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.

Check only one box.  If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter person is a child but not your dependent:  Your first name and middle initial  KISHORE  CHEBROLU  If joint return, spouse's first name and middle initial  SOWJANYA  GORIPATI  Home address (number and street). If you have a P.O. box, see instructions.  31.20 NAMANS RD  CIty, town, or post office. If you have a foreign address, also complete spaces below.  State  JP code  WILMINGTON  Foreign country name  Foreign province/state/county	You 03 Spo AP Pres	hild's r			
person is a child but not your dependent:  Your first name and middle initial  KISHORE  If joint return, spouse's first name and middle initial  Last name  GORRIPATI  Apt. no.  3120 NAAMANS RD  E6  City, town, or post office. If you have a P.O. box, see instructions.  3120 NAAMANS RD  E6  City, town, or post office. If you have a foreign address, also complete spaces below.  WILMINGTON  DE 19810  Foreign province/state/county  Foreign protate/county  Foreign province/state/county  Foreign protate/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/	You 03 Spo AP Pres	our soci			
Your first name and middle initial   Last name   CHEBROLU	03 Spo AP Pres		ial securit		
If joint return, spouse's first name and middle initial   Last name   SOWJANYA   GORRIPATI	03 Spo AP Pres		Your social security number		
If joint return, spouse's first name and middle initial  SOWJANYA  GORRIPATI  Home address (number and street), If you have a P.O. box, see instructions.  3120 NAAMANS RD  City, town, or post office. If you have a foreign address, also complete spaces below.  WILMINGTON  Foreign country name  Foreign province/state/county  Foreign postal cod  Poeign postal cod  Foreign province/state/county  Foreign postal cod  Assets  Sameone can claim: You as a dependent Voru spouse as a dependent  Someone can claim: You as a dependent Voru spouse as a dependent  Sopouse itemizes on a separate return or you were a dual-status alien  Age/Blindness  You: Were born before January 2, 1958 Are blind  Spouse: Was born before January  Dependents (see instructions):  (1) First name Last name Status alien  Attach Form(s)  W-2 here, Also  and check here  Income  1a Total amount from Form(s) W-2, box 1 (see instructions)  Household employee wages not reported on Form(s) W-2  Tip income not reported on line 1a (see instructions)  4d Medicaid waiver payments not reported on Form 8839, line 29  Wages from Form 8919, line 6  Foreign province/state/county  For	Spo AP Pres Che	J 0 J	036-39-6167		
Home address (number and street). If you have a P.O. box, see instructions.  3120 NAAMANS RD  E6  E6  WILMINGTON  Foreign country name  Foreign post office. If you have a foreign address, also complete spaces below.  DB 19810  Foreign postal code  WILMINGTON  Foreign country name  Foreign postal code  WILMINGTON  At any time during 2022, did you; (a) receive (as a reward, award, or payment for property or services); exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See inst  Standard  Deduction  Someone can claim: You as a dependent Your spouse as a dependent  Dependents  (see instructions):  Were born before January 2, 1958 Are blind  Spouse: Was born before January  Popendents  (see instructions):  If more  (1) First name Last name  (2) Social security  (3) Relationship  (4) Check the  Child tax  Child tax  Household employee wages not reported on Form(s) W-2  Tip income not reported on line 1 a (see instructions)  4 Medicaid waiver payments not reported on Form(s) W-2  Foreign province/state/county  For	AP Pres	Spouse's social security number			
Apt. no.   3120   NAAMANS   RD   E6	Pre:	APPLIED FOR			
State   ZIP code   ZIP code   Jestina   Jestina   ZIP code   Jestina   ZIP code   Jestina   Je	Che	Presidential Election Campaign			
City, town, or post office. If you have a foreign address, also complete spaces below.   State   1981 0			ere if you,		
### WILMINGTON   Foreign country name		spouse if filing jointly, want \$3			
Foreign country name	ı ~	to go to this fund. Checking a box below will not change			
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); a exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See inst exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See inst Deduction			or refund.	•	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See inst  Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January  If more than four dependents, see instructions:  If more than four dependents, see instructions see instructions  Blood Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R 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  Taxable dependent care benefits from Form 8839, line 29  Wages from Form 8919, line 6  Mages from Form 8919, line 6  Mages from Form 8839, line 29  Wages from Form 8919, line 6  Dordinary dividends  Altach Sch. B  Attach	g p		You Spouse		
