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	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (N	/IFS)	Head of	household (H	OH)		ifying surv ıse (QSS)	iving	
one box.	If yo	u checked the MFS box, enter the na	ame of y	our spouse. If you c	hecke	ed the HOH or	QSS box, er	ter the		, ,	e qualifying	
	pers	on is a child but not your dependent	:									
Your first name and middle initial Last				me					Your social security number			
KIRAN KUMAR THO				A					630-33-8397			
If joint return, spouse's first name and middle initial Last na				me					Spouse's social security number			
SINDHU PRIYA THOTA				A					APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.		Presider	ntial Election	on Campaign	
51J REAL										ere if you,		
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code									tly, want \$3 Checking a			
EDISON				NJ			08817			ow will not		
Foreign country name				Foreign province/state/county			Foreign postal code yo		your tax or refund.			
									☐ You ☐ Sp			
Digital		ny time during 2022, did you: (a) rece					-			□ v	▽ Na	
Assets		ange, gift, or otherwise dispose of a		<u>_</u>			asset)? (See	nstru	ctions.)	∐ Yes	⊠ No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate return		•		a dependent						
		☐ Were born before January 2, 1	958 _	<u> </u>	ouse:		n before Jan			Is bli		
Dependent	•	•	(2) Social security number			(3) Relationsh to you	ip · ·	(4) Check the bo				
If more	(1) FI	rst name Last name		Hamber		to you	Child	tax cr	eait	Credit for oth	ner dependents	
than four dependents,										L	┽──	
see instruction	s ——									L	┽──	
and check here [1 —									L		
11010	4 -	Total amount from Found(s) W.O. b.	1 /	- :					4-	<u>_</u>		
Income	1a	Total amount from Form(s) W-2, b	,	,				٠.	1a 1b		94,000.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2										
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								+		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26								+		
was withheld.	f								1f			
If you did not get a Form	g	Wages from Form 8919, line 6.							1g 1h		0.	
W-2, see	h :	Other earned income (see instructions)										
instructions.	i -	Add lines 1a through 1h	see msm	uctions)					1-		94,000.	
A# 0 D	z 2a		2a	· · · · i	 . T	 axable interes			1z 2b		74,000.	
Attach Sch. B if required.	2a 3a		3a			rdinary divide			3b			
	<u> </u>		4a						4b			
24	т а 5а		та 5а			axable amoun axable amoun			5b			
Standard Deduction for—	6a	_	6a			axable amoun			6b			
Single or	C	-		nothed check here					7			
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)							7	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin						٠ ـ	8			
jointly or	9	·	ome from Schedule 1, line 10 . 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							+ (94,000.	
Qualifying surviving spouse,	10									3	· · · · · · · · · · · · · · · · · · ·	
\$25,900 Head of	11	Adjustments to income from Schedule 1, line 26									94,000.	
household,	12	Standard deduction or itemized deductions (from Schedule A)									25,900.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A									, , , , , , , ,	
any box under	14	Add lines 12 and 13							13 14		25 , 900.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15		58,100.		
see instructions.			000	., 3 . 11113 13 y	•				.5		,	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,764.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	7,764.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0				22	7,764.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	7,764.
Payments	25	Federal income tax withheld							
. aymonto	а	Form(s) W-2				25a 8	,354.		
	b	Form(s) 1099							
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	8,354.
.,	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	3, line 8		29			
	30	Reserved for future use .		30					
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31.				undable credits		32	
	33	Add lines 25d, 26, and 32. Tl						33	8,354.
Refund	34	If line 33 is more than line 24	-					34	590.
neiulia	35a								590.
Direct deposit?	b	Routing number 0 2 1					Savings		
See instructions.	d	Account number 9 2 2	9 8 2 8	1 1			Ü		
	36	Amount of line 34 you want a	pplied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24.							
rou owe	38	For details on how to pay, go Estimated tax penalty (see in	_	-		38		37	
Third Party		you want to allow another							
Designee		structions	•				omplete b	elow.	X No
3	De	signee's		Phone			nal identif		
	naı	me		no.		numb	per (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and compared to the lief, they are true, correct, and compared to the lief.							
	Yo	ur signature	Date	Your occupation	I		nt you an Identity		
Joint return? See instructions. Keep a copy for				SOFTWARE ENGINEER				IIV, enter it riere	
	Sp	ouse's signature. If a joint return, b	Date Spouse's occupation					nt your spouse an	
your records.					 HOME MAKEI	(see i	,	ection PIN, enter it here	
,		one no. (848) 437-007(<u> </u>	Email address					
		one no. (848) 437-007(eparer's name	Preparer's signat		KIRANKUMART	.MBA@GMAIL.CC	PTIN		Check if:
Paid		'			מווסקא האדדאאו		P02082	2773	Self-employed
Preparer									(678) 965-9522
Use Only				INCMTOR M	J 08816				`
		m's address 245 ROONES		INDMICK IN			Firm'	2 EIIA	88-2145487
GO TO WWW.Irs.go	ov/r-orn	n1040 for instructions and the lates	st information.		BAA	REV 01/28/23 PRO			Form 1040 (2022)



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

• Don't submit th	ı: iis form if you have, or are eligil	ble to get, a U.S.	social sec	urity number (S	SN).		pply for a new ITIN enew an existing ITIN			
Reason you're si	ubmitting Form W-7. Read the	e instructions for	r the box y	ou check. Caut	ion: If you					
a Nonresident	t alien required to get an ITIN to cla	aim tax treaty bene	efit	•			•			
b Nonresident	t alien filing a U.S. federal tax return	n								
c U.S. resider	nt alien (based on days present in	the United State	s) filing a U.	S. federal tax retu	n					
d Dependent	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alier	n (see instr	uctions) ►				
e 🛛 Spouse of U		d or e, enter name KIRAN KUMAR					(20 22 0207			
f Nonresident	۔۔۔ alien student, professor, or resear t			eturn or claiming a						
	spouse of a nonresident alien hold	•	odorar tax re	rain or oraining a	похоорио	••				
h Other (see in		· ·								
	on for a and f : Enter treaty country	>		and treaty ar	ticle numb	er ▶				
Name	1a First name		lle name		Last na					
(see instructions)	SINDHU PRIYA				THO	THOTA				
Name at birth if	1b First name	Mido	lle name		Last na	ame				
different ►										
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 51J READING RD									
Address	City or town, state or province	e, and country. Inc	lude ZIP co	•		ropriate.				
	EDISON			NJ	USA		08817			
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 / year) Country of birth City and state or province (optional) 5 ☐ Male 11/01/1988 INDIA									
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I	D. number (i	any) 6c Type	of U.S. vis	a (if any), n	umber, and expiration date			
mormadon	6d Identification document(s) sul	bmitted (see instru	ctions)	Passport	Driver's	license/St	ate I.D.			
	USCIS documentation Other Date of entry into									
	the United States									
	Issued by: INDIA No.: M5989476 Exp. date: 02/03/2025 (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 6f. If more than one, list on a sheet and attach to this form (see instructions).									
	6f Enter ITIN and/or IRSN ► I		II	RSN	and					
	name under which it was iss	ued ▶								
	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 accompa documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to 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									
your records.	Name of delegate, if applica		Delegate's relation to applicant	nship	Parent Court-appointed guardian Power of attorney					
Acceptance	Signature			Date (month / day	/ year) F	Phone				
Agent's	7			F	ax					
Use ONLY	Name and title (type or print)	Name of c	lame of company EIN			PTIN				
	/ Off				Office co	fice code				