E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

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OMB No. 1545-0074

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

Filing Statu	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household	(HOH	H) [_	ifying surv ıse (QSS)	iving
one box.	-	u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box	, ente	r the	child's	name if th	e qualifying
Your first name	and mi	ddle initial	Last nar	me					١	our so	cial security	y number
VENKATA	ISH	AVALLI						856-68-4939				
If joint return, s	first name and middle initial	me					5	Spouse's social security number				
KAVYA M	RUDUI	LA	ADHI	KARI					1	APPLI	ED FOR	₹
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. r	10.	F	Presider	ntial Election	n Campaign
11101 W	EST A	AIRPORT BLVD					232	9			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code					tly, want \$3 Checking a
STAFFOR	D		TX			77477				ow will not		
Foreign countr	y name		F	Foreign province/state/county			Foreign po	Foreign postal code yo			or refund.	Ü
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				,	,	•	,	Yes	⊠ No
Standard		eone can claim: You as a de				a dependent	, (-			/		
Deduction Deduction	_	Spouse itemizes on a separate return	•			•						
Age/Blindnes			958	Are blind Sp	oouse	: Was bor	n before				☐ Is bli	
Dependents (see instructions):				(2) Social securi	ity	(3) Relationsh				1		
If more	(1) Fi	(1) First name Last name		number		to you	C	Child tax cre		dit	Credit for oth	ner dependents
than four dependents,									<u></u>			
see instruction	s ——										L	
and check _	, —								<u></u>			
here <u> </u>											L	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	8	37 , 083.
	b	, , , , , , , , , , , , , , , , , , , ,										
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)								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										
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)										
	Z	Add lines 1a through 1h								1z	8	87 , 083.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b		
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for— Single or	6a	,	6a			axable amoun	t		· <u>·</u>	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 Sche	dule D if	required. If not red	quired	, check here			. Ш	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									8	87 , 083.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26										
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income										87 , 083.
household, \$19,400	12	Standard deduction or itemized	deducti	i ons (from Schedul	le A)					12	2	25 , 900.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										
any box under Standard	14	Add lines 12 and 13								14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	6	51 , 183.	
	,											

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	6,930.
Credits	17	Amount from Schedule 2, lin	17						
	18	Add lines 16 and 17						18	6,930.
	19	Child tax credit or credit for	other dependen	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	6,930.
	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	6,930.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	12,085		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,085.
If you have a	26	2022 estimated tax paymen	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			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and re	fundable credi	ts	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,085.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you overpa	id	34	5,155.
	35a	Amount of line 34 you want			is attached, ch	eck here	🗆	35a	5,155.
Direct deposit? See instructions.	b	Routing number 0 6 4				▼ Checking	Savings		
	d	Account number 4 4 4	0 0 4 9	9 9 0 1	1 6				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g				·		37	
	38	Estimated tax penalty (see in	•	-		1 1			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS	? See _	. Complete	helow	X No
Designee		Designee's Phone Personal identifit							
		me		no.			umber (PIN)		
Sign Here		der penalties of perjury, I declare tilef, they are true, correct, and com							
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here	
Joint return? See instructions.		SOFTWARE				ENGINEER	(se	e inst.)	
	Sp	Spouse's signature. If a joint return, both must sign. Date Spouse							nt your spouse an
Keep a copy for your records.		HOME MAKER (see							ection PIN, enter it here
			1	Consil address	l .		,		
		one no. (931) 252-752 eparer's name	Preparer's signat	Email address	GIRISHSATA	VALLI@GMAIL Date	PTIN		Check if:
Paid		'	l		ייד די היי היי היי היי			2772	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/02/2023 P02082							
Use Only									(678) 965-9522
				MOMICK N				n's EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PF	RO		Form 1040 (2022)



Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

	l taxpayer identification num	ber (ITIN) is fo	r U.S. feder	al tax purpose	s only.		tion type (check one box):				
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). ☐ Renew an existing IT											
	ubmitting Form W-7. Read the										
_	alien required to get an ITIN to cla	-		•	,		•				
	alien filing a U.S. federal tax retur	-									
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return											
	of U.S. citizen/resident alien) If		_			tructions)					
	l										
_	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) VENKATA GIRISH SATAVALLI 856-68-4939										
	t alien student, professor, or resear	_	federal tax re	turn or claiming a	an except	ion					
	spouse of a nonresident alien hold	ling a U.S. visa									
h Other (see in											
	on for a and f : Enter treaty country		ddle name	and treaty a	-						
Name	1a First name KAVYA MRUDULA	Mic	idie name			name utkapt					
(see instructions)	1b First name	N A: -1	ddle name			HIKARI name					
Name at birth if different •	וווסנוומווופ ווי עו	IVIIC	iui c Hallie		Last	name					
	2 Street address apartment no	mber or rural rou	Ite number 14	VOII have a P.O.	box soc	senarato i	nstructions				
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 11101 WEST AIRPORT BLVD APT 2329										
Mailing	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
Address	STAFFORD	.,a country. II	LII 000	de or postar code TX		77477					
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 provinc	e, and country. In	nclude postal	code where appr	opriate.						
Birth	4 Date of birth (month / day / year)	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 Male									
Information	11/19/1995	INDIA			/	Female					
Other	6a Country(ies) of citizenship INDIA	6b Foreign tax I	l.D. number (it	fany) 6c Typ	e of U.S. v	isa (if any), r	number, and expiration date				
Information	6d Identification document(s) submitted (see instructions)										
	USCIS documentation Other										
	the Uni						of entry into hited States				
	Issued by: INDIA No.: N0580551 Exp. date: 07/02/2025 (MM/DD/YYYY):										
ļ	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 and 										
	6f Enter ITIN and/or IRSN ► I		and								
	name under which it was issued ▶ First name										
ŀ	6g Name of college/university or company (see instructions) ▶										
	City and state ► Length of stay ▶										
Side	Under penalties of perjury, I (appli	cant/delegato/acco	ntance acost\			d this appli	cation, including accompanying				
Sign Here	documentation and statements, and information with my acceptance agen	to the best of my	y knowledge a	and belief, it is true	e, correct,	and complet	e. I authorize the IRS to share				
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number										
, our 1000103.	Name of delegate, if applica	Delegate's relation to applicant	nship		Parent Court-appointed guardian Power of attorney						
_	Signature		, , , , , , , , , , , , , , , , , , ,		Phone	-					
Acceptance		Date (month / day / year)		Fax							
Agent's	Name and title (type or print)	Name of co	ı ompany	EIN	· un	PTIN				
Use ONLY	(), 1 1	. ,	Office of								