<b>1040</b>		artment of the Treasury-Internal Revenue Servi		ırn	202	2	OMB No. 1545	-0074	IRS Use (	Dnly—D	o not wi	ite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly U checked the MFS box, enter the national statement on is a child but not your dependent	ame of y	0	separately (N use. If you ch	,			hold (HOH box, ente	,	spou	ifying surv ise (QSS) name if th	0
Your first name	and mi	ddle initial	Idle initial Last name You								Your social security number		
SAMANTH KUMAR CHINTALA 7								771-53-4692					
If joint return, sp									Spouse's social security number				
SWETHA	SWETHA CHINTALA A								PPLJ	ED FOR	ર		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Pre										esider	ntial Election	on Campaign	
											ere if you,		
City town or post office. If you have a foreign address, also complete spaces below. State ZIP code sp											tly, want \$3 Checking a		
HOUSTON	HOUSTON			TX 7				770	77014 bo			w will not	0
Foreign country	name		Foreign province/state/county				Foreign postal code			your tax or refund.			
												You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a										Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	pendent		Your spouse	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	ind Spo	use	: 🗌 Was bor	n befo	ore Janua	ry 2, 1	958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) S	ocial security		(3) Relationsh	ip <b>(</b> 4	) Check th	e box i	i qualif	ies for (see	instructions):
If more		rst name Last name		number			to you		Child tax c		credit Credit for othe		ner dependents
than four												[	
dependents, see instructions												[	
and check												[	
here 🗌												]	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc <sup>-</sup>	tions)						1a	Ę	51,594.
	b	Household employee wages not re	eported of	on Form	(s) W-2	•					1b		
Attach Form(s) W-2 here, Also	с	Tip income not reported on line 1a (see instructions)							1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e			
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 W-2, see	h	Other earned income (see instructi	ions) .			•	1	· ·		•	1h	_	0.
instructions.	i	Nontaxable combat pay election (see instructions)									_	· · · ·	
	Z									1z	<u> </u>	51,594.	
Attach Sch. B	2a		2a				axable interest			•	2b		
if required.	<u>3a</u>		3a				rdinary divide				3b		
	4a		4a				axable amoun				4b		
Standard Deduction for –	5a		5a				axable amoun				5b		
Single or	6a	Social security benefits 6a b Taxable amount								6b			
Married filing separately,	c -	If you elect to use the lump-sum election method, check here (see instructions)								-			
\$12,950		7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
<ul> <li>Married filing jointly or</li> </ul>	8									8		1 604	
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									10		51,594.
\$25,900	11	Adjustments to income from Schedule 1, line 26       . <t< td=""><td>11</td><td></td><td>1 604</td></t<>									11		1 604
Head of household,	12	Standard deduction or itemized	•		-			• •		•	12		<u>51,594.</u> 25,900.
\$19,400 • If you checked	13	Qualified business income deduction						• •		•	13		<u>.,,,,,,</u>
any box under	14	Add lines 12 and 13						• •		•	14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								•	15		25,694.
see instructions.			2 01 1000	.,	y	L				•			, o, i.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form 1040 (2022	2)										Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	2	,670.
Credits	17	Amount from Schedule 2, lir	ne3						17		
	18	Add lines 16 and 17							18	2	,670.
	19	Child tax credit or credit for	other dependen	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	2	,670.
	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	2	,670.
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	б,4	180.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						. 2	25d	6	,480.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable cr	edits .		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments					33	6	,480.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>ove</b>	rpaid .		34	3	,810.
noruna	35a	Amount of line 34 you want			is attached, che	ck here .		3	5a	3	,810.
Direct deposit?	b										
See instructions.	d	Account number 3 2 5	0 6 9 5	1 8 0 2	2 7						
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36					
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							37		
	38	Estimated tax penalty (see in	nstructions) .			38					
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	rn with the IRS?					_	
Designee		structions				· · □'	es. Com	•		X No	
	De nai	signee's me		Phone no.			Persona number	l identifica (PIN)	tion [		
Ciana		der penalties of perjury, I declare t	hat I have examine			edules and s		. ,	L bost	of my know	
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If the IR	S sen	t you an Ide	entity
										N, enter it h	ere
Joint return?					SOFTWARE I		R	(see inst	· L		
See instructions. Keep a copy for	Sp							t your spous ction PIN, e			
your records.						(222					
	Ph	one no. (650)753-956	4	Email address	SAMANTHRA		L COM	1			
		eparer's name	Preparer's signat			Date		TIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/29/	2023 PC	020827	03	Self-er	mployed
Preparer		m's name GLOBAL TA				1				578)965	-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's E		,	45487
Go to www.irc.o	ov/Form	n1040 for instructions and the late			DAA						<b>040</b> (2022)

