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 separately	(MFS)) Head of	house	hold (HOI	H)		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	our spouse. If you	chook	cod the UOU or	, OSS	hov onto	or tha		se (QSS)	o gualifying	
one box.		on is a child but not your depender		our spouse. If you	CHECK	red the HOH of	QSS	DOX, CITE	ei tile	Ciliu S i	iaine ii iii	e qualifyirig	
Your first name			Last na	me.						our soc	ial security	/ number	
										631-71-3824			
						Spouse's social security number							
•													
INDU Home address							APPLIED FOR Presidential Election Campaign						
						Check here if you, or your							
ZI/J HEDGEROW ROAD							spouse if filing jointly, want \$3						
										_		Checking a	
COLUMBUS Foreign country name				Foreign province/state/county							w will not on the contract of	change	
Foreign country name				Foreign province/state/county			Forei	Toleigh postal code			You Spouse		
.	Δ1									\ II		орошос	
Digital Assets		ny time during 2022, did you: (a) red ange, gift, or otherwise dispose of									Yes	⊠ No	
		eone can claim:				a dependent	asser): (OCC III	Struci	.10113.)		<u> </u>	
Standard Deduction	_			•		•							
Deduction		Spouse itemizes on a separate retu	irii or you	i were a duar-statu	is allei	1							
Age/Blindness	You:	Were born before January 2,	1958	Are blind S	pouse	e: Was bor	rn bef	ore Janua	ary 2,	1958	☐ Is bli	nd	
Dependent	s (see	(see instructions): (2) Social security (3) Relationship (4) Ch			4) Check th	ne box	if qualifie	es for (see i	nstructions):				
If more	(1) Fi	irst name Last name		number		to you		Child tax cr		credit Credit for other		er dependents	
than four	ESHI	KA CHOWDARY SADINENI		987-85-346		Daughter						<	
dependents, see instruction													
and check	3												
here]												
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	e instructions) .						1a	3	5,328.	
	b	Household employee wages not i	reported	on Form(s) W-2 .						1b			
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c			
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	Other earned income (see instructions)								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		1i							
motructions.	z	Add lines 1a through 1h								1z	3	5,328.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds .			3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here										7			
Married filing	8	Other income from Schedule 1, line 10								8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	3	5,328.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of									11	3	5,328.		
household, \$19,400	12		ction or itemized deductions (from Schedule A)							12		5,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
any box under Standard	14	Add lines 12 and 13							14	2	5,900.		
Deduction,	15	Subtract line 14 from line 11. If ze								15		9,428.	
see instructions.					-						•	,	

Form 1040 (2022	2)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	943.	
Credits	17	Amount from Schedule 2, lir					 .		17		
	18	Add lines 16 and 17								943.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. [19	500.	
	20	Amount from Schedule 3, lin	ne 8					. [20		
	21	Add lines 19 and 20							21	500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0							22	443.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21							23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	443.	
Payments	25										
•	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	3,618.	
lf	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return				26		
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .		•		30					
	31					31					
	32	Amount from Schedule 3, line 15									
	33	Add lines 25d, 26, and 32. T	,		•			_	32 33	3,618.	
D. C I	34		· · · · · · · · · · · · · · · · · · ·						34	3,175.	
Refund	35a	, , , , , , , , , , , , , , , , , , , ,								3,175.	
Direct deposit?	b	Routing number 0 4 4				Checking	_	/ings	Jou		
See instructions.	d										
	36	Amount of line 34 you want			ad tay	36					
Amount		-				30					
You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							37		
	38	Estimated tax penalty (see in	_			38			31		
Third Doub											
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions									
Designee		Designee's Phone Personal identific						•			
	nar			no.			number		2011		
Sign		der penalties of perjury, I declare in ief, they are true, correct, and com									
Here		ur signature	Date Your occupation					f the IRS sent you an Identity			
	10	ar signature	Tour cocupation			1		N, enter it here			
Joint return?					:VELOPER (S		(see ins	st.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation		ion		the IRS sent your spouse an			
Keep a copy for your records.							(see ins		ection PIN, enter it here		
•	Phone no. (614)483-4549		^	HOME MAKER Email address SADINENIRAJENDRA@GMAIL.COM				(0000	,		
		one no. (614)483-454 eparer's name	Preparer's signat		SADINENIRAJE	Date		TIN		Check if:	
Paid] ' "		CIIDMA MAITAM					Self-employed	
Preparer	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/17/2023 P02082										
Use Only									678)965-9522		
				INSWICK N				Firm's I	=IN	88-2145487	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/09/23 I	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.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **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 d Dependent of U.S. citizen/resident alien If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ DAUGHTER If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e Spouse of U.S. citizen/resident alien RAJENDRA PRASAD SADINENI f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Last name Middle name Name ESHIKA CHOWDARY SADINENI (see instructions) 1b First name Middle name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 2175 HEDGEROW ROAD Apt A Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 43220 COLUMBUS USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 05/02/2022 Information TNDTA ▼ Female 6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA R2975954 09/30/2023 Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: W3597995 Exp. date: 09/13/2027 Issued by: INDIA (MM/DD/YYYY): 11/20/2022 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 ▶ ITIN **IRSN** 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 ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign 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. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for (614)483-4549your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant RAJENDRA PRASAD SADINENI Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **PTIN Use ONLY** Office code