E 1040 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.

	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separatel	y (MFS)	☐ Head of	house	ehold (HOF	l) 🗌		lifying surv use (QSS)	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	our spouse. If vo	u check	ed the HOH o	r QSS	box, ente	r the c		,	e aualifvina
		on is a child but not your dependen		, ,				,				
Your first name and middle initial Last name Yo						our so	cial security	y number				
GURU KUMAR M				NENI					1	112-04-6140		
If joint return, spouse's first name and middle initial Last name					Sp	Spouse's social security number						
SAI PRASANNA ABBURU AP					APPLIED FOR							
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.						Pr	esider	ntial Electic	n Campaign			
681 COWE	BOYS	PKWY		2				2143			k here if you, or your	
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te						tly, want \$3 Checking a
IRVING				TX 75			750	063			ow will not	
Foreign country	y name		F	oreign province/st	ate/count	ty	Forei	oreign postal code your tax		k or refund.		
											You	Spouse
Digital	At ar	y time during 2022, did you: (a) red	eive (as	a reward, award,	or payr	nent for prope	erty or	services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financ	ial intere	est in a digital	asset)? (See ins	struction	ons.)	Yes	⊠ No
Standard	Som	eone can claim: 🗌 You as a de	ependent	t Your spo	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	us alien							
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn bef	ore Janua	ry 2, 1	958	☐ Is bli	nd
Dependents	-		_	(2) Social sec	ıritv	(3) Relationsh					ies for (see	instructions):
If more	•	rst name Last name	number to you Child tax credi		redit Credit for other deper		ner dependents					
than four												
dependents,												
see instructions and check	s ——											
here]											
Income	1a	Total amount from Form(s) W-2, k	ox 1 (se	e instructions)						1a	22	25,374.
	b	Household employee wages not r	eported	on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions) .						1c		
attach Forms	d	Medicaid waiver payments not re	ported or	n Form(s) W-2 (se						1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26						1e		
was withheld.	f	Employer-provided adoption bene	efits from	n 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 instruc-	· 1						1h		0.	
instructions.	i	Nontaxable combat pay election	see instr	ructions)		<u>1</u> i	i			_		
		Add lines 1a through 1h								1z		25,374.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b		
if required.	3a	Qualified dividends	3a			ordinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun axable amoun				5b		
Single or	6a c	Social security benefits	6a	mathad abaal b			π			6b		
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7			
\$12,950 Married filing	8	Other income from Schedule 1, lin			•				. Ш	8		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	22	25 , 374.
Qualifying surviving spouse,	10	Adjustments to income from Sche								10		.5,574.
\$25,900	11	Subtract line 10 from line 9. This i								11	_	25,374.
Head of household,	12	Standard deduction or itemized	•	-						12		25,900.
\$19,400 If you checked	13	Qualified business income deduction				5-A				13		, , ,
any box under Standard	14	Add lines 12 and 13								14	_	25,900.
Deduction,	15	Subtract line 14 from line 11. If ze								15		9,474.
see instructions.	-			,	,			- '	•	.,		-, -, -,

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	35,545.
Credits	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17						. 18	35,545.
	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	35,545.
	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	35,545.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	48,851	1.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c	124	4.	
	d	Add lines 25a through 25c						. 25d	48,975.
.,	26	2022 estimated tax payment							
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				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31	766	5.	
	32	Add lines 27, 28, 29, and 31							766.
	33	Add lines 25d, 26, and 32. T	,	•	•				49,741.
D. (l	34	If line 33 is more than line 24							14,196.
Refund	35a	Amount of line 34 you want				•	_		14,196.
Direct deposit?	b	Routing number 1 2 1					Savino		, ·
See instructions.	d	Account number 3 2 5							
	36	Amount of line 34 you want				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	. This is the amo	ount you owe.				. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS	? See	. Comple	te below.	X No
Ü	De	signee's		Phone			ersonal ide		
	naı	ne		no.		r	umber (PIN	۷)	
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
TICIC	Yo	ur signature	Date	Pro			rotection F	ent you an Identity PIN, enter it here	
Joint return?				SOFTWARE ENGINEER (see inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.							ent your spouse an
your records.								see inst.)	tection PIN, enter it here
	— Dh	ono no (510) 271 240	0	Email address				,	
		one no. (510) 371-348 eparer's name	Preparer's signat	l	MALINENIG	Date	PTIN		Check if:
Paid		•			רווחתת תחודי			102702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		NAM SAGAK	GUPIA TALLAI	M UZ/ZZ/ZU2		082703	
Use Only		m's name GLOBAL TAX		NICIATOIZ NI	T 00016				(678) 965-9522
			Y CT E BRU	MOMICK N				irm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PF	RO		Form 1040 (2022)

