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.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (H	OH)		lifying use (C		ing
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	QSS box, er	nter th		,	,	qualifying
	pers	on is a child but not your dependen	t:									
Your first name and middle initial Last name Yo							Your so	cial se	ecurity	number		
DORA DEEPAK CHEPURI 04							048-2	23-6	5587			
If joint return, spouse's first name and middle initial Last name Spo							Spouse's social security number			rity number		
BHANU SI	RI		BALA	.BHADRA					APPLI	IED	FOR	
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.		Preside	ntial E	lection	Campaign
1 LANCE:	LOT (CT					2		Check h			
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP code					, want \$3
SALEM NH 03079						03079		to go to this fund. Checking a box below will not change				
Foreign countr	y name		F	oreign province/st	ate/count	ту	Foreign postal	code	your tax	or re	fund.	
										`	f ou	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	eive (as	a reward, award	, or payr	nent for prope	rty or service	es); or	(b) sell,			
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financ	cial intere	est in a digital	asset)? (See	instru	ictions.)	`	Yes	X No
Standard	Som	eone can claim: You as a de	ependent	t 🗌 Your sp	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus alien							
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Jan	uary 2	2, 1958		Is bline	d
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Check	the b	ox if qualif	fies fo	r (see in:	structions):
If more		rst name Last name		number	,	to you	Child	Child tax cre		Credit	for other	r dependents
than four												
dependents, see instruction												
and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2, k	ox 1 (se	e instructions)					. 1a		87	7,487.
	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 (s	ee instru	ctions)			. 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	h	Other earned income (see instruc-	tions) .						. 1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h							. 1z		87	7 , 487.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interes	t		. 2b			
if required.	3a_	Qualified dividends	3a		b 0	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	Social security benefits	6a			axable amoun	t	٠ _	. 6b	_		
Married filing separately,	С	If you elect to use the lump-sum		*	`	,		. L				
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not i	required	, check here		. L	」			0.
Married filing jointly or	8	Other income from Schedule 1, lin							. 8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			l income	e			. 9	-	87	,487.
surviving spouse, \$25,900	10	Adjustments to income from Sche	•						. 10			
Head of	11	Subtract line 10 from line 9. This i	•	-					. 11			,487.
household, \$19,400	12	Standard deduction or itemized		•	,				. 12		25	5 , 900.
If you checked any box under	13	Qualified business income deduc-							. 13	_		
Standard	14	Add lines 12 and 13							. 14	\neg		,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This	is your t	axable incom	ne		. 15		61	<u>,587.</u>

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	6,978.
Credits	17	Amount from Schedule 2, line 3 .					17	
	18	Add lines 16 and 17					18	6 , 978.
	19	Child tax credit or credit for other depe	endents from Sched	lule 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	6,978.
	23	Other taxes, including self-employmen					23	0.
	24	Add lines 22 and 23. This is your total	tax				24	6,978.
Payments	25	Federal income tax withheld from:						
· aymonic	а	Form(s) W-2			25a 13	788.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	13,788.
16	26	2022 estimated tax payments and amo	ount applied from 20	021 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule			28			
	29	American opportunity credit from Form			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	32					
	33	Add lines 25d, 26, and 32. These are y	our total payments				33	13,788.
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33.	. This is the amour	nt you overpaid		34	6,810.
nerana	35a	Amount of line 34 you want refunded		3 is attached, chec	k here	. 🗆	35a	6,810.
Direct deposit?	b	Routing number 2 1 1 3 9 1	L 8 2 5	c Type:	Checking	Savings		
See instructions.	d	Account number 4 6 5 8 0 5						
	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. This is th For details on how to pay, go to www.i	37					
	38	Estimated tax penalty (see instructions	s)		38			
Third Party Designee		you want to allow another person to				omplete b	elow.	X No
•		Designee's Phone Personal ide					ication	
	nai		no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare that I have e lef, they are true, correct, and complete. Decla		r than taxpayer) is ba		on of which	prepare	er has any knowledge.
11010	Yo	ur signature	Date	Your occupation		Prote	ction Pl	nt you an Identity N, enter it here
Joint return?				MECHANICAL		(see		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must s	ign. Date	Date Spouse's occupation HOME MAKER				nt your spouse an ection PIN, enter it here
	——Ph	one no. (814) 790-6540	Email address	DORADEEPAKCHE		L OM		
		parer's name Preparer's		POIGIDEEI AIGHE	Date	PTIN		Check if:
Paid			3	GIIPTA TAT.T.AM	03/08/2023	P02082	,703	Self-employed
Preparer								678) 965-9522
Use Only		n's address 245 ROONEY CT E		T 08816			s EIN	84-3171965
		TO ACCOUNT OF E	DIVOIND MITCH IN	0 00010			J LIIN	4040

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.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

DORA DEEPAK CHEPURI & BHANU SRI BALABHADRA

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.

