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

2022	
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OMB No. 1545-0074

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

Filing Status Check only one box.	_	Single X Married filing jointly uchecked the MFS box, enter the r		ed filing separately your spouse. If you		_	·		sp	oous	fying survi se (QSS) name if the	•
		on is a child but not your depender										
Your first name	ne and middle initial Last name You						Your	soci	ial security	/ number		
APOORVA			KADA	APA					703	-8	4-8819)
If joint return, s	pouse's	first name and middle initial	Last na	ame					Spou	se's	social secu	urity number
SRINATH REDDY CHITUKULA A								APP	LI.	ED FOR		
Home address	(numbe	er and street). If you have a P.O. box, see	e instructi	ons.			Apt. no.		Presi	dent	ial Election	n Campaign
13290 NO	DEL E	ROAD							- 1		ere if you, o	•
											ly, want \$3	
DALLAS				TX 7					~	to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state	e/coun	ty	Foreign postal	oreign postal code yo		tax o	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									Yes	⊠ No
Standard		eone can claim: You as a de										
Deduction		Spouse itemizes on a separate retu	•	•	s alier	1						
Δαe/Rlindness	S You	Were born before January 2,	1958 F	Are blind Si	oouse	y• ☐ Was hou	n before Jan	ıarı	, 2 195	 8	☐ Is blir	nd
Dependent:				(2) Social securi		(3) Relationsh	(4) (1)					nstructions):
If more		irst name Last name		number	,	to you		tax	credit	dit Credit for other dependent		er dependents
than four								П		\top	Г	7
dependents,								$\overline{\sqcap}$		\top		
see instruction and check	s —							$\overline{\sqcap}$		\top		
here										\top		<u>-</u>
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	16	7,149.
moome	b	Household employee wages not r	reported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)										
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26										
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 instructions)								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
ilistructions.	z	Add lines 1a through 1h								1z	16	7,149.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		. :	2b		
if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		. :	3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t			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									_	3,000.
Married filing	8	Other income from Schedule 1, line 10								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	16	4,149.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1,	line 26						10		
Head of	11	Subtract line 10 from line 9. This i	is your a	djusted gross inco	ome					11	16	4,149.
household, \$19,400	12	Standard deduction or itemized	l deduct	ions (from Schedu	le A)					12		5,900.
If you checked	13	Qualified business income deduc	tion from	n Form 8995 or For	m 899	95-A			. [13		
any box under Standard	14	Add lines 12 and 13								14	2	5,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	13	8,249.
,	,											

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	21,649.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	21,649.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	21,649.
	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	21,649.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 25	085.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	25,085.
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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	25,085.
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,436.
nerana	35a	Amount of line 34 you want	refunded to yoι	ı. If Form 8888	is attached, che	ck here	. 🗆	35a	3,436.
Direct deposit?	b	Routing number 0 7 4	0 0 0 0	1 0	c Type:	Checking	Savings		
See instructions.	d	Account number 7 9 2							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe.					
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 retu	n with the IRS?	See			
Designee	ins	tructions				🗌 Yes. C	omplete b	elow.	X No
	De nai	signee's		Phone no.			onal identifi ber (PIN)	cation	
							,		
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	ar digricator		Bato	Tour occupation				IN, enter it here
Joint return?					SOFTWARE ENGINEER				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	ion			nt your spouse an	
your records.				HOME MAKE	(see in		ection PIN, enter it here		
		200 no	0	Email address	HOME MAKE		,	,	
		one no. (219)241-812 eparer's name	U Preparer's signat		APOORVAK22	05@GMAIL.CC	PTIN		Check if:
Paid			1 1 1 1 1 1 1		מווחת החודי			702	Self-employed
Preparer		YAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/21/2023 P02082							
Use Only									(678)965-9522
				MONTCK N			Firm's	; EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 1040 (2022)

SCHEDULE D (Form 1040)

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Internal Revenue Service Name(s) shown on return Your social security number 703-84-8819 APOORVA KADAPA & SRINATH REDDY CHITUKULA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 2,451. 3,361. -910. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -910. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 1,272. 5,850. -4,578.Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-4,578.

