E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022
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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 separately	(MFS)	Head of	household (H	IOH)		lifying survuse (QSS)	viving
one box.	-	u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you	ı check	ed the HOH or	QSS box, e	nter t		, ,	ne qualifying
Your first name	and mi	ddle initial	Last nar	me					Your so	cial securit	y number
UPENDRA	CHAI	RY	CHIN	THOJU					217-	95-6398	3
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spouse	's social sec	curity number
SPANDANA	A		CHIN	THOJU					APPL	IED FO	3
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Preside	ntial Election	on Campaign
300 CAU	GHMAI	N FARM LANE					426			here if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code				tly, want \$3 Checking a
LEXINGT	NC				SC		29072			low will not	
Foreign countr	y name		F	oreign province/stat	te/count	ty	Foreign posta	l code	_	x or refund.	
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				•	,.	. ,	Yes	⊠ No
Standard	Som	eone can claim:	pendent	Your spor	use as	a dependent	· ·				
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	ıs alien	· ·					
Age/Blindnes			958	Are blind S	pouse	: Was bor	n before Jar			☐ Is bl	
Dependent	s (see	instructions):		(2) Social secur	rity	(3) Relationsh	<sub>iip</sub> (4) Chec	k the l	oox if qual	1	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Chil	d tax	credit	Credit for oth	her dependents
than four dependents,								ᆜ			
see instruction	s ——							ᆜ			
and check _	, —							ᆜ			
here								Ш			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 18	1 4	12,626.
	b	Household employee wages not re		` '					. 11	)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep		` ,	e instru	ıctions)			. 10	i	
W-2G and 1099-R if tax	е	Taxable dependent care benefits t		•					. 16	•	
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 2	29 .				. 11	f	
If you did not	g	Wages from Form 8919, line 6.							. 19	3	
get a Form W-2, see	h	Other earned income (see instruct	ions) .						. 11	1	0.
instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>li</u>					
	Z	Add lines 1a through 1h							. 12	2 4	12,626.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			. 2l	)	
if required.	<u>3a</u>	Qualified dividends	3a		<b>b</b> C	ordinary divide	nds		. 3l	)	
	4a	IRA distributions	4a		<b>b</b> T	axable amoun	t		. 41	)	
Standard	5a	<del>-</del>	5a			axable amoun			. 5l	)	
<b>Deduction for—</b> Single or	6a	,	6a			axable amoun	t		. 6l	)	
Married filing	С	If you elect to use the lump-sum e		,	`	,					
separately, \$12,950	7	Capital gain or (loss). Attach Sche							□   7		-666.
Married filing jointly or	8	Other income from Schedule 1, lin	ne 10 .						. 8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>total</b> i	incom	e			. 9	4	41 <b>,</b> 960.
surviving spouse, \$25,900	10	Adjustments to income from Sche							. 10		
Head of	11	Subtract line 10 from line 9. This is	•	-					. 11		41,960.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedu	ıle A)				. 12	2 2	25 <b>,</b> 900.
If you checked any box under	13	Qualified business income deduct							. 13	3	
Standard	14	Add lines 12 and 13									25 <b>,</b> 900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	s your t	taxable incom	ie		. 15	5   1	16,060.
)											

