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.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Your first name and middle initial	Filing Status Check only	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separate	y (MFS)	☐ Head of	household	(HOH	H) [fying sun se (QSS)	viving	
VAMSHI KRISHNA VEDIRE S74-65-3909	one box.	-		-	our spouse. If yo	u check	ed the HOH or	r QSS box	, ente	r the	child's	name if th	ne qualifying	
If print return, spouse's first name and middle initial Last name ShTVANT APFILED FOR APFI	Your first name and middle initial Last name							Y	Your social security number					
SHIVANI	VAMSHI KRISHNA YED				RE					5	574-65-3909			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2007 2007 5000	If joint return, s	pouse's	first name and middle initial	Last nar	me					S	Spouse's social security number			
45 RIVER DR S	SHIVANI			KALV	A					P	APPLIED FOR			
State Standard State S	Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. ı	10.	Р	residen	tial Electi	on Campaign	
DERSEY CITY All and provided a fidely authors, as Journal provided a fidely authors, as Journal provided a fidely authors, as Journal provided a fidely and provided a fidely as Journal provided a fidely as Journal provided and provided	45 RIVER	R DR	S					200	7					
September Foreign province/state/country Foreign postal code September Foreign province/state/country Foreign postal code September Se	City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	es below. State ZII								
Spouse Standard Section Sect	JERSEY (CITY			NJ (
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, assets sexhange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). \ Yes \infty No Standard Deduction \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate return or you were a dual-status allen \ Spouse itemizes on a separate r	Foreign country	/ name		F	Foreign province/state/county			Foreign po	Foreign postal code yo			your tax or refund.		
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).												You	Spouse	
Same of the content	Digital Assets			•				•	,	,	,	☐ Yes	⊠ No	
Spouse itemizes on a separate return or you were a dual-status alien		Som	eone can claim:	ependent	Your spe	ouse as	a dependent							
Comparison Com	Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	tus alien								
If more than four dependents, see instructions and check here	Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn before .	Janua	ıry 2,	1958	☐ Is bl	ind	
If more If If more If	Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Ch	eck th	e box	if qualifi	es for (see	instructions):	
dependents, see instructions and check here	If more	(1) Fi	rst name Last name		number		to you		Child tax c		dit	Credit for other dependents		
see instructions and check here	than four													
Income Income Income Income		s												
Total amount from Form(s) W-2, box 1 (see instructions)	and check													
b Household employee wages not reported on Form(s) W-2. Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 Mages from Form 8919, line 6 Other earned income (see instructions) In Nontaxable combat pay election (see instructions) Add lines 1 a through 1h Add lines 1 a thro	here													
Hattach Form(s) W-2 here. Also W-2 here. Also W-2G and 1099-Ri if tax was withheld. If you did not get a Form W-2, see instructions. It gmoloyer-provided adoption benefits from Form 2441, line 26 Employer-provided adoption benefits from Form 8839, line 29 If was withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form W-2, see instructions. It was a withheld. If you did not get a Form was a with wa	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	10	04,059.	
W-2 here. Also attach Forms W-2G and 1099-Ri if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. In the component of the first of the properties of the p		b	. ,		` '						1b			
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 ff you did not get a Form h Other earned income (see instructions) to Wages from Form 8919, line 6 Other earned income (see instructions) to Wages from Form 8919, line 6 Other earned income (see instructions) to Wages from Form 8919, line 6 Other earned income (see instructions) to Wages from Form 8919, line 6 Other earned income (see instructions) to Wages from Form 8919, line 6 Other earned income (see instructions) to Wages from Form 8919, line 6 Taxable dependent care benefits from Form 8839, line 29 If you glar form Form 8919, line 26 Tax-exempt interest 2a		С	Tip income not reported on line 1a (see instructions)											
1099-Rif tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f	attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
### was withheld. If you did not get a Form W-2, see instructions. ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Add lines 1a through 1h ### Tax-exempt interest ### Day Interest ### Day Interest ### Tax-exempt interest ### Day I	W-2G and	е	·								1e			
Note	was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
W-2, see instructions. I Nontaxable combat pay election (see instructions) Add lines 1a through 1h Tax-exempt interest Add lines 1a through 1h Tax-exempt interest B D Taxable amount B D Tax	If you did not	g	Wages from Form 8919, line 6 .								1g			
Instructions. Z Add lines 1a through 1h Attach Sch. B B Taxable amount . Atb. B Ata D Taxable amount . Atb. B Ata D Taxable amount . Atb D Taxable amount .	get a Form	h	Other earned income (see instruct	ions)							1h		0.	
Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b 3a Qualified dividends . 3a b Ordinary dividends . 3b 4a IRA distributions . 4a b Taxable amount . 4b 3b Taxable amount . 4b 4ctandard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 12 Standard deduction or itemized deduction from Schedule A) 13 Qualified dividends . 3a b Ordinary dividends . 3b 14 a IRA distributions . 4a b Taxable amount . 4b 15 b Taxable amount . 5b 16 a Social security benefits . 6a b Taxable amount . 66b 16 b Taxable amount . 6b 17 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 7 27 Capital gain or (loss). Attach Schedule D if required. If not required, check here . 9 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 9 10 Subtract line 10 from line 9. This is your adjusted gross income . 10 11 104,059. 12 Standard deduction or itemized deductions (from Schedule A) . 12 25,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income . 15 28 Deduction . 15 29 Add lines 12 and 13 20 Deduction . 15 20 Deducti	instructions.	i	Nontaxable combat pay election ((see instructions)										
If required. 3a Qualified dividends 3a b Ordinary dividends		z	Add lines 1a through 1h								1z	10	<u> </u>	
Table Tabl	Attach Sch. B	2a	Tax-exempt interest	2a							2b			
Standard beduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 190 Qualified business income deduction from Form 8995 or Form 8995-A Pensions and annuities . 5a	if required.	<u>3a</u>	Qualified dividends	3a		b O	rdinary divide	nds			3b			
Social security benefits Ga b Taxable amount Gb		4a		4a							4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$25,900. Add lines 12 and 13 Add lines 12 and 13 Social secturity beriefits	Standard										5b			
Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$22,900		6a	-					t			6b			
### Capital gain of (loss). Attach Schedule Diffequired, the required, check here ### Other income from Schedule 1, line 10 ### Other income from Schedule 1, line 10 ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ### Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ##	Married filing													
jointly or Qualifying Spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income										. Ш	7			
Qualifying surviving spouse, standard any box under Standard 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 104, 059. Adjustments to income from Schedule 1, line 26 10 Subtract line 10 from line 9. This is your adjusted gross income 11 104, 059. Standard deduction or itemized deductions (from Schedule A) 12 25, 900. If you checked any box under Standard 14 Add lines 12 and 13 14 25, 900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 78, 159.			•								_			
Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description, Descrip	Qualifying				-	lincome					9	10	<u> </u>	
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Description: 12 Standard deduction or itemized deductions (from Schedule A)			•	-							10			
Standard deduction or itemized deductions (from Schedule A) 12 25,900.	Head of Subtract line 10 from line 9. This is your adjusted gross income .										11			
any box under Standard Deduction, 14 Add lines 12 and 13 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income. 15 78, 159		12										1 :	<u> 25,900.</u>	
Standard 14 Add lines 12 and 13 1. 25,900 Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income. 15 78, 159														
	Standard													
		15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		78 , 159.	

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌	1	16	8,9	70.
Credits	17	Amount from Schedule 2, lin	e3				1	17		
	18	Add lines 16 and 17					1	18	8,9	70.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19		
	20	Amount from Schedule 3, lin	e 8				2	20		
	21	Add lines 19 and 20					2	21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	8,9	70.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	23		0.
	24	Add lines 22 and 23. This is	your total tax				2	24	8,9	70.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a 18,	,553.			
	b	Form(s) 1099								
	С	Other forms (see instructions								
	d	Add lines 25a through 25c	2	5d	18,5	53.				
	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, lin								
	32	Amount from Schedule 3, line 15								
	33	Add lines 25d, 26, and 32. T					_	32 33	18,5	53.
Defined	34	If line 33 is more than line 24						34		83.
Refund	35a	Amount of line 34 you want				•	. 🗆 3	5a		83.
