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 Status	s 🗌 s	Single X Married filing jointly	Marri	ed filing separate	ly (MFS)	Head of	hous	ehold (HOF	d) [		lifying surv	/iving
Check only one box.	lf vo	u checked the MES have enter the r	omo of	vour analisa. If vo	u obook	rad tha HOH a	× 000	hay anto	r tha a	•	use (QSS)	o auglifyin
one box.		u checked the MFS box, enter the r on is a child but not your dependen		your spouse. II yo	u check	ted the HOH o	r QSS	box, ente	r the c	mia s	name ii tr	e qualityiri
Your first name			Last na	ame					Y	our so	cial securit	v number
				EDDY						Your social security number 272-97-4132		
		first name and middle initial	Last na							Spouse's social security number		
										APPLIED FOR		
		r and street). If you have a P.O. box, see	SADI					Apt. no.		Presidential Election Campaign		
9900 ELA	,			403							nere if you,	
		ce. If you have a foreign address, also co	omplete s	spaces below.	Sta	ite	ZIP	code				tly, want \$3
ORLANDO					FI			836			this fund. ow will not	Checking a
Foreign country name				Foreign province/state/county			_	ign postal co			or refund.	
. ordigit country manne				,				, , , , , , , , , , , , , , , , , , ,		You Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward award	or payr	ment for prope	erty o	services):	or (b)	sell		
Assets		ange, gift, or otherwise dispose of					-				Yes	⊠ No
Standard		eone can claim:		<u></u>		a dependent		, (				
Deduction	_	Spouse itemizes on a separate retu		•		•						
Ago/Blindness		Were born before January 2, 1			Spouse		rn ho	fore Janua	n/2 1	059	☐ Is bli	ind
Dependents			1930	T	•	(3) Relationsh						instructions
If more		rst name Last name		(2) Social security number		to you		Child tax credit			Credit for other dependents	
than four	( )										[	7
dependents,											<del></del>	
see instructions and check	s ——								<del>-</del>			
here	]							Ī	<del>-</del>			<del></del>
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)					<del>-</del>	1a	1 12	
Income	b	Household employee wages not r	eported	on Form(s) W-2						1b		
Attach Form(s)	С	Tip income not reported on line 1								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not re								1d		
W-2G and	е	Taxable dependent care benefits	from Fo	rm 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits fron	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 instruct	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (	n (see instructions)									
	Z	Add lines 1a through 1h								1z	12	20,192.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	st			2b		
if required.	3a	Qualified dividends	3a	585.	<b>b</b> 0	Ordinary divide	nds			3b		820.
	4a	IRA distributions	4a		b T	axable amoun	nt.			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	nt.			5b		
Deduction for— Single or	6a	Social security benefits	6a			axable amoun	nt .			6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)										
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing jointly or	8	Other income from Schedule 1, line 10										
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9		21,012.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10		
Head of household,	11	Subtract line 10 from line 9. This i	•	-						11		21,012.
\$19,400	12	Standard deduction or itemized								12		25 <b>,</b> 900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		47.
Standard Deduction,	14	Add lines 12 and 13								14		25 <b>,</b> 947.
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>										95,065.

Form 1040 (202:	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌	1	<b>6</b> 12,107.
Credits	17	Amount from Schedule 2, line 3				1	7
	18	Add lines 16 and 17				1	<b>8</b> 12,107.
	19	Child tax credit or credit for other depend	ents from Sched	lule 8812		1	9
	20	Amount from Schedule 3, line 8				2	0
	21	Add lines 19 and 20				2	1
	22	Subtract line 21 from line 18. If zero or les	s, enter -0			2	<b>2</b> 12,107.
	23	Other taxes, including self-employment ta	•	•			0.
	24	Add lines 22 and 23. This is your total tax	<b>.</b>			2	<b>4</b> 12,107.
Payments	25	Federal income tax withheld from:			1 1		
	а	Form(s) W-2			<b>25a</b> 17	<b>,</b> 946.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	id 17,946.
If you have a	26	2022 estimated tax payments and amoun				2	6
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27		
attacii Scii. Elo.	28	Additional child tax credit from Schedule 88					
	29	American opportunity credit from Form 88	•		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15					
	32	Add lines 27, 28, 29, and 31. These are yo	•	•		3	
	33	Add lines 25d, 26, and 32. These are your					-
Refund	34	If line 33 is more than line 24, subtract line			•		
D: 1 1 110	35a	Amount of line 34 you want refunded to y					5,839.
Direct deposit? See instructions.	b	Routing number 1 2 2 1 0 1			Checking S	Savings	
	d	Account number 4 5 7 0 3 3					
	36	Amount of line 34 you want applied to yo			36		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>a</b> For details on how to pay, go to www.irs.				3	7
	38	Estimated tax penalty (see instructions)			38		
Third Party Designee		you want to allow another person to control				mplete belo	w. 🗵 No
		signee's	Phone	)		nal identificati	on
		me	no.			er (PIN)	
Sign Here		der penalties of perjury, I declare that I have examilef, they are true, correct, and complete. Declaration					
TICIC	Yo	ur signature	Date	Your occupation		sent you an Identity	
				SOFTWARE	DEMEI ODED	(see inst.)	n PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat			sent your spouse an
Keep a copy for	Op	odoo o dignataro. Ir a joint rotarri, <b>boti r</b> itadi dign	Bato	Орошоо о осощра			rotection PIN, enter it here
your records.				HOME MAKE	R	(see inst.)	
	Ph	one no. (480) 249-0389	Email address	SAIPOREDDY	24@GMAIL.CO	M	
Paid	Pre	eparer's name Preparer's sig	nature		Date	PTIN	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	02/23/2023	P0208270	3 Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC				Phone no	o. (678) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's						N 84-3171965
Ca ta	a/Fam	a10.40 for instructions and the latest information					E 1040 (0000)

## Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55** 

Name(s) shown on return

SAI PRANEETH R POREDDY & HIMABINDU SADDI

Your taxpayer identification number 272-97-4132

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	1	Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 (	-	
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 235.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	<b>8</b> 235.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	47.
10	Qualified business income deduction before the income limitation. Add lines 5 an	d9	10	47.
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 95,112.		
12	Net capital gain (see instructions)	<b>12</b> 585.		
13	Subtract line 12 from line 11. If zero or less, enter -0	<b>13</b> 94,527.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	18 <b>,</b> 905.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on		
	the applicable line of your return (see instructions) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		15	47.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	n zero, enter -0	16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 azero, enter -0		17	( 0.)



## **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 th		rm if you have, or are elig	iible to get, a	a U.S. sc	ocial sec	urity nui	mber (SS	N).		oply for a new ITIN enew an existing ITIN	
		itting Form W-7. Read t al tax return with Form								ox <b>b, c, d, e, f,</b> or <b>g, you</b> s).	
a Nonresident	alier	required to get an ITIN to o	laim tax treat	y benefit			•	•		•	
		ı filing a U.S. federal tax retu		•							
c U.S. residen	nt alie	n (based on days present	in the United	States) f	filing a U.S	S. federa	l tax returi	า			
d Dependent of	of U.S	6. citizen/resident alien	f <b>d,</b> enter rela	tionship t	to U.S. cit	izen/resi	dent alien	(see ins	tructions) 🕨		
e 🛛 Spouse of U	J.S. c		f <b>d</b> or <b>e,</b> enter SAI PRAN						alien (see in		
f Nonresident	alier	student, professor, or rese	archer filing a	U.S. fede	eral tax re						
g Dependent/s	spous	se of a nonresident alien hol	ding a U.S. vi	sa							
h Other (see in											
Additional information		a and f: Enter treaty countr	y <b>&gt;</b>			and	I treaty art				
Name	1a	First name	Middle r	name				name			
(see instructions)	HIMABINDU							_	SADDI		
Name at birth if different ▶		First name			Middle name Last				name		
Applicant's	2	Street address, apartment n		al route n	number. <b>If</b>	you hav	re a P.O. I	oox, see	separate i	nstructions.	
Mailing			Apt 403								
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	ORLANDO FL USA 32836									32836	
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 / yea	r) Country of	birth		City and	d state or	province	e (optional)	5 Male	
Information		07/16/1996									
Other Information	6a	Country(ies) of citizenship INDIA	<b>6b</b> Foreign	tax I.D. r	number (if	any)	6c Type	of U.S. v	risa (if any), n	umber, and expiration date	
illomation	6d Identification document(s) submitted (see instructions) 🗵 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation OtherDate of entry into										
									the United	,	
	Issued by: INDIA No.: R5300738 Exp. date: 01/09/2028 (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 ▶		IRSN			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	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accomp documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to								e. I authorize the IRS to share		
Here	information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.										
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)  Date (month / day / year)					Phone number					
	Name of delegate, if applicable (type or p				int) Delegate's relation to applicant			ship		Parent Court-appointed guardian Power of attorney	
A	N.	Signature		Date (month / day /			year)				
Acceptance	<b>)</b>								Fax		
Agent's	N.	Name and title (type or prin	N	Name of company			EIN	PTIN			
Use ONLY						Office code					