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	1,608.
Credits	17	Amount from Schedule 2, lin	ie 3				[	17	
	18	Add lines 16 and 17					[	18	1,608.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8				[	20	400.
	21	Add lines 19 and 20					[	21	400.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	1,208.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	1,208.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				<b>25a</b> 5	,800.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	5,800.
.,	26	2022 estimated tax payment					[	26	·
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8. 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						32	
	33	Add lines 25d, 26, and 32. T					-	33	5,800.
Defined	34	If line 33 is more than line 24						34	4,592.
Refund	35a	Amount of line 34 you want				•	. 🗆 🗒	35a	4,592.
Direct deposit?	b	Routing number 2 1 1					Savings		·
See instructions.	d	Account number 6 5 0							
	36	Amount of line 34 you want		2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	0,	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party	Do	you want to allow another				See			
Designee		structions					mplete bel	ow.	<b>X</b> No
_		signee's		Phone			nal identifica	ation <sub>I</sub>	
		me		no.			er (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here			picto. Decidration	Date	Your occupation	sea on all imornation		•	nt you an Identity
	10	ur signature		Date	rour occupation		I		N, enter it here
Joint return?					APPLICATION	CONSULTANT	3 (see ins	st.)	
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupation	on			t your spouse an	
Keep a copy for your records.						Identity (see ins		ection PIN, enter it her	
,		(FF0) 000 000	0		HOME MAKER		(366 1113	,	
		one no. (773) 800–822		Email address	UCHARY919@		DTIN		01 1 1
Paid		eparer's name	Preparer's signat		a	Date	PTIN		Check if:
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/01/2023	P020827		Self-employed
Use Only		m's name GLOBAL TA			- 00016				678) 965-9522
			Y CT E BRU	NSWICK N			Firm's I	ΞIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form <b>1040</b> (202)

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR UPENDRA CHARY & SPANDANA CHINTHOJU

Your social security number 217-95-6398

Par	Nonrelundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	400.
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	6I		
Z	Other nonrefundable credits. List type and amount:			
	4	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-5 line 20		8	400.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	-	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-line 31	-SR, or 1040-NR,	15	

## SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR.

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

UPENDRA CHARY & SPANDANA CHINTHOJU

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.

Your social security number 217-95-6398

Pa	short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)	
lines This	instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
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 <b>Box A</b> checked	8,014.	9,544.	8	73.	-657.	
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	491.	500.			-9.	
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked						
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	.684, 6781, and 88	324	4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover  Worksheet in the instructions							
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis				7	-666.	
Pa	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	nstructions)	
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and	
who	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F		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 <b>Box D</b> checked						
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11		
12	Net long-term gain or (loss) from partnerships, S corporat				12		
	Capital gain distributions. See the instructions				13		

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

14

15

Schedule D (Form 1040) 2022 Page 2

#### Part III Summary 16 Combine lines 7 and 15 and enter the result 16 -666. • 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 21 666.) • (\$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.

## 8949

#### **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074 Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

217-95-6398

UPENDRA CHARY & SPANDANA CHINTHOJU

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

instructions). For long-term transactions, see page 2. Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

(C) Short-term transactions	not reported	d to you on F	orm 1099-B					
(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(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	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/22	12/31/22	8,014.	9,544.	W	873.	-657.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	8,014.	9,544.		873.	-657.	

Note: If you checked Box A 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.

#### **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Social security number or taxpayer identification number

Department of the Treasury Internal Revenue Service Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No. 12A

UPENDRA CHARY & SPANDAI	NA CHINTH	IOJU		217-95	-6398		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form	er you receive 1099-B. Either	ed any Form(s) 109 will show whether	99-B or substitute er your basis (usua	statement(s lly your cos	t) from your broker t) was reported to	r. A substitute the IRS by your
Part I Short-Term. Trans instructions). For lo Note: You may agg reported to the IRS Schedule D, line 1a	ng-term tra pregate all s and for wh	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	orted on Form es are required	(s) 1099-E d. Enter th	showing basise totals directly	s was y on
You must check Box A, B, or C I complete a separate Form 8949, p for one or more of the boxes, com  (A) Short-term transactions  (B) Short-term transactions  (C) Short-term transactions	page 1, for ean plete as man reported on reported on	ach applicabl ny forms with Form(s) 1099 Form(s) 1099	le box. If you have the same box of B-B showing bas B-B showing bas	ve more short-te hecked as you r sis was reported	rm transac need. to the IRS	tions than will fit (see <b>Note</b> above	on this page
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	if any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(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 CRYPTO LLC	01/01/22	12/31/22	491.	500.			-9.