11

12

13

14

15

Schedule D (Form 1040) 2022 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -5,488. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

Social security number or taxpayer identification number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No. 1545-0074

APOORVA KADAPA & SRINA:	TH REDDY	CHTLOKOP	A	703-84	-8819		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form						
Part I Short-Term. Trans				eld 1 year or le	ss are ger	erally short-te	rm (see
instructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a	regate all s	hort-term tr ich no adjus	ansactions rep stments or coc	les are required	d. Enter the	e totals directly	/ on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com	page 1, for ea	ach applicabl	e box. If you ha	ve more short-te	rm transact		
(A) Short-term transactions(B) Short-term transactions(C) Short-term transactions	reported on	Form(s) 1099	9-B showing bas				9)
1 (a)	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	
Description of property (Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	
Robinhood Securities LLC	01/01/22	12/31/22	2,088.	2,922.			-834.
Robinhood Crypto LLC	01/01/22	12/31/22	363.	439.			-76.
2 Totals. Add the amounts in columns	s (d), (e), (g), and	d (h) (subtract					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2,451.

-910.

negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

3,361.

Form 8949 (2022) Attachment Sequence No. 12A Page

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side APOORVA KADAPA & SRINATH REDDY CHITUKULA

Social security number or taxpayer identification number

703-84-8819

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on I	Form(s) 1099	-B showing bas	•		•)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/21	12/31/22	800.	2,201.			-1,401.
Robinhood Crypto LLC	01/01/21	12/31/22	472.	3,649.			-3,177.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above	I here and inc	lude on your					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) .

-4,578.

1,272.

5,850.



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 begin • Don't submit th	ı: is form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (S	SSN).			a new ITIN n existing ITIN			
	ubmitting Form W-7. Read the ederal tax return with Form W							c, d, e, f, or g, you			
a Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit								
b Nonresident	alien filing a U.S. federal tax return	1									
	t alien (based on days present in		_								
d ☐ Dependent o	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	tizen/resident ali	en (see inst	ructions) ►					
e 🛭 Spouse of U		d or e, enter name		TN of U.S. citize	n/resident a	ılien (see ins					
	,	POORVA KADA					70	3-84-8819			
_	alien student, professor, or resear		ederal tax re	turn or claiming	an exception	on					
_	spouse of a nonresident alien holdi	ng a U.S. visa									
h U Other (see in											
	on for a and f : Enter treaty country		lle name	and treaty	Last n						
Name (see instructions)	SRINATH REDDY	Wilde	ilo riarrio			TUKULA					
Name at birth if	1b First name	Mido	lle name		Last n						
different	1.01.1.01.1.0	1									
Applicant's Mailing	2 Street address, apartment nur 13290 NOEL ROAD	mber, or rural rout	e number. If	you have a P.C). box, see	separate in	struct	ions.			
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. DALLAS TX USA 75240										
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, and country. Include postal code where appropriate.										
Birth Information	4 Date of birth (month / day / year) 05/22/1994	Country of birth INDIA		City and state	or province	(optional)	5 🔀	Male Female			
	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (it	fanv) 6c Tvr	ne of U.S. vis	sa (if anv), nu	∟ ımber.	and expiration date			
Other Information	INDIA										
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🔲 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
							he United States				
	Issued by: INDIA No.: W7050810 Exp. date: 10/24/2032 (MM/DD/YYYY):										
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	X 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 ► 11			IRSN	and						
	name under which it was issu	ueu ► First	name	Middle	name		La	st name			
	6g Name of college/university or company (see instructions) ▶										
	City and state ► Length of stay ▶										
Sidn	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying										
Sign Here	documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it is tru	ie, correct, a	and complete	. I auth	orize the IRS to share			
Keep a copy for your records.	Signature of applicant (if dele	Date (month / da	Phone num	Phone number							
,	Name of delegate, if applicate	Delegate's relati to applicant	Delegate's relationship o applicant			Parent Court-appointed guardiar Power of attorney					
A . -	Signature			Date (month / da	Phone		•				
Acceptance	,				Fax						
Agent's	Name and title (type or print)		Name of company EIN			PTIN					
Use ONLY					Office c	Office code					
					Office Code						