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
GURU KUMAR MALINENI & SAI PRASANNA ABBURU

Your social security number 112-04-6140

Pai	Nonretundable Credits				
1	Foreign tax credit. Attach Form 1116 if required		. 1		
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11. Atta 	ach . 2		
3	Education credits from Form 8863, line 19		. 3		
4	Retirement savings contributions credit. Attach Form 8880		. 4		
5	Residential energy credits. Attach Form 5695		. 5		
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
- 1	Amount on Form 8978, line 14. See instructions	61			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		. 7		
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 1040-N			
	line 20		. 8		
			(conti	nued on	page .

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	766.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	-	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	766.

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

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

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment Sequence No. 71

Name(s) shown on return

GURU KUMAR MALINENI & SAI PRASANNA ABBURU

Your social security number

112-04-6140

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	0.
Part	Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part I	V Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR		
	or 1040-SS filers, see instructions), and go to Part V	18	0.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	124.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or	0.4	400
	1040-SS filers, see instructions)	24	124.

BAA



Application for IRS Individual Taxpayer 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

An IRS individual	taxpayer identification n	An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):							
Before you begin • Don't submit th	: is form if you have, or are e	ligible to get, a	U.S. social sec	urity number (SS	N).		oply for a new ITIN enew an existing ITIN		
	ubmitting Form W-7. Readederal tax return with Fore								
	alien required to get an ITIN to		_	•	`		•		
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									
d ☐ Dependent of U.S. citizen/resident alien ☐ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶									
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(,			
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) ► GURU KUMAR MALINENI 112-04-6140									
f Nonresident	f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception								
g Dependent/s	spouse of a nonresident alien h	nolding a U.S. vis	sa						
h Other (see in	nstructions) ►								
Additional information	on for a and f : Enter treaty cou			and treaty art	icle numb	er 🟲			
Name	1a First name		Middle name		Last na	ame			
(see instructions)	SAI PRASANNA				ABBI	URU			
Name at birth if different ▶	1b First name		Middle name		Last na	ame			
Applicant's	2 Street address, apartmen			you have a P.O.	oox, see s	separate ii	nstructions.		
Mailing	681 COWBOYS PK	WY Apt 214	3						
Address	City or town, state or prov	vince, and count	ry. Include ZIP co	de or postal code v	where app	ropriate.			
71441000	IRVING			TX	USA		75063		
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 prov	vince, and count	ry. Include postal	code where appro	oriate.				
Birth	4 Date of birth (month / day / y	rear) Country of	birth	City and state or	province ((optional)	5 Male		
Information	04/25/1997	INDIA							
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign	tax I.D. number (it	any) 6c Type	of U.S. vis	a (if any), n	umber, and expiration date		
illiorillation	6d Identification document(s) submitted (see instructions)								
	LISCIS documentation Other								
						Date of entry into the United States			
	Issued by: INDIA No.: W0105877 Exp. date: 04/24/2032 (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 ► ITIN IRSN						and		
	name under which it was issued ▶						4.14		
	First name Middle name Last name								
	6g Name of college/university or company (see instructions) ▶								
	City and state ▶ Length of stay ▶								
Sign Here	Under penalties of perjury, I (a documentation and statements, information with my acceptance a	and to the best of	of my knowledge a	nd belief, it is true,	correct, a	nd complete	e. I authorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)			Date (month / day /	year) F	Phone number			
,	Name of delegate, if app	rint) Delegate's relations to applicant		ship		Court-appointed guardian			
Accentance	Signature			Date (month / day /	year)	Phone			
Acceptance Agent's	7								
Use ONLY	Name and title (type or p	orint)	Name of co	Name of company		PTIN			
	V Of			Office co	code				