Note: If you checked Box A 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.

491.

-9.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) .

500.

## Form **8880**

### **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. 54

Name(s) shown on return

\_\_\_\_\_

Your social security number 217-95-6398

UPENDRA CHARY & SPANDANA CHINTHOJU



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

						(	a) You		(b) You	ır spous
lesignated be	eneficiary for 20	ontributions, and AB 22. <b>Do not</b> include ro	llover contributions .		1					
Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions) 2										
contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions) 2										
	es 1 and 2									
		ed after 2019 and		`						
		return (see instruction								
		oth columns. See inst			4					
		zero or less, enter -0-			5		10,4			
		naller of line 5 or \$2,00			6		2,0			
		zero, <b>stop</b> ; you can't		1			+	7		2,000
		1040, 1040-SR, or 10		8		41,	960.			
Enter the appl	icable decimal	amount from the table	e below.							
If line	8 is-	A	and your filing status	s is—						
If line		Married	Head of	Single, Marr	ied fili	ng				
If line	8 is—  But not over—	Married filing jointly	Head of household	Single, Marr separate	ly, or					
	But not	Married	Head of household	Single, Marr	ly, or					
	But not	Married filing jointly	Head of household	Single, Marr separate	ly, or ving sp					
Over-	But not over—	Married filing jointly <b>Enter on</b>	Head of household	Single, Marr separate Qualifying survi	ly, or ving sp					
Over—	But not over— \$20,500	Married filing jointly <b>Enter on</b> 0.5	Head of household line 9—	Single, Marr separate Qualifying survi 0.5	ly, or ving sp			9	x	.2
Over— \$20,500	But not over— \$20,500 \$22,000	Married filing jointly Enter on 0.5	Head of household  line 9—  0.5 0.5	Single, Marr separate Qualifying survi 0.5 0.2	ly, or ving sp			9	x	.2
Over— \$20,500 \$22,000	But not over— \$20,500 \$22,000 \$30,750	Married filing jointly Enter on 0.5 0.5 0.5	Head of household  line 9—  0.5  0.5  0.5	Single, Marr separate Qualifying survi 0.5 0.2	ly, or ving sp			9	x	.2
Over— \$20,500 \$22,000 \$30,750	But not over— \$20,500 \$22,000 \$30,750 \$33,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5	Head of household  line 9—  0.5 0.5 0.5 0.5 0.2	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1	ly, or ving sp			9	×	.2
Over— \$20,500 \$22,000 \$30,750 \$33,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household  line 9—  0.5  0.5  0.5  0.2  0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1	ly, or ving sp			9	x	.2
Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household  line 9—  0.5  0.5  0.5  0.5  0.1  0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.0	ly, or ving sp			9	x	.2
Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000	Married filing jointly Enter on  0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household  line 9—  0.5  0.5  0.5  0.2  0.1  0.1  0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0	ly, or ving sp			9	x	.2
0ver— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	Married filing jointly  Enter on  0.5  0.5  0.5  0.5  0.5  0.5  0.5  0.	Head of household  line 9—  0.5  0.5  0.5  0.2  0.1  0.1  0.1  0.1	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0 0.0	ly, or ving sp			9	x	.2
0ver— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$41,000 \$51,000 \$68,000	Married filing jointly <b>Enter on</b> 0.5  0.5  0.5  0.5  0.5  0.5  0.1  0.1	Head of household  line 9—  0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ly, or ving sp			9	×	.2
0ver— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000 \$68,000 Note: I	Married filing jointly  Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household  line 9—  0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ly, or ving sp			9	x	.2

<sup>\*</sup> See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

400.

