E 1040 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	Marrie	ed filing separately (N	/IFS)	Head of	household (HOI	H)		ifying surv ise (QSS)	iving
Check only one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you c	hecke	ed the HOH or	QSS box, ente	r the cl		, ,	e qualifying
		on is a child but not your dependent									
Your first name	and mi	ddle initial	Last nar	me				Yo	Your social security number		
SANDEEP	REDI	YC	KUND.	ARAPU				72	720-30-8576		
If joint return, s	pouse's	first name and middle initial	Last nar	me				Sp	Spouse's social security number		
KAVYA			KANC	HARLA				AI	APPLIED FOR		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.								Presidential Election Campaign			
								Check here if you, or your			
									spouse if filing jointly, want \$3 to go to this fund. Checking a		
HERNDON					VA		20171		_	w will not	_
Foreign country	y name		Foreign province/state/county			/	Foreign postal co	de yo	ur tax	or refund.	
										You	Spouse
Digital		y time during 2022, did you: (a) rece								_	(B. 7)
Assets		ange, gift, or otherwise dispose of a					asset)? (See in	structio	ns.)	Yes	⊠ No
Standard		eone can claim:	•			a dependent					
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status	alien						
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ry 2, 19	958	ls bli	nd
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box if	qualifi	es for (see i	instructions):
If more	(1) Fi	rst name Last name	number			to you	Child to	x credit	: (Credit for oth	er dependents
than four											
dependents, see instruction	s ——										<u> </u>
and check											<u> </u>
here]]
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions) .					1a	10	1,885.
	b	Household employee wages not reported on Form(s) W-2									
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6							1g		
get a Form W-2, see	h	Other earned income (see instructions)							1h		0.
instructions.	i	Nontaxable combat pay election (see instructions)								4	
	Z	-							1z	10	1,885.
Attach Sch. B	2a		2a			xable interes			2b		
if required.	3a		3a			rdinary divide			3b	+	
	4a		4a				t		4b	+	
Standard Deduction for—	5a	-	5a				t		5b	+	
Single or	6a	,	6a b Taxable amount						6b	_	
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)								4	
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								+	
 Married filing jointly or 	8	Other income from Schedule 1, line 10								1.0	1 00E
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									1,885.
\$25,900		•	,						10	10	1 005
 Head of household, 	11 12	Subtract line 10 from line 9. This is your adjusted gross income									1,885.
\$19,400 If you checked	13								12	+	25,900.
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A							14	+ -	<u> </u>
Standard Deduction,	15								15		<u>25,900.</u> 25,985.
see instructions.	.5	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								/	5,300.

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	8,706.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	8,706.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,706.
	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	8,706.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	4,738.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,738.
If	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				fundable credits	·	32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	14,738.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	unt you overpai d	1	34	6,032.
Returna	35a	Amount of line 34 you want				*		35a	6,032.
Direct deposit?	b	Routing number 0 4 4				X Checking	Savings		
See instructions.	d	Account number 7 9 3							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions							
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS	S? See			
Designee ²	ins	tructions				Tes.	Complete	below.	X No
		signee's		Phone			rsonal ident	tification	
	nar			no.			mber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	protor Boolaration	Date	Your occupation				nt you an Identity
	10	ai signature	Date	Tour occupation				IN, enter it here	
Joint return?				SOFTWARE	(see	e inst.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation							nt your spouse an
Keep a copy for your records.					ntity Prote e inst.)	ection PIN, enter it here			
,		(220) 540 105	2	- "	HOME MAKE				
		one no. (330)548-107 eparer's name	8 Preparer's signat	Email address	SKUNDARA	B@GMAIL.COM Date	<u>I</u> PTIN		Check if:
Paid		•			CIIDMA MATTE			0700	l —
Preparer		AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/14/2023 P02082							Self-employed
Use Only									(678)965-9522
				NSWICK No			Firn	n's EIN	88-2145487
Go to www.irs.go	ov/Forn	11040 for instructions and the late	st information.		BAA	REV 01/09/23 PRO)		Form 1040 (2022)



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you beginDon't submit th		rm if you have, or are eligik	ble to get, a	U.S. social sec	urity nur	mber (SS	SN).		ply for a new ITIN new an existing ITIN		
		tting Form W-7. Read the al tax return with Form V									
a Nonresident	alien	required to get an ITIN to cla	aim tax treaty	benefit							
b Nonresident	alien	filing a U.S. federal tax return	n								
		n (based on days present in									
_		S. citizen/resident alien									
e ⊠ Spouse of U	J.S. ci			name and SSN/I ⁻ REDDY KUND <i>I</i>		3. citizen/i	esident a	alien (see in:	structions) ▶ 720-30-8576		
f Nonresident	alien	student, professor, or resear	cher filing a l	J.S. federal tax re	turn or cl	 laiming ar	excepti	on			
g Dependent/s	spous	se of a nonresident alien hold	ing a U.S. vis	a							
h Other (see in	nstruc	ctions) ►									
Additional information	_	a and f: Enter treaty country			and	treaty art					
Name	1a	First name		Middle name				name			
(see instructions)	KAVYA							KANCHARLA			
Name at birth if different •	16	First name		Middle name	dle name Last r			name			
Applicant's Mailing		2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 13667 LEGACY CIRCLE									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. HERNDON VA USA 20171										
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)		City or town, state or province		I code where appropriate.							
Birth Information	4 Date of birth (month / day / year) Country of 11/08/1995 INDIA							(optional)	5 ☐ Male ☑ 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 expirati						umber, and expiration date				
	6d Identification document(s) submitted (see instructions)										
	the United States Issued by: INDIA No.: P8040561 Exp. date: 02/21/2027 (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).										
	C¢		ne, list on a snee	and atta			e instruction				
	6f Enter ITIN and/or IRSN ► ITIN					In	SN		and		
	name under which it was issued ▶										
	6g Name of college/university or company (see instructions) ▶										
	City and state ▶ Length of stay ▶										
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanyi documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								e. I authorize the IRS to share		
Keep a copy for your records.	•	Signature of applicant (if dele	structions)	Date (mo	Date (month / day / year) Phone number			ber			
•		Name of delegate, if applicable (type or print)				Delegate's relationship to applicant			Parent Court-appointed guardian Power of attorney		
Acceptance	1	Signature		 			Phone				
Agent's	V			bl				Fax			
Use ONLY	Name and title (type or print)				Ompany EIN Office code			PTIN			