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 one box.	If yo	Single Married filing jointly under the notice of the MFS box, enter the notice on is a child but not your dependent		,	household (HOH)	spouse			
Your first name	and m	iddle initial							
AKHIL			CHERUKURI				Your social security number 296-89-3444		
If joint return, s	oouse'	s first name and middle initial	Last name	-		Spouse's social security number			
NEEHARIK	(A		YARLAGADDA			APPLIED FOR			
		er and street). If you have a P.O. box, see			Apt. no.	Presidential Election Campaign			
67 GLEN							e if you, or your		
	10.15.15.00.0	ce. If you have a foreign address, also co	mplete spaces below.	ZIP code	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change				
OLD BRID	GE		NJ					08857	
Foreign country name			Foreign province/state/	Foreign postal code					
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a	digital asset (or a financial	interest in a digital			Yes 🗵 No		
Standard	Som	eone can claim: You as a de	pendent Your spous	e as a dependent					
Deduction		Spouse itemizes on a separate return	n or you were a dual-status	alien					
Age/Blindness	You	Were born before January 2, 19	958 Are blind Spo	ouse: Was bo	n before January 2	1958	Is blind		
Dependents			(2) Social security				for (see instructions):		
If more	(1) First name Last name		number	to you	Child tax cr				
than four						Jour Jord	The formal dependence		
dependents,									
see instructions and check		1					H		
here									
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see instructions)			. 1a	98,098.		
moonie	b	Household employee wages not re	. 1b						
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	. 1c						
attach Forms	d	Medicaid waiver payments not rep	. 1d						
W-2G and	е	Taxable dependent care benefits fr	. 1e						
1099-R if tax was withheld.	f	Employer-provided adoption benef	fits from Form 8839, line 29	li	w IV w	. 1f			
If you did not	g	Wages from Form 8919, line 6 .		14 x 11 x x		. 1g			
get a Form	h	Other earned income (see instruction	ons)			. 1h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instructions)	lai					
	Z	Add lines 1a through 1h	. ,		20 N N N N N	. 1z	98,098.		
Attach Sch. B	2a	Tax-exempt interest 2	2a	b Taxable interest		. 2b			
if required.	3a	Qualified dividends 3	Ba	b Ordinary divider	nds	. 3b			
	4a	IRA distributions	ła	b Taxable amoun	Ĺ	. 4b			
Standard	5a	Pensions and annuities	ia l	b Taxable amount	t	. 5b			
Deduction for— Single or	6a	Social security benefits 6	Sa Sa	b Taxable amount	t	. 6b			
Married filing	C	If you elect to use the lump-sum el	and the second s						
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	7						
Married filing	8	Other income from Schedule 1, line	9 10		* * * * *	. 8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	. 9	98,098.					
surviving spouse, \$25,900	10	Adjustments to income from Scheo	. 10						
Head of	11	Subtract line 10 from line 9. This is	. 11	98,098.					
household, \$19,400	12	Standard deduction or itemized of		,		. 12	25,900.		
If you checked any box under	13	Qualified business income deduction	13						
Standard	14	Add lines 12 and 13	. 14	25,900.					
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero	15	72,198.					

Form 1040 (202)	2)									Page 2
Tax and	16	Tax (see instructions). Check	k if any from Forn	n(s): 1 881	4 2 4972	3		16		8,250.
Credits	17	Amount from Schedule 2, li	ne 3					17		
	18	Add lines 16 and 17						18		8,250.
	19	Child tax credit or credit for	r other depender	nts from Sched	ule 8812			19		
	20	Amount from Schedule 3, li	ne 8			4 9 90 4		20		
	21	Add lines 19 and 20		4 8 8 8				21		
	22	Subtract line 21 from line 1	8. If zero or less,	enter -0		la la se e		22		8,250.
	23	Other taxes, including self-	employment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is	your total tax					24		8,250.
Payments	25	Federal income tax withhele								
	а	Form(s) W-2				25a 1	3,688.			
	b	Form(s) 1099				25b				
	C	Other forms (see instruction	ns)			25c				
	d	Add lines 25a through 25c		* * * *				25d	1	13,688.
If you have a	26	2022 estimated tax paymer	nts and amount a	applied from 20	21 return	الجائج م		26		
qualifying child,	27	Earned income credit (EIC)								
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	t from Form 886	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	1. These are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32.	These are your to	otal payments				33	1	13,688.
Refund	34	If line 33 is more than line 2	4, subtract line 2	24 from line 33.	This is the amoun	nt you overpaid		34		5,438.
	35a	Amount of line 34 you want			is attached, chec	ck here	🗆	35a		5,438.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 4 8 8								
	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 For details on how to pay, g						37		
	38	Estimated tax penalty (see i	instructions) .			38				
Third Party	Do	you want to allow another								
Designee	ins	instructions			below.	X No	·			
	De:	signee's ne		Phone no.			sonal ident ber (PIN)	ification		
Sign		der penalties of perjury, I declare								
Here	bel	ief, they are true, correct, and con	nplete. Declaration	of preparer (other	r than taxpayer) is ba	sed on all informat	ion of whic	h prepare	er has any	/ knowledge.
TICIC	You	ur signature		Date	Your occupation				nt you an IN, enter i	
Joint return?	-	A Appli		01/31/23	SOFTWARE D	EVELOPER		inst.)	IIV, enter	There
See instructions.	Spi	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			If th	f the IRS sent your spouse an		
Keep a copy for your records.	Y. Necharika		01/31/23 HOME MAKER				dentity Protection PIN, enter it here see inst.)			
	Phone no. (512) 669-1430		Email address AKHILCHERUKURI9@GMAIL.COM				-/			
		eparer's name	Preparer's signal		THE LOUDINGTON	Date Date	PTIN		Check if	f:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM	01/28/2023	P0208	2703		f-employed
Preparer					ne no. (678) 965-9522					
Use Only						's EIN		2145487		

