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

OMB No. 1545-0074

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

_	s 🗌 S	Single X Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH	l)		ifying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If you	check	ed the HOH or	r OSS	Shox ente	r the c		ise (QSS) name if the	e qualifying
0.10 00%		on is a child but not your depender		your opouco. Il you	OHOOK		u.c.	, 50%, 01110		11110	namo n un	y quamymig
Your first name and middle initial Last name						Yo	our so	cial security	number			
				INAM						489-79-3943		
If joint return, spouse's first name and middle initial Las									_	Spouse's social security number		
SHEELA PRASANTHI THOT				٦٢						APPLIED FOR		
						Apt. no.				n Campaign		
29 SHALI	•				, , , , , , , , , , , , , , , , , , , ,					Check here if you, or your		
		ce. If you have a foreign address, also c	omplete s	pplete spaces below. State ZIF						spouse if filing jointly, want \$3		
CUMBERLAND				RI			02	8643900	~ I	_	this fund. (ow will not (_
Foreign country name				Foreign province/state/county				ign postal co			or refund.	riange
											You	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward award o	or navn	nent for prope	rtv o	r services):	or (b)	sell		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim: You as a de		<u></u>				, (/		
Deduction	_	Spouse itemizes on a separate retu	•									
Age/Blindness	s You:	Were born before January 2,	1958 [Are blind S	pouse	: Was bor	rn be	fore Janua	ry 2, 1	958	☐ Is blir	nd
Dependents	s (see	instructions):		(2) Social secur	ritv	(3) Relationsh	qin	(4) Check th	e box i	f qualif	ies for (see i	nstructions):
If more	•	First name Last name		number		to you		Child tax credit		edit Credit for other dependen		er dependents
than four												1
dependents,									1			
see instruction and check	s											
here]											
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	8	7,993.
IIICOIIIE	b	Household employee wages not i	reported	on Form(s) W-2.						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instruc	ntaxable combat pay election (see instructions)						1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election										
motruotions.	Z	Add lines 1a through 1h						1z	8	7,993.		
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t.			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t.			6b		
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								7		
Married filing	8	Other income from Schedule 1, line 10							8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	8	7,993.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
Head of Subtract line 10 from line 9. This is your adjusted gross income									11	8	7,993.	
household, \$19,400	12	Standard deduction or itemized	l deduct	ions (from Schedu	le A)					12	2	5,900.
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	2	<u>5,900.</u>		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15	6	2,093.		

Form 1040 (2022	2)							Page 2		
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 881	14 2 4972	3 🗌		16	7,038.		
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	7,038.		
	19	Child tax credit or credit for other depend	lents from Sched	dule 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 les	ss, enter -0				22	7,038.		
	23	Other taxes, including self-employment to	ax, from Schedul	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is your total tax	.				24	7,038.		
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2			25 a 1	2,122.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	12,122.		
If you have a	26	2022 estimated tax payments and amour	nt applied from 20	021 return			26			
qualifying child,	27	Earned income credit (EIC)			27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	812		28					
	29	American opportunity credit from Form 88	863, line 8		29					
	30	Reserved for future use			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27, 28, 29, and 31. These are ye	our total other p	ayments and refu	indable credits		32			
	33	Add lines 25d, 26, and 32. These are you	r total payments	.			33	12,122.		
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33	. This is the amour	nt you overpaid		34	5,084.		
riciana	35a	Amount of line 34 you want refunded to	you. If Form 888	8 is attached, ched	ck here	🗆	35a	5,084.		
Direct deposit?	b	Routing number 0 3 1 1 7 6		c Type: 🛛	Checking	Savings				
See instructions.	d	Account number 3 6 1 1 8 8	2 9 9 4	5						
	36	Amount of line 34 you want applied to yo	ur 2023 estimat	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to www.irs.	•				37			
	38	Estimated tax penalty (see instructions)			38					
Third Party Designee		you want to allow another person to distructions				Complete	below.	X No		
3	De	Designee's Phone		Per	sonal identi	fication				
	na	me	no.		nun	nber (PIN)				
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
TICIC	Yo	ur signature	Date	Your occupation				nt you an Identity		
					NCTNEED		inst.)	N, enter it here		
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	. Date	SOFTWARE E Spouse's occupati			nt vour spouse an			
Keep a copy for your records.	Эр	ouse's signature. If a joint return, both must sign	. Date	HOME MAKER				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	——Ph	one no. (417)761-9878	Email address	VENKAT.CHINNA		COM				
		eparer's name Preparer's sig	nature	,,	Date	PTIN		Check if:		
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	02/06/2023	P0208	2703	Self-employed		
Preparer								678)965-9522		
Use Only								m's EIN 88-2145487		
								4040		



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):										
Before you begin • Don't submit th	ı: is form if you have, or are eligi	ible to get, a	u.S. social sec	urity number (S	SN).		oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Read the									
	alien required to get an ITIN to cl				- (300 11		-,			
	alien filing a U.S. federal tax retu	-								
c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return										
d ☐ Dependent of U.S. citizen/resident alien ↑ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶										
e ☑ Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) DURGA VENKATA SUBHASH CHINNAM 489-79-3943										
f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception										
	spouse of a nonresident alien hold	_		3 -						
h Other (see in	estructions)	_								
	on for a and f : Enter treaty country			and treaty ar	ticle numl	ber ▶				
Name	1a First name				Last name					
(see instructions)	SHEELA PRASANTHI			THO	OTA					
Name at birth if different •	1b First name	Middle name Last r			name					
	2 Street address, apartment no	umber, or rura	al route number. It	you have a P.O.	box, see	separate ii	nstructions.			
Applicant's	29 SHALE RIDGE C				•	=				
Mailing	City or town, state or province	ce, and counti	ry. Include ZIP co	de or postal code	where ap	propriate.				
Address	CUMBERLAND		-	RI	USA		02864-3900			
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Disth	4 Date of hirth /month / day / your	Country of	hirth	City and state or	nrovinco	(ontional)	5 Male			
Birth Information							X Female			
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dates 1.0 foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type of U.S. visa (if any), number (if any) 6c Type									
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.									
	USCIS documentation Other Date of entry into									
						the United	•			
	Issued by: INDIA	(MM/DD/YYYY):								
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	No/Don't know. Skip line 6f.									
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ▶	ITIN		II		and				
	name under which it was iss	sued ►								
	First name Middle name Last name									
	6g Name of college/university or company (see instructions) ▶									
	City and state ► Length of stay ►									
Sign	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompany documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha									
Here	information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.									
Keep a copy for your records.	Signature of applicant (if de	Date (month / day	/ year)	Phone number						
-	Name of delegate, if applica	able (type or p	rint) Delegate's relation to applicant		nship [Court-appointed guardian			
_	Signature		/ year)	Phone						
Acceptance			· /	Fax						
Agent's	Name and title (type or print)		Name of o	Name of company		. 4/1	PTIN			
Use ONLY	(1) po 31 pini	,		rame of company			I IIIV			
	'					Office code				