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

2022	2
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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	(MFS)	Head of	household (НОН)			fying survi se (QSS)	ving	
one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box,	enter		•	` ,	e qualifying	
Your first name	and mi	ddle initial	Last nar	me					You	ur soc	ial security	number	
LINGA R	EDDY		NARE	EDLA						284-87-0295			
If joint return, spouse's first name and middle initial Last name				me					Spo	Spouse's social security number			
MEGHANA REDDY AMIRE				EDDY					AF	APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no).	Pre	siden	tial Election	n Campaign	
8100 GA	YLORI) PKWY					1250)			ere if you, c		
City, town, or p	oost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code				f filing jointl this fund. C		
FRISCO				TX 75			75034				w will not c		
Foreign country name Fo			Foreign province/state/county For			Foreign pos	oreign postal code your tax o			or refund.			
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				•	, .	` '		☐ Yes	⊠ No	
Standard		eone can claim:				a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	s alien								
Age/Blindnes			958	Are blind S	pouse	: Was bor	n before Ja				☐ Is blir		
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	_{iip} (4) Che	ck the	box if	1		nstructions):	
If more	(1) Fi	rst name Last name		number		to you	Ch	ild tax	credit	(Credit for other	er dependents	
than four dependents,											<u>L</u>		
see instruction	s ——										<u>L</u>		
and check _	, —										<u>L</u>		
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	7	8 , 723.	
	b	Household employee wages not re	•	` '						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 2	. 9					1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruct	tions) .							1h		0.	
instructions.	i	Nontaxable combat pay election (see instr	uctions)		<u>1i</u>							
	Z _	Add lines 1a through 1h								1z	7	8 , 723.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b			
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds			3b			
	4a	_	4a			axable amoun				4b			
Standard	5a	-	5a			axable amoun				5b			
Deduction for— Single or	6a	,	6a			axable amoun	t		·	6b			
Married filing separately,	С	If you elect to use the lump-sum e		•	`	,							
\$12,950	7	Capital gain or (loss). Attach Sche		required. If not red	quired	, check here				7			
Married filing jointly or	8	Other income from Schedule 1, lin								8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									7	8,723.	
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										8,723.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedu	le A)					12	2	5,900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A											
Standard	14	Add lines 12 and 13								14		5,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	your t	taxable incom	ne			15	5	2,823.	

Form 1040 (202	2)								Page 2
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	5,928.
Credits	17	Amount from Schedule 2, line							
	18	Add lines 16 and 17	. 18	5,928.					
	19	Child tax credit or credit for o	ther dependent	s from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line	8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				. 22	5,928.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is y	our total tax					. 24	5,928.
Payments	25	Federal income tax withheld t							
	а	Form(s) W-2	97.						
	b	Form(s) 1099				25b			
	С	Other forms (see instructions))			25c			
	d	Add lines 25a through 25c .						. 25d	8,097.
If you have a	26	2022 estimated tax payments	and amount ap	oplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit f	rom Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	15			31			
	32	Add lines 27, 28, 29, and 31.	. 32						
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				. 33	8 , 097.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you ove	rpaid .	. 34	2,169.
	35a	Amount of line 34 you want re	35a	2,169.					
Direct deposit?	b	Routing number 0 6 3			c Type:] Checking	Sav	ings	
See instructions.	d	Account number 8 7 6	9 1 7 8	4 5 3					
	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. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see ins	structions) .			38			
Third Party Designee		you want to allow another structions					/es. Comp	olete below.	⊠ No
		signee's		Phone				identification	
		me		no.			number (l		
Sign		der penalties of perjury, I declare th lief, they are true, correct, and comp							
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity
		S			· ·				IN, enter it here
Joint return?					SOFTWARE		R	(see inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation				nt your spouse an ection PIN, enter it here
your records.					HOME MAKE	R		(see inst.)	
	Ph	one no. (727) 421-8927		Email address	LINGAREDDY.N	AREDLA@GM	AIL.COM		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PT	IN	Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/22/	2023 P0	2082703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	ES LLC					Phone no.	(678) 965-9522
Use Only	Fir	m's address 245 ROONEY		NSWICK N	J 08816			Firm's EIN	84-3171965
Co to ununu iro o	//	n1040 for instructions and the leter	t information						F 1040 (2000)



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: is form if you have, or are eligib	ole to get, a U.S.	social sec	urity number (SS	SN).		pply for a new ITIN new an existing ITIN			
Reason you're si	ubmitting Form W-7. Read the ederal tax return with Form W	instructions for	r the box y	ou check. Caut	on: If you					
a Nonresident	alien required to get an ITIN to claim	im tax treaty bene	efit	-						
b Nonresident	alien filing a U.S. federal tax return	1								
c U.S. resider	t 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	ı (see instr	uctions) ►				
e 🛭 Spouse of U		d or e, enter name INGA REDDY		TN of U.S. citizen/	resident al	ien (see in:	structions) ►			
f Nonresident	alien student, professor, or researd				n exceptio	 n				
	spouse of a nonresident alien holdi	_		3						
h Other (see in										
	on for a and f : Enter treaty country			and treaty ar	ticle numb	er ▶				
Name	1a First name	Midd	lle name	-	Last na	ame				
(see instructions)	MEGHANA REDDY				AMI	REDDY				
Name at birth if different •	1b First name	Midd	lle name		Last na	ame				
Applicant's		2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 8100 GAYLORD PKWY APT 1250								
Mailing	City or town, state or province		lude ZIP co	de or postal code	where app	ropriate.				
Address	FRISCO	,, a		TX USA 75034						
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / year) 06/27/1995	Country of birth INDIA		City and state or	province (optional)	5 ☐ Male			
		D. number (if								
Other Information	6a Country(ies) of citizenship Sometime INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date									
illolliadoli	6d Identification document(s) sub	mitted (see instru	ctions)	Passport	Driver's	license/St	ate I.D.			
	USCIS documentation OtherDate of entry into									
	the United Sta						•			
	Issued by: INDIA No.: R2051133 Exp. date: 08/23/2027 (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).									
			t on a sheet			instruction				
	6f Enter ITIN and/or IRSN ► IT		IF	RSN		and				
	name under which it was issu	ıed ► First	name	Middle r	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 accompany documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sh 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 / da					Phone num	aber			
•	Name of delegate, if applicab		Delegate's relation to applicant	nship	☐ Parent ☐ Court-appointed guardian☐ Power of attorney					
Acceptance	Signature			Date (month / day	, , .	Phone				
Agent's	7				ax					
Use ONLY	Name and title (type or print)	Name of co	ne of company EIN			PTIN				
	/ Offic						ce code			