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 separate	ly (MFS)	Head of	household (H	IOH)			ng surviv (QSS)	/ing	
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	QSS box, e	nter t			` '	qualifying	
	pers	on is a child but not your dependen	t:										
Your first name and middle initial Last n				st name						Your social security number			
SHASHID	HAR I	REDDY	NEEL	NEELAM					078-89-8165				
AMULYA REDDY C				Last name						Spouse's social security number			
								APPLIED FOR					
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.		Preside	ntia	Election	n Campaign	
402 WINI	DY PE	EAK LOOP									if you, o		
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s _l	paces below.	Sta	te	ZIP code					y, want \$3 hecking a	
CARY					NC	;	27519				will not cl		
Foreign country name			F	oreign province/st	ate/count	У	Foreign posta	Foreign postal code		x or	refund.		
											You	Spouse	
Digital		ny time during 2022, did you: (a) red					-			_] v	⊠ No	
Assets		ange, gift, or otherwise dispose of					asset)? (See	ınstr	uctions.)		Yes	<u> </u>	
Standard	_	eone can claim:	•			a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus allen								
Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Jar	·] Is blin		
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	"P ' '	(4) Check the b		ı			
If more	(1) Fi	First name Last name		number		to you	Chile	Child tax cred		redit Credit for oth		r dependents	
than four												<u> </u>	
dependents, see instruction	s ——												
and check	, —							ᆜ					
here]							Ш					
Income	1a	Total amount from Form(s) W-2, k	`	,					. 1a	-	121	1,226.	
Attack Farms(a)	b	Household employee wages not r		, ,					. 1k	-			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1							. 10	-			
attach Forms	d	Medicaid waiver payments not re		` ,	ee instru	ctions)			. 10	-			
W-2G and 1099-R if tax	e	Taxable dependent care benefits		•				•	. 16	-			
was withheld.	f	Employer-provided adoption bene						•	. 1f	-			
If you did not	g	Wages from Form 8919, line 6.						•	. 10				
get a Form W-2, see	h	Other earned income (see instruction					· · · ·		. 1h	1		0.	
instructions.	i -	Nontaxable combat pay election	see instr	uctions)		<u>1</u> i			4-		10.	1,226.	
A.I. J. O. J. D.	Z	Add lines 1a through 1h	00		 _{ь т}			•	. 1z	-		1,220.	
Attach Sch. B if required.	2a	Tax-exempt interest Qualified dividends	2a 3a			axable interes		•	. 2b	-			
	3a 4a	IRA distributions	4a			rdinary divide		•	. 4b	-			
Manual and	5a	Pensions and annuities	5a			axable amoun axable amoun			. 5b	-			
Standard Deduction for—	6a	Social security benefits	6a			axable amoun			. 6b	-			
Single or Married filing	С	If you elect to use the lump-sum		method check h	1			•					
separately,	7	Capital gain or (loss). Attach Sche		,	`	,		•					
\$12,950 Married filing	8	Other income from Schedule 1, lir		•	•			•	. 8	-			
jointly or	9	Other income from Schedule 1, line 10							. 9		121	1,226.	
Qualifying surviving spouse,	10	Adjustments to income from Sche						•	. 10	,		_,	
\$25,900 Head of	11	Adjustments to income from Schedule 1, line 26									121	1,226.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								2		5 , 900.	
\$19,400 If you checked	13	Qualified business income deduc				5-A .			. 13	-		<u> </u>	
any box under Standard	14	Add lines 12 and 13							. 14	-	2 '	5 , 900.	
Deduction,	15	Subtract line 14 from line 11. If ze								\neg		5,326.	
see instructions.	,				,					_		,	

Form 1040 (202)	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	12,206.
Credits	17	Amount from Schedule 2, lin	17						
	18	Add lines 16 and 17						18	12,206.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,206.
	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 total tax					24	12,206.
Payments	25	Federal income tax withheld							
. ayee	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	19,822.
.,	26	2022 estimated tax paymen						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812							
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31					ts	32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	19,822.
Refund	34	If line 33 is more than line 24						34	7,616.
	35a	Amount of line 34 you want				•		35a	7,616.
Direct deposit?	b	Routing number 1 2 1				-	∟ Savings		,
See instructions.									
	36	Amount of line 34 you want				36			
Amount	37					00			
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	•		1 1		37	
Third Party		you want to allow another							
Designee		structions	•				. Complete	below.	X No
Designee		signee's		Phone			ersonal iden		
		me		no.			umber (PIN)		
Sign		der penalties of perjury, I declare t			1 , 0		,		, ,
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is l	based on all inform			,
TICIC	Yo	ur signature	Date Your occupation					nt you an Identity	
					 SOFTWARE ENGINEER			e inst.)	IN, enter it here
Joint return? See instructions.	Sn							t your spouse an	
Keep a copy for	Ор								ection PIN, enter it here
your records.	HOME MAKER (Se						(see	e inst.)	
	Ph	one no. (270) 996-508	0	Email address	SHASHI054	0@GMAIL.C	OM		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	м 02/11/202	3 P0208	32703	Self-employed
Preparer		m's name GLOBAL TA							(678) 965-9522
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
Go to www irs a	ov/Form	n1040 for instructions and the late			BAA	REV 02/05/23 PR			Form 1040 (2022
						INE V OZIODIZO FIN			



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 Before you begin: 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 If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) SHASHIDHAR REDDY NEELAM SHASHIDHAR 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 Middle name Last name Name AMULYA REDDY CHITUKULA (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 402 WINDY PEAK LOOP Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 27519 CARY USA 3 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 Information 09/26/1998 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 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.: W1550721 Exp. date: 06/08/2032 Issued by: INDIA (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 ▶ 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 your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company **Use ONLY** Office code