrough 1 in the combat pay election (see instructions)  Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Taxable dividends 3a b Taxable amount 4b Taxable amount 4b Taxable amount 5b Taxable amount 6b Taxa	W-2 here. Also												
1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  W-2, see instructions.  Instructi	W-2G and				` ,								
Wages from Form 8919, line 6	1099-R if tax	f	•										
See instructions   See instruc		g									1g		
Instructions.  Z Add lines 1a through 1h	get a Form	h	Other earned income (see instruct	tions) .									0.
Attach Sch. B Attach Sch. Atta		i	Nontaxable combat pay election (	(see instr	ructions)		<u>1</u> i	i					_
if required.  3a Qualified dividends 3a b Ordinary dividends		Z	Add lines 1a through 1h								1z	1	1,749.
dediction for — Single or Married filing separately, \$12,950	Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interes	t			2b		
Standard beduction for—Single or Married filing separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Declaration for Standard Deduction, Description for Subtract line 10 from line 9. This is your description from Schedule A)  Sa Pensions and annuities . 5a	if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds			3b		
Social security benefits   Social security   Social secucity   Social secucity   Social sec													
Single or Married filing separately, \$12,950  Married filing jointly or Qualifying souse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, \$20,000 to the content of	Standard Deduction for—		<u> </u>										
separately, \$12,950  Married filing jointly or Qualifying surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15  Subtract line 10 from line 11 If zero or less enter -0- This is your taxable income  7  Capital gain or (loss). Attach Schedule D if required. If not required, check here	Single or		_					t.			60		
Married filing jointly or Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 11, 749.  May and the standard Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15  Other income from Schedule 1, line 10  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 11, 749.  May and the standard 10  Subtract line 10 from line 9. This is your adjusted gross income 11 11, 749.  Standard deduction or itemized deductions (from Schedule A) 12 12, 950.  May and the standard 13 14 12, 950.  Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15	separately,		•		·	•	,			. 📙	7		
jointly or Qualifying souse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income			,		•			•		. Ш			
surviving spouse, \$25,900  Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15  Subtract line 10 from line 9. This is your adjusted gross income 11  Subtract line 10 from line 9. This is your adjusted gross income 11  Subtract line 10 from line 9. This is your adjusted gross income 11  Subtract line 10 from line 9. This is your adjusted gross income 11  Subtract line 10 from line 9. This is your taxable income 15  Subtract line 14 from line 11 if zero or less enter -0- This is your taxable income 15	jointly or		•								_	1	1 7/0
Head of household, \$19,400  If you checked any box under Standard Deduction, Deduction, 15  Subtract line 10 from line 9. This is your adjusted gross income	surviving spouse,			-	•						_		<u> , / ユン・</u>
household, \$19,400   12   Standard deduction or itemized deductions (from Schedule A)			•										1 749
try you checked any box under Standard  Deduction,  Deduction,  Description:  13 Qualified business income deduction from Form 8995 or Form 8995-A	household,			•	-								
any box under Standard  14 Add lines 12 and 13	If you checked						5-A						,,
Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income		14									14	1	2,950.
	Deduction,	15									15		

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	0.
Credits	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	0.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				. 19	
	20	Amount from Schedule 3, lir	ne 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	0.
	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 <b>total tax</b>						. 24	0.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a		46	7.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							. 25d	467.
	26	2022 estimated tax paymen							. 26	
If you have a qualifying child,	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					e credits		. 32	
	33	Add lines 25d, 26, and 32. T	,	•	-					467.
D. C I	34	If line 33 is more than line 24							. 34	467.
Refund	35a	Amount of line 34 you want	•			,	•	. г	35a	467.
Direct deposit?	b	Routing number 0 8 1				Check		Savino		
See instructions.	d	Account number 3 5 5			3   3   2   5			Ouving		
	36	Amount of line 34 you want				36	<del>'</del>			
Amount	37	Subtract line 33 from line 24				1 00				
You Owe	31	For details on how to pay, g		•					. 37	
	38	Estimated tax penalty (see in	_			38			0.	
Third Party		you want to allow another								
Designee		structions	•				Yes. C	omple	te below.	X No
	De	signee's		Phone			Pers	onal id	entification	
	naı	ne		no.			num	ber (PII	N)	
Sign		der penalties of perjury, I declare t								
Here		ief, they are true, correct, and com	ipiete. Deciaration (			ased on	ali iniormati			,
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGI	NEER		see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat			11	the IRS se	nt your spouse an
Keep a copy for your records.	•								,	ection PIN, enter it here
your records.								(5	see inst.)	
		one no. (901)921-011		Email address	SAIKUMARPATE		GMAIL.CO			
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI 02/23/2023 P024						470833	Self-employed		
Use Only	Fire	m's name GLOBAL TA						F	Phone no. (	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			F	irm's EIN	88-2145487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02	2/10/23 PRO			Form 1040 (2022)