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	househ	old (HOF	H)		fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	nama of v	our engues. If yo	u chool	rad tha ∐∩∐ a	, OSS I	oov onto	r tha		se (QSS)	o gualifying
one box.		on is a child but not your depender		our spouse. If yo	u checr	red the HOH of	ا دی	JOX, EITE	i lile	Ciliu S	name ii iii	e qualifying
Your first name			Last na	me					Τ,	Your soc	cial securit	v number
Your first name and middle initial Last na CHIRANJEEVI TIKK										Your social security number 808-56-2178		
	first name and middle initial	me						Spouse's social security number				
		mot hame and middle initial								1 '		
							APPLIED FOR					
							Presidential Election Campaigr Check here if you, or your					
OJU DIAKE SIKEEI							spouse if filing jointly, want \$3					
			omplete s	'			462			•		Checking a
INDIANAPOLIS				Foreign province/state/county							w will not or refund.	change
Foreign country name			'	Foreign province/state/county				oreign postal code yo		your tax	You	Spouse
.	Δ1								/	-> 11		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of									Yes	X No
Assets		eone can claim: You as a de				a dependent	asseij	(See III	Struc	110115.)	1 es	<u></u>
Standard Deduction	_			•		•						
Deduction		Spouse itemizes on a separate retu	iii or you	i were a duai-stat	us allei	1						
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bor	rn befo	re Janua	ıry 2,	1958	☐ Is bli	nd
Dependents	ndents (see instructions): (2) Social s				urity	(3) Relationship (4) Check the b			ne box	box if qualifies for (see instructions):		
If more	(1) Fi	rst name Last name		number		to you		Child tax cre		redit Credit for other depend		er dependents
than four												
dependents,												
see instructions and check	S											
here												
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	5	51,003.
IIICOIII C	b	Household employee wages not i	eported	on Form(s) W-2						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)										
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form	h		e (see instructions)							1h		0.
W-2, see	i	Nontaxable combat pay election (see instructions)										
instructions.	z								1z	5	51,003.	
Attach Sch. B		Tax-exempt interest	2a		 b Т	axable interes	t .			2b		
if required.	3a	Qualified dividends	3a			Ordinary divide				3b		
	4a	IRA distributions	4a			axable amoun			•	4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for—	6a	Social security benefits	6a			axable amoun				6b		
Single or Married filing	С	If you elect to use the lump-sum		method check he					·	l OB		
separately,	7	Capital gain or (loss). Attach Sche			•	,			·	7		
\$12,950 Married filing	8	, ,		•						8		
jointly or	9	Other income from Schedule 1, line 10								9		51,003.
Qualifying surviving spouse,		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								10	1 2	<u> </u>
\$25,900 Adjustments to income from Schedule 1, line 20											+ -	1 002
Head of household, 12 Subtract line 10 from line 9. This is your adjusted gross income										11		51,003.
\$19,400	12			•	,					12	+	25,900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	+ -	
Standard Deduction,	14	Add lines 12 and 13						14		<u>25,900.</u>		
see instructions.	15	Subtract line 14 from line 11. If Ze	or ies	s, enter -U This	is your	taxable incom	ie .			15		25,103.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	2,604.
Credits	17	Amount from Schedule 2, line	3					. 17	
	18	Add lines 16 and 17						. 18	2,604.
	19	Child tax credit or credit for c	ther dependent	s 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, e	enter -0				. 22	2,604.
	23	Other taxes, including self-en	nployment tax,	from Schedule	2, line 21 .			. 23	0
	24	Add lines 22 and 23. This is y	our total tax					. 24	2,604.
Payments	25	Federal income tax withheld							
_	а	Form(s) W-2				25a	4,3	65.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						. 25d	4,365.
If you have a	26	2022 estimated tax payments	s and amount ap	oplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit f	rom Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e 15			31			
	32	Add lines 27, 28, 29, and 31.	. 32						
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				. 33	4,365.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you ove	rpaid .	. 34	1,761.
nerana	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, che	ck here .		35a	1,761.
Direct deposit?	b	Routing number 0 7 4	0 0 0 0	1 0	c Type:	Checking	Savi	ngs	
See instructions.	d	Account number 7 6 9	7 6 0 8	1 7					
	36	Amount of line 34 you want a	pplied to your 2	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in:	structions) .			38			
Third Party Designee		you want to allow another structions	person to disc	uss this retur	n with the IRS?		Yes. Comp	lete below.	⊠ No
· ·		signee's		Phone				identification	
		me		no.			number (l		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and comp							
Here	Yo	Your signature		Date Your occupation					nt you an Identity
							_	Protection P (see inst.)	IN, enter it here
Joint return? See instructions. Keep a copy for your records.		Charles's signature If a jaint vature hath pount sign		SOFTWARE ENGINEER					<u> </u>
	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
,		(215)500 6010		Farall address	HOME MAKE		T COM	(000 11101.)	
		one no. (317)702-6010 eparer's name	Preparer's signati	Email address	CHIRU.BAN	Date	L.COM PT	IN	Check if:
Paid					מונדתת תחודא.			2082703	Self-employed
Preparer									
Use Only				NICHITCE N	T 00016				678)965-9522
0-1	FIN	m's address 245 ROONEY	CI E BRU	MONTCY IN	J 08816			Firm's EIN	84-3171965



Application for IRS Individual Taxpayer Identification Number

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

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th	n: nis form if you have, or are elig	gible to get, a U.S	. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN				
	ubmitting Form W-7. Read t ederal tax return with Form										
a Nonresident	t alien required to get an ITIN to	claim tax treaty bene	efit								
b Nonresident	t alien filing a U.S. federal tax retu	ırn									
	nt alien (based on days present		_								
	of U.S. citizen/resident alien										
e 🛚 Spouse of U	J.S. citizen/resident alien	If d or e, enter name CHIRANJEEVI					structions) ► 808-56-2178				
f Nonresident	t alien student, professor, or rese			aturn or claiming a							
	spouse of a nonresident alien ho		iodorai tax re	rain or oraining a	Схоорио	,1 I					
h Other (see in											
	on for a and f : Enter treaty count			and treaty ar	ticle numb	er ▶					
Name	1a First name	Midd	dle name	•	Last na	ame					
(see instructions)	NANDHINI				BAK	KA					
Name at birth if	1b First name	Midd	dle name		Last na	name					
different ▶	O Church adduses an advanced o			have a D.O.	h						
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 850 BLAKE STREET Apt H										
Address	City or town, state or provir INDIANAPOLIS	ce, and country. Inc	clude ZIP co	de or postal code IN	where app USA	oropriate.	46202				
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 provir	City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 ☐ Male ○6/12/1990 INDIA Female										
Other	6a Country(ies) of citizenship	6b Foreign tax I.	D. number (it	fany) 6c Type	sa (if any), n	umber, and expiration date					
Information	INDIA										
	6d Identification document(s) submitted (see instructions)										
	USCIS documentation Other Date of entry into										
			the United States								
	Issued by: INDIA No.: P7384357 Exp. date: 01/30/2027 (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).										
		ITIN	51 011 a 011001		RSN	, mon dono	and				
	name under which it was is						and				
	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 (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying 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.										
Keep a copy for	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number										
your records.	Name of delegate, if applic		Delegate's relation to applicant	nship	Parent Court-appointed guardian Power of attorney						
	Signature		Date (month / day / year)		Phone						
Acceptance				,	· · · -	Fax					
Agent's	Name and title (type or pri	nt)	Name of co	ompany	EIN	-	PTIN				
Use ONLY	0					Office code					