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.

•	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (MFS)	Head of	hous	ehold (HOF	d) [ifying surv ise (QSS)	iving
Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you	checke	ed the HOH or	r QSS	S box, ente	r the c	•	, ,	e qualifying
		on is a child but not your dependen						•				. , ,
Your first name and middle initial Last name					Yo	Your social security number						
RAKESH REDDY				TI					6	696-35-5979		
If joint return, spouse's first name and middle initial Last name							Spouse's social security nun					
PRAVALI	ζA		YELE	TI					A	PPLI	ED FOR	٤
							Pr	Presidential Election Campaign				
215 N MOORE RD 6008 C							Check here if you, or your					
City town or post office. If you have a foreign address, also complete spaces below. State							spouse if filing jointly, want \$3 to go to this fund. Checking a					
COPPELL					TX		75	019		•	ow will not	_
Foreign country name			F	Foreign province/state/county						your tax or refund.		
										You Spous		Spouse
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	rty o	r services);	or (b)	sell,		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard	Som	eone can claim:	ependent	Your spous	se as a	a dependent						
Deduction		Spouse itemizes on a separate retur	rn or you	were a dual-status	alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social securit	v	(3) Relationsh	qin	(4) Check th	e box it	oox if qualifies for (see instructions		
If more		First name Last name		number		to you		Child tax credit		Credit for other dependents		
than four												
dependents,												
see instructions and check	S											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	7	5,424.
meome	b	Household employee wages not re	eported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1a	a (see ins	structions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	instru	ctions)				1d		
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits 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 instruct	tions) .				٠.			1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h								1z	7	5,424.
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t.			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	t.			6b		
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	7	5,424.
aunitying analysis							10					
Head of	Head of 11 Subtract line 10 from line 9. This is your adjusted gross income							7	5,424.			
household, \$19,400									12	2	25,900.	
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Form	า 899	5-A				13		
any box under Standard	14	Add lines 12 and 13							14	2	25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	4	9,524.	

Form 1040 (2022	2)								1	Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		. 16	5,5	32.
Credits	17	Amount from Schedule 2, line	3				·	. 17	,	
	18	Add lines 16 and 17						. 18	5,5	32.
	19	Child tax credit or credit for ot	ther dependent	ts from Sched	ule 8812			. 19	,	
	20	Amount from Schedule 3, line	8					. 20)	
	21	Add lines 19 and 20						. 21	ı	
	22	Subtract line 21 from line 18. I						. 22	5,5	32.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			. 23	3	0.
	24	Add lines 22 and 23. This is yo						. 24	5,5	32.
Payments	25	Federal income tax withheld fi								
	а	Form(s) W-2				25a	10,5	67.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						. 25	d 10,5	67.
If	26	2022 estimated tax payments	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 from				28				
	29	American opportunity credit fr	om Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable	credits .	. 32	,	
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				. 33	10,5	67.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amou	nt you c	verpaid .	. 34	5,0	35.
neiulia	35a	Amount of line 34 you want re	funded to you	یا. If Form 8888	s is attached, che	ck here		35	a 5,0	35.
Direct deposit?	b	Routing number 3 2 5	0 7 0 7	6 0	c Type: 🛛] Checki	ng Sav	/ings		
See instructions.	d	Account number 8 1 7	9 6 5 1	0 3						
	36	Amount of line 34 you want ap	pplied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.						
You Owe		For details on how to pay, go	to www.irs.gov	v/Payments or	see instructions			. 37	,	
	38	Estimated tax penalty (see ins	tructions) .			38				
Third Party	Do	you want to allow another p	person to disc	cuss this retu	n with the IRS?	See				
Designee	ins	structions				[Yes. Com	plete below	v. 🔀 No	
		signee's me		Phone no.			Persona number	l identificatio	n	$\neg \neg$
<u> </u>								, ,		
Sign		der penalties of perjury, I declare that lief, they are true, correct, and compl								
Here	Yo	Your signature		Date Your occupation				If the IRS	sent you an Identit	tv
				·				Protection	PIN, enter it here	
Joint return?					SOFTWARE I	ENGIN	EER	(see inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat				sent your spouse a rotection PIN, enter	
your records.					HOME MAKER			(see inst.)	The client Fire, enter	TIL HEIE
	———Ph	one no. (971)570-9801		Email address	YELETIREDI		7 TT. COM			
		(* : = / = : = = = =	Preparer's signat		TELETIKEDI	Date		TIN	Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM S	, ,		GIIDTA TAI.I.AM			0208270		oved
Preparer		m's name GLOBAL TAXI			COL III IIIIIAN	102/0	_,		. (678)965-9	
Use Only		m's address 245 ROONEY		NSWICK N.	J 08816			Firm's EIN		
Co to vanes /== ==	- · · ·	m10.40 for instructions and the letter	information		D.4.			, o Eliv		0 (0000)



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

Application type (check one box):

Before you begin • Don't submit th	n: nis form if you have, or are eli	gible to get, a U.S	S. social sec	urity number (S	SN).		oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Read ederal tax return with Form									
a Nonresident	t alien required to get an ITIN to	claim tax treaty ber	nefit							
b Nonresident	t alien filing a U.S. federal tax re	turn								
_	nt alien (based on days present		_							
_	of U.S. citizen/resident alien									
e ⊠ Spouse of U	J.S. citizen/resident alien	If d or e , enter name RAKESH REDI					structions) ►			
f Nonresident	t alien student, professor, or res									
g Dependent/	spouse of a nonresident alien ho	olding a U.S. visa								
h Other (see in	nstructions) ►									
Additional information	on for a and f : Enter treaty coun			and treaty a	rticle numb	oer ►				
Name	1a First name	Mid	ldle name		Last n					
(see instructions)	PRAVALIKA				YEL					
Name at birth if different •	1b First name	Mic	ldle name	me Last na			name			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 215 N MOORE RD Apt 6008									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. COPPELL TX USA 75019									
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 Information	4 Date of birth (month / day / ye 02/15/1985	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 ☐ Male								
Other Information	6a Country(ies) of citizenship INDIA	.D. number (i	if any) 6c Type of U.S. visa (if any), number, and expiration date							
	6d Identification document(s) submitted (see instructions)									
	USCIS documentation OtherDate of entry into									
	the United lssued by: INDIA No.: U7571892 Exp. date: 01/10/2032 (MM/DD/Y									
	Issued by: INDIA No.: U7571892 Exp. date: 01/10/2032 (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 61	. If more than one, I	ist on a shee	and attach to the	s form (see	e instructio	ns).			
	6f Enter ITIN and/or IRSN ▶	ITIN		- 1	RSN		and			
	name under which it was	ssued ▶				_				
	First name Middle name Last name									
	6g Name of college/university or company (see instructions) ▶									
	City and state ► Length of stay ►									
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying 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.									
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number						nber			
, , ,	Name of delegate, if applicable (type or print)			Delegate's relation to applicant	onship	Parent Court-appointed guardiar Power of attorney				
Acceptance	Signature			Date (month / day	· · · · +	Phone				
Agent's	Name and title (time = :: =:	int\	Nome of -	l ampany		Fax	DTIN			
Use ONLY	ivaine and title (type or pr	Name and title (type or print) Name of c			ompany EIN Office co		PTIN			
	17					Office odde				