and on Schedule 3 (Form 1040), line 4

REV 02/24/23 PRO



# **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 tax	payer identification nun	nber (ITIN) i	s for U.S. fe	der	al tax p	urposes	only.		ion type (check one box):
Before you begin • Don't submit th		rm if you have, or are elig	ible to get, a	a U.S. social	sec	urity nui	mber (SS	N).		oply for a new ITIN enew an existing ITIN
		itting Form W-7. Read the rate of the return with Form 's								ox <b>b, c, d, e, f,</b> or <b>g, you</b> s).
		required to get an ITIN to c		-			•	•		•
<b>b</b> Nonresident	t alier	n filing a U.S. federal tax retu	rn							
c U.S. residen	nt alie	en (based on days present i	n the United	States) filing a	a U.	S. federa	I tax retur	n		
d Dependent	of U.S	S. citizen/resident alien ) I	d, enter rela	tionship to U.S	S. cit	tizen/resi	dent alien	(see ins	tructions) 🕨	
e 🛛 Spouse of U	J.S. c			name and SS CHARY CH					alien (see in	
f Nonresident	t alier	n student, professor, or resea	rcher filing a	U.S. federal ta	ax re	eturn or c	laiming ar	n except	ion	
g Dependent/s	spou	se of a nonresident alien hold	ding a U.S. vi	sa						
h Other (see in		,								
Additional information		r <b>a</b> and <b>f</b> : Enter treaty country	<i>i</i> <b>&gt;</b>			and	I treaty art			
Name	1a	First name		Middle name	)				name	
(see instructions)		SPANDANA						_	INTHOJU	
Name at birth if different ▶		First name		Middle name					name	
Applicant's	2	Street address, apartment n			er. <b>If</b>	you hav	re a P.O. I	oox, see	e separate i	nstructions.
Mailing		Apt 426 300 CAU								
Address		City or town, state or province	ce, and count	ry. Include ZIF	CO	de or pos				
		LEXINGTON					SC	USZ		29072
Foreign (non- U.S.) Address		Street address, apartment no							oer.	
(see instructions)		City or town, state or province		ry. Include po	stal	code wh	ere appro	oriate.		
Birth	4	Date of birth (month / day / year	Country of	birth		City and	d state or	provinc	e (optional)	5 Male
Information		08/15/1987	INDIA							
Other Information	6a	Country(ies) of citizenship INDIA	<b>6b</b> Foreign	tax I.D. numb	er (it	f any)	6c Type	of U.S. \	visa (if any), n	umber, and expiration date
mormadon	6d	Identification document(s) su	ubmitted (see	instructions)	×	Passpo	ort	Driver	's license/St	ate I.D.
		☐ USCIS documentation	Other						Date of en	atry into
									the United	,
		Issued by: INDIA	No.: V5199	700	Ex	p. date:	12/13/	2031	(MM/DD/Y	
	6e	Have you previously receive	d an ITIN or a	n Internal Rev	enue	e Service	Number	(IRSN)?		
		No/Don't know. Skip I	ne 6f.							
		Yes. Complete line 6f.	f more than o	one, list on a sl	heet	and atta	ch to this	form (se	ee instructio	ns).
	6f	Enter ITIN and/or IRSN ▶	ITIN				IR	SN		and
		name under which it was is:	sued >							
				First name			Middle n	ame		Last name
	6g	Name of college/university of	r company (s	ee instructions	s) <b>&gt;</b>					
	City and state ► Length of stay ▶									
Sign	doc		d to the best	of my knowled	ge <sup>°</sup> a	nd belief,	it is true,	correct,	and complete	cation, including accompanying e. I authorize the IRS to share atification Number
Here	"		·		,					
Keep a copy for your records.		Signature of applicant (if de		,			onth / day /		Phone num	nber
		Name of delegate, if application	able (type or p	orint)		Delegate to applic	e's relation cant	ship		Court-appointed guardian fattorney
Acceptance		Signature				Date (mo	onth / day /	year)	Phone	
Agent's									Fax	
Use ONLY		Name and title (type or prin	t)	Name	of co	ompany		EIN		PTIN
								Office	code	