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.

	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	house	hold (HOF	l)		ifying surv ıse (QSS)	iving
Check only one box.	If yo	u checked the MFS box, enter the n	name of v	our spouse. If yo	u check	ed the HOH o	r QSS	box, ente	r the c		, ,	e qualifying
		on is a child but not your dependen		, , , .				,				
Your first name and middle initial				me					Yo	Your social security number		
SRAVANI				I					6	631-59-5866		
				me					Sp	ouse's	s social sec	urity number
RAKESH			CHIN	TALAPALLY					l A	PPL]	ED FOR	3
							Presidential Election Campaign					
8423 ASHLEY HILL CT						H		Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code						ode				tly, want \$3 Checking a		
CHARLOTTE				NC			282	262			ow will not	
Foreign country	/ name		Foreign province/state/county			Foreig	Foreign postal code you		our tax or refund.			
										☐ You ☐ S		
Digital	At an	y time during 2022, did you: (a) rec	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		eone can claim:	•			a dependent						
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	tus alien							
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn befo	ore Janua	ry 2, 1	958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4	1) Check th	e box i	qualif	ies for (see	instructions):
If more		First name Last name		number		to you		Child tax cre		dit Credit for other of		er dependents
than four												
dependents, see instructions												
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	•	,						1a	10	7,145.
	b	Household employee wages not r								1b		
Attach Form(s) W-2 here. Also	'' <b>C</b> IID IIICOITIE HOLTEDOILEG OIT IIITE TA 13EE HISLIGCIIOTIST						1c					
attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions				ctions)				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 bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruct	· 1						1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)								1.0		
	<u>z</u>	Add lines 1a through 1h								1z		7,145.
Attach Sch. B if required.	2a	'	2a			axable interes				2b		300.
	3a		3a			rdinary divide				3b		
24	4a 5a	IRA distributions Pensions and annuities	4a 5a			axable amoun axable amoun				4b 5b		
Standard Deduction for—	6a	_	6a							6b		
Single or Married filing	C	· -								OD		
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, lir		•	•				· Ш	8		0.
jointly or	9	-	nedule 1, line 10     .    .    .							9	1.0	7,445.
Qualifying surviving spouse,	10	Adjustments to income from Sche								10		, <b>,</b> 110.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11		7,445.
household,	12	Standard deduction or itemized	•	-						12		25,900.
\$19,400 If you checked	13	Qualified business income deduct				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 zero or less, enter -0 This is your <b>taxable income</b>						15		31,545.		
see instructions.					-							

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	9,372.
Credits	17								· · · · · · · · · · · · · · · · · · ·
	18	Add lines 16 and 17					[	18	9,372.
	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	9,372.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21		[	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				🗆	24	9,372.
Payments	25	Federal income tax withheld							<u> </u>
	а	Form(s) W-2				<b>25a</b> 13,	,881.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	13,881.
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	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, 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 refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	13,881.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	4,509.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆 🕃	35a	4,509.
Direct deposit? See instructions.	b	Routing number 0 6 5			c Type: 🛛	Checking S	Savings		
	d	Account number 9 8 6	1 2 8 0	0 4					
	36	Amount of line 34 you want a	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	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		n with the IRS?		mplete bel	ow.	X No
· ·		signee's		Phone			nal identifica	tion <sub>I</sub>	
		ne		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
TICIC	Yo	ur signature	Date Your occupation					nt you an Identity	
			   SOFTWARE ENGINEER			(see ins		N, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	Date Spouse's occupation			If the IR	S sen	it your spouse an	
Keep a copy for	Op	Ider					Identity	Prote	ection PIN, enter it here
your records.		HOME MAKER (see						t.)	
		one no. (816) 282-407		Email address	SRAVANI.JAII	198@GMAIL.CO			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/09/2023	P020827	03	Self-employed
Use Only	Fin	m's name GLOBAL TA					Phone r	no. (	678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)



## **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 number (ITIN) is for U.S. federal tax purposes only.  Application 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 ITIN									
	ubmitting Form W-7. Read									
_	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										
	of U.S. citizen/resident alien					ructions) 🕨				
e 🛛 Spouse of U	J.S. citizen/resident alien	If <b>d</b> or <b>e</b> , enter	T7 TD T	ΓIN of U.S. citizen/		,				
f Nonresident	alien student, professor, or re	searcher filing a								
g Dependent/s	spouse of a nonresident alien h	nolding a U.S. vi	sa							
h Other (see in	·									
Additional information for <b>a</b> and <b>f</b> : Enter treaty country ▶ and treaty article number ▶										
Name	1a First name		Middle name		Last n					
(see instructions)	RAKESH	NAC-1-II			NTALAPA					
Name at birth if different ▶	1b First name		Middle name Last r							
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.									
Mailing	8423 ASHLEY HILL CT Apt H									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	CHARLOTTE NC USA 28262									
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	·	birth City and state or province			(optional)	5 🔀 Male			
Information	11/23/1996	INDIA					☐ Female			
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date									
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.									
	USCIS documentation OtherDate of entry into									
							the United States			
	Issued by: INDIA No.: W8726826 Exp. date: 12/14/2032 (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		IF	SN		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	and complete	e. I authorize the IRS to share			
Keep a copy for	Signature of applicant (if delegate, see instructions)  Date (month / day / year)  Phone number									
your records.	Name of delegate, if app	olicable (type or p	orint)	Delegate's relations to applicant		Parent Court-appointed g				
	Signature		Date (month / day		/ year)	Phone				
Acceptance				, , ⊢	Fax					
Agent's	Name and title (type or p	orint)	Name of c	ompany	EIN	PTIN				
Use ONLY						ffice code				