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

2022
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OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single X Married filing jointly [	Marrie	ed filing separate	ly (MFS)	Head of	househo	ld (HOF	H) [		fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	your spouse If yo	u chack	red the HOH or	. 088 ha	v onto	r tha	•	se (QSS)	e aualifyina
one box.	-	on is a child but not your depender	-	your spouse. If yo	ou criecr	ked the HOHO	Q33 bt	ix, ente	i liie	Ciliu S	name ii ti	e qualitying
Your first name			Last na	me.						our soc	ial securit	v number
										496-93-4163		
				DONE LA  Last name						Spouse's social security number		
, , , , , , , , , , , , , , , , , , , ,				KAMBALA						APPLIED FOR		
	(numbe	er and street). If you have a P.O. box, se					Ant	. no.	_	Presidential Election Campaign		
			e iristructi	0113.			'		- 1		ere if you,	
		LAKE CIRCLE ce. If you have a foreign address, also c	omploto s	lete spaces below. State Z			ZIP cod	120			, ,	tly, want \$3
		ce. If you have a foreign address, also c	ompiete s	paces below.			2728			•		Checking a
JAMESTOWN Foreign country name											w will not or refund.	change
Foreign country	oreign country name Toreign			roreign province/st	eight province/state/county			oreign postal code   your ta		oui tax	You Spouse	
<b>.</b>	Δ1								//	·		орошос
Digital Assets		ny time during 2022, did you: (a) red ange, gift, or otherwise dispose of					-				Yes	⊠ No
Assets		eone can claim:				a dependent	asset): (	See III	Struc	110115.)	163	
Standard Deduction			•									
Deduction		Spouse itemizes on a separate retu	iii or you	i were a duar-sta	lus allei	<u> </u>						
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bor	n before	Janua	ry 2,	1958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) (	Check th	e box	if qualifi	es for (see	instructions):
If more	e (1) First name Last name number			to you		Child tax cr		dit (	Credit for oth	ner dependents		
than four											[	
dependents, see instruction:	<u> </u>										[	
and check	5 —										[	
here	]										[	
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions)						1a	6	51 <b>,</b> 567.
IIICOIIIE	b	Household employee wages not reported on Form(s) W-2							1b			
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form	h	•		ions)						1h		0.
W-2, see	i	•	,									
instructions.	z								1z	1 6	51,567.	
Attach Sch. B	2a	Tax-exempt interest	2a		ЬТ	axable interes	t .			2b		,
if required.	3a	Qualified dividends	3a			Ordinary divide				3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
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					· .	OD.		
separately,	7	Capital gain or (loss). Attach Sche		•	`	,				7		
\$12,950 Married filing	8	,		•	•					8		
jointly or	9	Other income from Schedule 1, line 10								9		51,567.
Qualifying surviving spouse,	10			-						10	+	) <b>,</b> J O / •
\$25,900		Adjustments to income from Scho	•								+ ,	1 507
Head of household,	11	Subtract line 10 from line 9. This i	-							11		51,567.
\$19,400	12	Standard deduction or itemized								12	1	25 <b>,</b> 900.
If you checked any box under	13	Qualified business income deduc								13	+	
Standard Deduction,	14	Add lines 12 and 13							14		<u>25,900.</u> 35,667.	
see instructions.	15	Subtract line 14 from line 11. If Ze	or les	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								

Form 1040 (202:	2)								Page 2
Tax and	16	Tax (see instructions). Check if a	any from Form(	s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		. 16	3,870.
Credits	17	Amount from Schedule 2, line 3							
	18	Add lines 16 and 17						. 18	3,870.
	19	Child tax credit or credit for oth	ner dependents	s from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line 8	3					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				. 22	3,870.
	23	Other taxes, including self-emp	oloyment tax, f	rom Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is yo	ur <b>total tax</b>					. 24	3,870.
Payments	25	Federal income tax withheld from							
	а	Form(s) W-2				25a	8,7	81.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						. 25d	8,781.
If you have a	26	2022 estimated tax payments a	and amount ap	plied 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 S	Schedule 8812			28			
	29	American opportunity credit fro	om 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. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. The	se are your <b>to!</b>	tal payments				. 33	8,781.
Refund	34	If line 33 is more than line 24, s							4,911.
	35a	Amount of line 34 you want ref				•	=	_	4,911.
Direct deposit?	b	Routing number 0 6 1 0			c Type:			rings	
See instructions.	d	Account number 8 3 8 5 8 6 1 6 9							
	36	Amount of line 34 you want app	plied to your 2	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. T	his is the <b>amo</b>	unt you owe.					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						. 37	
	38	Estimated tax penalty (see inst				38			
Third Party Designee		you want to allow another pestructions					Yes. Comp	olete below.	<b>⋉</b> No
Ü	De	signee's		Phone				identification	
	na	me		no.			number (	(PIN)	
Sign		der penalties of perjury, I declare that lief, they are true, correct, and comple							
Here	Yo	ur signature		Date	Your occupation				ent you an Identity
					·				IN, enter it here
Joint return?				EMPLOYEE  Date Spouse's occupation				(see inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupat	ion			ent your spouse an ection PIN, enter it here
your records.					HOME MAKER				(see inst.)
	———Ph	one no. (470) 237-6867		Email address	CHALAPATI.DO		ATICOM		
			reparer's signatu	ıre	VIII I I I I I I I I I I I I I I I I I	Date		ΓΙΝ	Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM SY			GUPTA TALLAM	02/26/	2023 PO	2082703	Self-employed
Preparer		m's name GLOBAL TAXE				1 / 2 3 /	- 0		(678) 965-9522
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			Firm's EIN	84-3171965
Co to warm for		at 10.40 few instructions and the letter!	nformation	32021 110				, 5 2 1	5 1040 (2222)



## 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):

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) ▶ CHALAPATHI DONELA 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 LAVANYA KAMBALA (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 4508 CROWNE LAKE CIRCLE Apt 2D **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** JAMESTOWN 27282 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 10/09/1998 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 ATOMT 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.: R9356984 Exp. date: 03/04/2028 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 EIN **Use ONLY** Office code