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

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Check only			<del></del>	ed filing separate		_			spo	use	(QSS)	•	
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If yo	ou check	ced the HOH or	QSS box, e	enter t	he child's	s nar	ne if the	qualifying	
Your first name						Your social security number							
RAJENDRA P SAD				ADINENI						631-71-3824			
	f joint return, spouse's first name and middle initial  Last name					Spouse's social security number							
INDU							APPL	APPLIED FOR					
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			Apt. no					n Campaign	
2175 HEDGEROW ROAD A						Check here if you, or your							
City, town, or post office. If you have a foreign address, also complete spa				e spaces below. State 2			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
COLUMBUS				ОН			43220		_		will not c	•	
Foreign country name			F	Foreign province/state/county			Foreign post	Foreign postal code yo		your tax or refund.			
											You	Spouse	
Digital Assets		y time during 2022, did you: (a) recange, gift, or otherwise dispose of									Yes	⊠ No	
Standard	Som	eone can claim:	ependent	Your spe	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus alier	1							
Age/Blindness	You:	Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	n before Ja	nuary	2, 1958		] Is blin	ıd	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Ched	k the b	oox if qual	fies t	for (see in	nstructions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Chi	Child tax cred					
than four	ESHI	HIKA CHOWDARY SADINENI		APPLIED FO		Daughter				×		.]	
dependents, see instruction	s ——							<u> </u>					
and check	, —							<u> </u>					
here													
Income	1a	Total amount from Form(s) W-2, b	•	,					. 18		35	5,328.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1k				
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							. 10				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10				
1099-R if tax	e f	Taxable dependent care benefits from Form 2441, line 26							. 16	-			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not get a Form	g h	-							. 1g			0.	
W-2, see	i	Other earned income (see instructions)											
instructions.	z	Add lines 1a through 1h							. 1z		31	5,328.	
Attach Sch. B	 2a	Tax-exempt interest	2a		Бт	axable interes	· · ·		. 2t				
if required.	3a	Qualified dividends	3a			Ordinary divide			. 3b				
	4a	IRA distributions	4a			axable amoun			. 4b				
Standard	5a	Pensions and annuities	5a		l	axable amoun			. 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					
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 <b>total income</b>							. 9		3!	5,328.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								)			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11		3!	5,328.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							. 12	2	2	5,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13	3			
Standard	14	Add lines 12 and 13							. 14	-		5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								5	9	9,428.	

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	943.
Credits	17	Amount from Schedule 2, line 3							17	
	18	Add lines 16 and 17							18	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	B. If zero or less,	enter -0					22	443.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	443.
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2				25a	3,6	518.		
	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)								
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	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31					lits		32	
	33	Add lines 25d, 26, and 32. T	,		•			_	33	3,618.
D. C I	34	If line 33 is more than line 24	· · · · · · · · · · · · · · · · · · ·						34	3,175.
Refund	35a								35a	3,175.
Direct deposit?	b								Jou	
See instructions.	d							/ilig5		
	36	Amount of line 34 you want			ad tay	36				
Amount		-				30				
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					37	
	38	Estimated tax penalty (see in	_			38			31	
Thind 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 identifi						•		
		name no. number (PIN)							2011	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here		ur signature	,	Date	Your occupation					nt vou an Identity
	10	Tour Signature		Tour occupation			1	Protection PIN, enter it here		
Joint return?				EVELOPER		(see inst.)				
See instructions.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation		ion		he IRS sent your spouse an		
Keep a copy for your records.								(see ins		ection PIN, enter it here
	Phone no. (614)483-4549		^	TIONE MAKEK				(0000	,	
		(021/100 101)						TINI		Check if:
Paid										
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/17/2023 P02082								
Use Only									678)965-9522	
	<u> </u>					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 <b>1040</b> (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