Pa	Short-Term Capital Gains and Losses—Ge	enerally Assets	Held One Year	or Less (se	e ins	tructions)		
lines This	tee instructions for how to figure the amounts to enter on the nes below. (d) Proceeds (sales price) (e) Cost (or other basis) (g) Adjustment to gain or loss Form(s) 8949, F line 2, column							
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	Totals for all transactions reported on Form(s) 8949 with $\textbf{Box}\ \textbf{B}$ checked							
3	Totals for all transactions reported on Form(s) 8949 with Box C checked							
4	Short-term gain from Form 6252 and short-term gain or	loss) from Forms 4	684, 6781, and 88	324	4			
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1 $\dots \dots \dots \dots \dots \dots \dots$				5			
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions							
7								
Pa	<u></u>	-			7 (see i	nstructions)		
lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustmen	from	(h) Gain or (loss) Subtract column (e) from column (d) and		
who	e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum		combine the result with column (g)		
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 Box D checked	46.	46.			0.		
9	Totals for all transactions reported on Form(s) 8949 with Box E checked							
10	Totals for all transactions reported on Form(s) 8949 with Box F checked							
11	Gain from Form 4797, Part I; long-term gain from Form from Forms 4684, 6781, and 8824				11			
12 13	Net long-term gain or (loss) from partnerships, S corpora Capital gain distributions. See the instructions				12 13			
14	Long-term capital loss carryover. Enter the amount, if ar Worksheet in the instructions	y, from line 13 of y	our Capital Loss	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in co	olumn (h). Then, go	o to Part III	15	0		

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

Part III Summary 16 Combine lines 7 and 15 and enter the result 16 0. • 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 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 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 0.) • (\$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.

Attachment Sequence No. 12A Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side DORA DEEPAK CHEPURI & BHANU SRI BALABHADRA

Social security number or taxpayer identification number 048-23-6587

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.

X (D) Long-term transactions☐ (E) Long-term transactions	reported on	Form(s) 1099	-B showing bas	•)
(F) Long-term transactions	not reported	to you on Fo	rm 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Ćo.)	(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	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	46.	46.			0.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked).	al here and inc is checked), lir	lude on your ne 9 (if Box E	46.	46.			0.

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) .

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DORA DEEPAK CHEPURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 048-23-6587

Betoi	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Ins	urance Contracts, i	t requir	ed.
Part	HSA Contributions and Deduction. See the instructions before com and both you and your spouse each have separate HSAs, complete a			
1	Check the box to indicate your coverage under a high-deductible health plan (Ree instructions		Self	only \square Family
2	HSA contributions you made for 2022 (or those made on your behalf), including unextended due date of your tax return that were for 2022. Do not include emprontributions through a cafeteria plan, or rollovers. See instructions	oloyer contributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every mon were, or were considered, an eligible individual with the same coverage, enter family coverage). All others , see the instructions for the amount to enter	3	3 , 650.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 20 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any tin include any amount contributed to your spouse's Archer MSAs	ne during 2022, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,650.
6	Enter the amount from line 5. But if you and your spouse each have separate H			
	coverage under an HDHP at any time during 2022, see the instructions for the amount		6	3,650.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse I			
-	under an HDHP at any time during 2022, enter your additional contribution amount	7	0.	
8	Add lines 6 and 7		8	3,650.
9		9 554.		·
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	554.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	3,096.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form Caution: If line 2 is more than line 13, you may have to pay an additional tax. See it		13	0.
Part	HSA Distributions. If you are filing jointly and both you and your sport a separate Part II for each spouse.	use each have sepa	arate H	SAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also contributions (and the earnings on those excess contributions) included on withdrawn by the due date of your return. See instructions	line 14a that were	14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 amount in the total on Schedule 1 (Form 1040), Part I, line 8f	O Also, include this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions include are subject to the additional 20% tax. Also, include this amount in the total or 1040), Part II, line 17c	Schedule 2 (Form	17b	
Part		ge. See the instruct		
18	Last-month rule		18	
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1046)	0), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total of 1040). Part II, line 17d	n Schedule 2 (Form	21	

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	l taxpayer identification n	umber (ITIN) is	s for U.S. feder	al tax purposes	only.		ion type (check one box):			
Before you begin • Don't submit th	ı: is form if you have, or are e	ligible to get, a	U.S. social sec	urity number (SS	SN).	:	oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Readederal tax return with Form									
a Nonresident	alien required to get an ITIN to	claim tax treaty	benefit	-	•		•			
	alien filing a U.S. federal tax re									
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		_			ructions) ►				
·			·		•	,				
e 🛛 Spouse of U	J.S. citizen/resident alien		name and SSN/I7 PAK CHEPURI	ΠN of U.S. citizen/			040 00 6505			
f Nonresident	alien student, professor, or res	searcher filing a	U.S. federal tax re							
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 cour			and treaty ar	icle numb	oer ►				
Name	1a First name		Middle name		Last n	ame				
(see instructions)	BHANU SRI				BAL	ABHADRA	<u> </u>			
Name at birth if different ▶	1b First name		Middle name		Last n					
Applicant's	2 Street address, apartmen	•	ıl route number. I 1	you have a P.O.	box, see	separate i	nstructions.			
Mailing	1 LANCELOT CT	Apt 2								
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	SALEM			NH	USA		03079			
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	4 Date of birth (month / day / y	rear) Country of	birth	City and state or	province	(optional)	5 Male			
Information	06/15/1998	INDIA				▼ Female				
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign	tax I.D. number (it	fany) 6c Type	of U.S. vis	sa (if any), n	umber, and expiration date			
mormadon	6d Identification document(s) submitted (see instructions)									
	☐ USCIS documentation ☐ Other Date of entry into									
							l States			
	Issued by: INDIA No.: W2251948 Exp. date: 07/07/2032 (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 ▶									
	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 my knowledge a	nd belief, it is true,	correct, a	nd complete	e. I authorize the IRS to share			
Keep a copy for	Signature of applicant (if	Date (month / day	/ year)	Phone num	nber					
your records.	Name of delegate, if app	print)	Delegate's relation to applicant	ship	Parent Court-appointed guardiar					
	N Signature				/ voor\		f attorney			
Acceptance	Signature			Date (month / day / year)		Phone				
Agent's	Name and title (type or p	vrint)	Name of a	ompany		Fax	DTIN			
Use ONLY	ivame and title (type or p	title (type or print) Name of company			EIN PTIN					
	Office cod				ode					