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.

•	\sqcup S	Single 🔀 Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household (HC	H)		lifying surv use (QSS)	viving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	our spouse. If you	check	ed the HOH or	OSS box. ent	er t		` ,	e gualifving	
2011.		on is a child but not your dependen		, са. орошос , са	000		Q00 207, 07.1				o quayg	
Your first name	Your first name and middle initial Last name Y					Your so	Your social security number					
STVAKRTS						032-	032-15-4870					
					+	Spouse's social security number						
					1 '	APPLIED FOR						
							_	Presidential Election Campaign				
1055 WOO		• •							1	Check here if you, or your		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code							spouse if filing jointly, want \$3					
						95051	to go to this fund. Checki box below will not change					
Foreign country name			ı	Foreign province/state/county			+ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			ow will not correfund.	oriarigo	
				You Spouse								
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward award o	r navr	ment for prope	rty or services). O	r (b) sell			
Assets		ange, gift, or otherwise dispose of								Yes	X No	
Standard		eone can claim: You as a de					, (,			
Deduction	_	Spouse itemizes on a separate retu	•	•		•						
		_										
	_	Were born before January 2,	1958 _	_ Are blind Sp	ouse		n before Janu			ls bli		
Dependents				(2) Social securi	ty	(3) Relationsh	"P		-		instructions):	
If more	(1) Fi	rst name Last name		number		to you	Child	tax (credit	Credit for oth	ner dependents	
than four dependents,										L		
see instruction	s —									L		
and check	, —									L		
here	J .							Ш				
Income	1a	Total amount from Form(s) W-2, k	•	,							16,203.	
Attach Form(s)	b	Household employee wages not r		, ,								
W-2 here. Also	С.	Tip income not reported on line 1										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							. 1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6 .							. 10			
get a Form W-2, see	h	Other earned income (see instruc	,			1	· · · ·		. 1h	1	0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1i</u>					16 202	
	<u>z</u>	Add lines 1a through 1h		<u>.</u>					. 1z		16,203.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes			. 2b			
ii required.	3a	Qualified dividends	3a			ordinary divide		٠				
	4a	IRA distributions	4a			axable amoun		٠	. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun						
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 Sche						٠	$\sqcup \begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Married filing jointly or	8	Other income from Schedule 1, line 10							. 8	+ ,	16 000	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-				٠	. 9		16,203.	
\$25,900	10	Adjustments to income from Schedule 1, line 26									16 000	
Head of household,	11	Subtract line 10 from line 9. This i	-	-					. 11		16,203.	
\$19,400	12	Standard deduction or itemized						٠	. 12		25,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A									NE 000	
Standard Deduction,	14	Add lines 12 and 13							. 14		<u>25,900.</u>	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									20,303.	

Form 1040 (2022	2)							Page 2	
Tax and	16	Tax (see instructions). Check if any from Form	m(s): 1 881	4 2 4972	3 🗌		16	2,033.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	2,033.	
	19	Child tax credit or credit for other depende	nts from Sched	ule 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 less	, enter -0				22	2,033.	
	23	Other taxes, including self-employment tax	, from Schedul	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	2,033.	
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	4,753.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	4,753.	
If you have a	26	2022 estimated tax payments and amount	applied from 20	021 return			26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28				
	29	American opportunity credit from Form 886	3, 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 you	ır total other p	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. These are your t	otal payments				33	4,753.	
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you overpaid		34	2,720.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						2,720.	
Direct deposit?	b	Routing number 0 7 1 9 2 2 4		c Type:		Savings			
See instructions.	d	Account number 8 2 0 0 7 4 4	7 0 4	8 1 4 7 8	6				
	36	Amount of line 34 you want applied to you	r 2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>	•				37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disstructions				Complete	below.	X No	
		signee's	Phone			sonal ident	ification		
		me	no.			nber (PIN)			
Sign		der penalties of perjury, I declare that I have examir lief, they are true, correct, and complete. Declaration							
Here		ur signature	Date	Your occupation				nt you an Identity	
	10	Tour digitation		Tour occupation				IN, enter it here	
Joint return?				SOFTWARE E	FTWARE ENGINNER		inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Spouse's occupati				nt your spouse an	
your records.				HOME MAKER			Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no. (669)292-9669	Email address	SIVAKRISHNADAM		I `			
		eparer's name Preparer's signal		DT A WILLT DUINW DAIL	Date	PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		GIIPTA TAI,I.AM	01/24/2023	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TAXES LLC	1011 DAGAN	COLIII IADDAN	01/21/2023			678)965-9522	
Use Only		m's address 245 ROONEY CT E BR	UNSWICK N	T 08816			n's EIN	88-2145487	
		Cada.oo	5_1D // _ CIC IV	2 00010				4040	



Application for IRS Individual Taxpaver Identification Number

▶ For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

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

OMB No. 1545-0074

Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SIVAKRISHNA DAMACHARLA 032-15-4870 f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Last name Middle name Name SWATHI MANUKONDA (see instructions) 1b First name Middle name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1055 WOOD DUCK AVE Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 95051 Santa Clara USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 04/30/1992 Information ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: W0501165 Exp. date: 05/26/2032 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 ▶ **IRSN** and 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 of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code