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

REV 01/24/23 PRO BAA

Form **1040** (2022)

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

## Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

(nev. August 2019)	N For yoo by indivit	du ala udaa aya y				mto	01010 110. 1345-0074			
Department of the Treas Internal Revenue Service		duais who are r ► See sepa			nt reside	ents.				
	taxpayer identification number				s only.	Applicatio	n type (check one box):			
Before you begin • Don't submit th	bly for a new ITIN new an existing ITIN									
Reason you're su	ubmitting Form W-7. Read the i	instructions for	r the box y	ou check. Caut	ion: If y	ou check bo	ox <b>b, c, d, e, f,</b> or <b>g, you</b>			
must file a U.S. fe	ederal tax return with Form W-	7 unless you i	meet one o	of the exception	ns (see	instructions)				
_	alien required to get an ITIN to clain	n tax treaty bene	fit							
_	alien filing a U.S. federal tax return									
	t alien (based on days present in th		, 0							
a 🛄 Dependent o	of U.S. citizen/resident alien If d,	enter relationsn	ip to 0.5. cit	izen/resident alle	n (see ins	structions)				
e 🛛 Spouse of U		or <b>e,</b> enter name MANTH KUMA		IN of U.S. citizen	/resident	alien (see ins	tructions) ► 771-53-4692			
f 🗌 Nonresident	alien student, professor, or research	ner filing a U.S. f	ederal tax re	turn or claiming a	an except	ion				
g 🗌 Dependent/s	spouse of a nonresident alien holding	g a U.S. visa								
h 🗌 Other (see ir	nstructions) ►									
	on for <b>a</b> and <b>f</b> : Enter treaty country			and treaty a						
Name	1a First name SWETHA	Midd	ddle name							
(see instructions)	1b First name	Midd				CHINTALA ast name				
Name at birth if different ►		Midd	lie Hame		Last	name				
	2 Street address, apartment num	ber, or rural rout	e number. <b>If</b>	you have a P.O.	box, see	e separate in	structions.			
Applicant's Mailing	13227 SILVERGLEN RUN TRL									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	HOUSTON TX USA 77014									
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)	City of town, state of province,	and country. Inc	iuue postai	code where appr	opriate.					
Birth	4 Date of birth (month / day / year)	Country of birth		City and state o	r provinc	e (optional)	5 Male			
Information	06/19/1986	INDIA		2	·		X Female			
Other Information	6a Country(ies) of citizenship 6 INDIA 6	<b>b</b> Foreign tax I.I	D. number (if	any) 6c Type	e of U.S. v	visa (if any), nu	mber, and expiration date			
mormation	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.									
	USCIS documentation	Other				Date of ent	ry into			
		States								
	Issued by: INDIA No.					(MM/DD/Y	(YY):			
	6e Have you previously received a No/Don't know. Skip line		rnal Revenue	e Service Number	r (IRSN)?					
	Yes. Complete line 6f. If m		t on a sheet	and attach to thi	s form (se	e instruction	5).			
	6f Enter ITIN and/or IRSN ► ITII				RSN		and			
	name under which it was issue									
	name under which it was issued First name Middle name Last name									
	6g Name of college/university or company (see instructions) ►									
	City and state >			Length o	of stay 🕨					
Sign Here	Under penalties of perjury, I (application documentation and statements, and to information with my acceptance agent in	o the best of my	knowledge a	nd belief, it is true	, correct,	and complete.	I authorize the IRS to share			
Keep a copy for your records.	Signature of applicant (if deleg	ions)	Date (month / day / year) Phone number							
	Name of delegate, if applicable	e (type or print)		Delegate's relation to applicant	nship	Parent [	Court-appointed guardian attorney			
Accentance	Signature			Date (month / day / year) Phone			· · · <b>/</b>			
Acceptance Agent's					Fax					
Use ONLY	Name and title (type or print)		Name of co	ompany	EIN		PTIN			
						fice code				

REV 01/24/23 PRO