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 Check only	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (H0	OH)			g surviv QSS)	ing
one box.	-	u checked the MFS box, enter the ron is a child but not your dependen	-	our spouse. If yo	ou check	ed the HOH or	QSS box, en	ter th	e child's	nam	e if the	qualifying
Your first name			Last nai	me					Your so	cial s	ecurity	number
BHANUCHA			THUM						200-06-0672			
			Last na						Spouse's social security number			
VANITHA	,		MANY						APPLI			,
	(numbe	r and street). If you have a P.O. box, see					Apt. no.					Campaign
18620, 5	•						J1073		Check h			
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code					/, want \$3
REDMOND				WA			98052		to go to this fund. Checking a box below will not change			
Foreign country	/ name		F	Foreign province/state/county			Foreign postal	code		your tax or refund.		
											You	Spouse
Digital		y time during 2022, did you: (a) rec					-				·	—————————————————————————————————————
Assets		ange, gift, or otherwise dispose of					asset)? (See	nstru	ctions.)	Ш	Yes	⊠ No
Standard Deduction		eone can claim:	•			a dependent						
Age/Blindness		_		_	Spouse	: Was bo	rn before Janı	Jarv 2	. 1958		Is bline	d
Dependent				(2) Social sec	•	(3) Relationsh				fies fo		structions):
If more		rst name Last name		number	unity	to you	"P	tax cr				r dependents
than four								П				· · · · · · · · · · · · · · · · · · ·
dependents,	-							$\overline{\Box}$			一声	
see instruction: and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 1a		59	260.
moonic	b	Household employee wages not r	eported	on Form(s) W-2					. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions) .					. 1c			
attach Forms	d	Medicaid waiver payments not re	oorted or	n Form(s) W-2 (s	ee instru	ctions)			. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from For	m 2441, line 26					. 1e			
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line	29 .				. 1f			
If you did not	g	Wages from Form 8919, line 6 .							. 1g			
get a Form	h	Other earned income (see instruct	tions) .						. 1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>li</u>						
	Z	Add lines 1a through 1h							. 1z		59	9 <b>,</b> 260.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			. 2b			
if required.	<u>3a</u>	Qualified dividends	3a		1	rdinary divide			3b			
	4a	IRA distributions	4a		1	axable amoun			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		1	axable amoun			5b			
Single or	6a	Social security benefits	6a		1	axable amoun	t		. 6b			
Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here					. L	╣ ┞						
\$12,950	7	,		·				. L	J 7	-		
Married filing jointly or	8	Other income from Schedule 1, lin							. 8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	_	55	9 <b>,</b> 260.
\$25,900	10	Adjustments to income from Schedule 1, line 26							10	_		260
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11			9,260.
\$19,400	12					 5 A			12			5 <b>,</b> 900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	_		- 000
Standard Deduction,	14 15	Add lines 12 and 13						14				
see instructions.		Capalact into 14 Holli line 11. Il Ze	. 0 01 168	o, critor -0 11115	is your t				15			,, 500.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	3,594.
Credits	17	Amount from Schedule 2, lir	-				[	17	
	18	Add lines 16 and 17					[	18	3,594.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lir	ie 8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	3,594.
	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 <b>total tax</b>				[	24	3,594.
Payments	25	Federal income tax withheld							<u>,                                      </u>
,	а	Form(s) W-2				<b>25a</b> 4	,560.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	4,560.
16	26	2022 estimated tax paymen	ts and amount a	pplied 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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				ındable credits		32	
	33	Add lines 25d, 26, and 32. T					[	33	4,560.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	966.
neiuliu	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, ched	ck here	. 🗆 🛚	35a	966.
Direct deposit?	b	Routing number 1 2 1					Savings		
See instructions.	d	Account number 3 2 5	1 3 7 6	1 5 1 (	0   8   "     "				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party Designee		you want to allow another	person to disc	cuss this retu		See	mplete be	elow.	X No
Doolgilloo		signee's		Phone			nal identific		
		mě		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tilef, they are true, correct, and com							
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity
					COMPUTER SYSTEMS ANALYST			tion Pl st.)	N, enter it here
Joint return? See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.		Data			1 ,		nt your spouse an
Keep a copy for	Sβ	ouse's signature. If a joint return, i	Date Spouse's occupation					ection PIN, enter it here	
your records.		HOME MAKER (Se				(see in	ee inst.)		
	Ph	one no. (949) 685-945	4	Email address	BHANUTHUME	BA@GMAIL.CO	M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/30/2023	P02082	703	Self-employed
Preparer	Fin	m's name GLOBAL TA	XES LLC				Phone	no. (	678) 965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/18/23 PRO			Form <b>1040</b> (2022)

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

BHANUCHANDAR THUMBA & VANITHA MANYAM 20			200-06-0672						
reparer's name Preparer tax identify				per					
	SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703								
Part	·								
	Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V or the benefit(s) claimed (check all that apply).								
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A				
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheol 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instruction worksheet(s) that provides the same information, and all related forms and schedules claimed?	fule 8812 (Form s, or your own	X						
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rathe following.								
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	•							
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		×						
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	stent? (If "Yes,"		×					
а	Did you make reasonable inquiries to determine the correct, complete, and consistent in	formation? .							
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	I the impact the							
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in question 4b, a copy of this Form 886 applicable worksheet(s), a record of how, when, and from whom the information used t 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	×						
	List those documents provided by the taxpayer, if any, that you relied on:								
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		X						
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	s year?	X						
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	•							
а	Did you complete the required recertification Form 8862?								
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?								

Form 88	867 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
Ū	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
12	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
	statement to the return?	×		
Part	The state of the s		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	alified	Yes	No
Doub	tuition and related expenses for the claimed AOTC?		Dort 1	
Part	<b>Due Diligence Questions for Claiming HOH</b> (If the return does not claim HOH filing statuded Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	VI.) No
14	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	T es	NO
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	l filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/o	the retor HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	"s eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		X	



## 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 If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e X Spouse of U.S. citizen/resident alien BHANUCHANDAR THUMBA 200-06-0672 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 VANITHA MANYAM (see instructions) 1b First name Middle 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 18620, 58THCT APT J1073 **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** REDMOND 98052 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 12/28/1986 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.: V5413738 Exp. date: 12/21/2031 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