Form **8889**

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

2022

Attachment
Sequence No. 52

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

AKHIL CHERUKURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. $2\,9\,6-8\,9-3\,4\,4\,4$

Bero	re you begin: Complete Form 8853, Archer IVISAS and Long-Term Care Insurance Contracts, in	r requ	irea.	
Par	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	lf-only	▼ Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3		7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			7,500.
•	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6		7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage			7,000.
1	under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7		
8	Add lines 6 and 7	8		7,300.
9	Employer contributions made to your HSAs for 2022	CALLES !		7,300.
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		224.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		7,076.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part		wata 1	ICAs	o o ma milata
raru	a separate Part II for each spouse.		15AS,	Complete
14a	SCHOOL SECTION AND PROPERTY OF THE SECTION OF THE S	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
	Qualified medical expenses paid using HSA distributions (see instructions)	15		
15		13		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			
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 1040), Part I, line 8f .	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part II, line 17d	21		

(Rev. August 2019) Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents. See separate instructions.

OMB No. 1545-0074

	I taxpayer identification no	umber (ITIN)	is for U.S. fede	ral tax p	ourposes o	only.			e (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								c, d, e, f, or g, you	
	ederal tax return with Forr			of the	exceptions	s (see ins	struction	s).		
	t alien required to get an ITIN to		y benefit							
	t alien filing a U.S. federal tax re		O	0 ()						
	nt alien (based on days presen									
u □ Dependent	of U.S. citizen/resident alien	ii u , enter reia	tionship to 0.5. c	itizen/res	ident allen (s	see instru	ctions)			
e X Spouse of L	J.S. citizen/resident alien	If d or e , enter	r name and SSN/I	TIN of U.	S. citizen/re	sident alie	en (see in	structio	ns) ▶	
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) AKHIL CHERUKURI 296-89-3									6-89-3444	
f Nonresiden	t alien student, professor, or res	searcher filing a							,	
g Dependent/	spouse of a nonresident alien h	olding a U.S. vi	sa							
h Other (see in										
31.5	on for a and f: Enter treaty cour	ntry >	Middle name	and	d treaty artic					
Name	1a First name NEEHARIKA		ivildale name			Last nar		Λ.		
(see instructions) Name at birth if	1b First name		Middle name				YARLAGADDA ast name			
different •						Zaot Hai	110			
Applicant's	2 Street address, apartment	number, or rur	al route number. I	f you ha	ve a P.O. bo	ox, see se	eparate i	nstructi	ons.	
Mailing	67 GLEN OAKS CT									
Address	City or town, state or prov	ince, and count	ry. Include ZIP co	de or po			opriate.			
	OLD BRIDGE NJ USA 08857								857	
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.									
(see instructions)	only of town, state of prov	moo, and oodin	ry. morado postar	oodc wi	icic appropr	iato.				
Birth	4 Date of birth (month / day / ye	ear) Country of	birth	City an	d state or pr	rovince (o	ptional)	5	Male	
Information	08/16/1994	INDIA							Female	
Other	6a Country(ies) of citizenship INDIA	6b Foreign	tax I.D. number (f any)	6c Type of H4				and expiration date	
Information		- 1	i	7			R33833		10/19/2024	
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other									
		Date of entry into the United States								
	Issued by: INDIA)657 Ex					(MM/DD/YYYY): 05/16/2022			
	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			and				
	name under which it was	issued ▶	First name		Middle nar			1.00	at name	
	First name Middle name Last name 6g Name of college/university or company (see instructions) ▶									
	City and state ► Length of stay ►									
Sian	Under penalties of perjury, I (ap	oplicant/delegate/	(acceptance agent)	declare t			this applic	ation, in	cluding accompanying	
documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I author								orize 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.							Number.		
Keep a copy for	Signature of applicant (if delegate, see instructions)				Date (month / day / year) Phone number				(000	
your records.	Y. A ccharike. Name of delegate, if applicable (type or print)			01/31/2023 + Delegate's relationship			-1 732 - 952 - 6809] Parent □ Court-appointed guardian			
	Traine of delegate, if appl	loable (type of p	511110)	to appli			Power of		10. 4	
A 1201A1888	Signature			Date (m	onth / day / ye		none		J	
Acceptance Agent's	7			F			ax			
Use ONLY	Name and title (type or print) Name			company EIN		IN		PT	IN	
	7					Office cod	е		147 =	
For Paperwork Rec	luction Act Notice, see separa	ate instructions	S. RAA	REV 01/2	1/23 PRO			Fo	rm W-7 (Rev. 8-2019)	