Direct deposit?	b	Routing number 0 2 1					Savings			
See instructions.	d	Account number 4 8 3					3			
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24								
You Owe	0,	For details on how to pay, g	з	37						
	38	Estimated tax penalty (see in	_	-		38				
Third Party	Do	you want to allow another				See				
Designee [*]	ins	structions				. 🗌 Yes. Co	mplete belo	w.	× No	
		signee's		Phone			nal identificat	ion _	$\overline{}$	$\neg \neg$
		me		no.			er (PIN)		<u> </u>	
Sign		der penalties of perjury, I declare tilef, they are true, correct, and com								
Here		ur signature	protor Boolaranon (Date	Your occupation			you an Identif	•	
	10	ur signature		Date	Tour occupation	I		l, enter it here	•	
Joint return?					SOFTWARE E	NGINEER	(see inst.	.)		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation			your spouse a		
Keep a copy for your records.								_	tion PIN, ente	r it here
,		(716) (02 455	^	Farail address	HOME MAKER		(see inst.	<u> </u>		
		one no. (716) 603-455 eparer's name		Email address	YEDIREVAMSHIKE	RISHNA@GMAIL.CO			Ob a alv ife	
Paid			Preparer's signat		מידדייי	Date	PTIN P0208270		Check if:	ovod
Preparer									Self-empl	
Use Only									78) 965-9	
				NSWICK N			Firm's El	N	84-3171	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 104	U (2022)



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

An IRS individual	taxpayer	identification num	ber (ITIN) is	s for U.S. feder	al tax pui	rposes	only.		ion type (check one box):		
Before you begin • Don't submit th		ou have, or are eligik	ble to get, a	U.S. social sec	urity numl	ber (SSI	V).		oply for a new ITIN enew an existing ITIN		
		Form W-7. Read the return with Form V							ox b, c, d, e, f, or g, you s).		
a Nonresident	alien require	ed to get an ITIN to cla	aim tax treaty	benefit		-	-				
b Nonresident	alien filing a	a U.S. federal tax returi	n								
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return											
								ructions) 🕨			
e 🛛 Spouse of U	I.S. citizen/re			name and SSN/ITRISHNA YEDI				alien (see in			
f Nonresident	alien stude	nt, professor, or resear	cher filing a	U.S. federal tax re							
g Dependent/s	spouse of a	nonresident alien hold	ing a U.S. vis	sa							
h Other (see in	nstructions) I	>									
Additional information	n for a and	f: Enter treaty country				reaty artic	cle numb	oer ►			
Name	1a First na	ame		Middle name			Last n	ame			
(see instructions)	SHIV	/ANI					KAI	VA			
Name at birth if different ▶	1b First na	ame		Middle name Last r				name			
Applicant's		address, apartment nu		ıl route number. I	you have	a P.O. b	ox, see	separate i	nstructions.		
Mailing	45 RIVER DR S APT 2007										
Address	City or	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	JERS	JERSEY CITY NJ USA							07310		
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	e, and count	ry. Include postal	code where	e approp	riate.				
Birth	4 Date of	birth (month / day / year)	Country of	birth	City and	state or p	rovince	(optional)	5 Male		
Information	12/1	12/1995	INDIA								
Other Information		6a Country(ies) of citizenship 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) submitted (see instructions)										
	USCIS documentation OtherDate of entry into										
								the United States			
	Issued by: INDIA No.: V5199357 Exp. date: 12/13/2031 (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						SN		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 ►										
Sign	documentati	on and statements, and	to the best	of my knowledge a	nd belief, it	is true,	correct, a	and complete	eation, including accompanying e. I authorize the IRS to share		
Here	intormation v	with my acceptance agent	t in order to pe	rrect this Form W-7	Application	TOT IKS In	aividual T	axpayer Ider	ntification Number.		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)					Date (month / day / year) F			Phone number		
	Name	of delegate, if applica	orint)	int) Delegate's r to applicant		ant		Parent Court-appointed guardian Power of attorney			
A	Signa	ture		Date (month / da			Phone				
Acceptance	•				, , , , , , , , , , , , , , , , , , , ,			Fax			
Agent's	Name	Name and title (type or print)			Name of company			PTIN			
Use ONLY					company EIN Office co			code			