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See inst  Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January  If more than four dependents, see instructions:  If more than four dependents, see instructions see instructions  Blood Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R 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  Taxable dependent care benefits from Form 8839, line 29  Wages from Form 8919, line 6  Mages from Form 8919, line 6  Mages from Form 8839, line 29  Wages from Form 8919, line 6  Dordinary dividends  Altach Sch. B  Attach		coll			
Standard Deduction  Someone can claim:			Yes	X No	
Spouse itemizes on a separate return or you were a dual-status alien   Age/Blindness   You:   Were born before January 2, 1958   Are blind   Spouse:   Was born before January		J. 1.0.1)			
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January Dependents (see instructions): (2) Social security (3) Relationship (4) Check the fam four dependents, see instructions and check here .   Income  1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 C Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Try out did not get a Form W-2, see instructions.  9 Wages from Form 8919, line 6 G Social security (3) Relationship (4) Check the Child tax Iname C C Household employee wages not reported on Form(s) W-2 C Tip income not reported on Form(s) W-2 C Tip income not reported on Form(s) W-2 (see instructions)  4 Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  5 Wages from Form 8919, line 6 C Fimployer-provided adoption benefits from Form 8839, line 29 Wages from Form 8919, line 6 C W-2, see instructions.  5 Add lines 1a through 1h C Attach Sch. B 2a Tax-exempt interest . 2a					
Dependents (see instructions):  (1) First name  (1) First name  (2) Social security number  (3) Relationship to you  (4) Check the Child tax  C					
Income	, ,		Is bli		
If more than four dependents, see instructions and check here	e box if o	f qualifie	es for (see	instructions):	
dependents, see instructions and check here	ıx credit	redit Credit for other depender		ner dependents	
Income  1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 C Tip income not reported on line 1a (see instructions) 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)  1 Employer-provided adoption benefits from Form 2441, line 26 1 Employer-provided adoption benefits from Form 8839, line 29 2 Wages from Form 8919, line 6 3 Wages from Form 8919, line 6 4 Other earned income (see instructions)  2 Add lines 1a through 1h 4 Attach Sch. B 3 Tax-exempt interest 2 a b Taxable interest 3 a Qualified dividends 3 a Gualified dividends 4 a IRA distributions 4 a IRA distributions 5 Pensions and annuities 5 A Pensions and annuities 5 B Pensions and annuities 5 Capital gain or (loss). Attach Schedule D if required. If not required, check here					
Income					
Income  1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 C Tip income not reported on line 1a (see instructions) W-2 here. Also attach Forms W-2G and 1099-R 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.  I Nontaxable combat pay election (see instructions)  I Nontaxable combat pay election (see instructions)  I Tax-exempt interest I RA distributions I RA distributions I RA distributions I RA distributions I Rapeling or Married filing separately, \$12,950  Taxable amount from Form(s) W-2, box 1 (see instructions) I definition for Single or Married filing separately, \$12,950  Total amount from Form(s) W-2, box 1 (see instructions) I definition for Single or Married filing separately, \$12,950  Total amount from Form(s) W-2, box 1 (see instructions) I definition for Single or Married filing separately, \$12,950  Total amount from Form(s) W-2.  Total amount from Form(s) W-2.  See instructions I (see instructions) I					
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W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  If you did not get a Form W-2, see instructions.  W-2, see instructions.  I Nontaxable combat pay election (see instructions)  I Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B if required.  Attach Sch. B if sequired.  Attach Sch. B if sequired.  Barbon Sciandard Deduction for—Single or Married filing separately, \$12,950  W-2 here. Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  I Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  I Taxable dependent care benefits from Form 2441, line 26  I Taxable dependent care benefits from Form 8839, line 29  Wages from Form 8919, line 6  I Mother earned income (see instructions)  I Nontaxable combat pay election (see instructions)  I Add lines 1a through 1h  Attach Sch. B if required.  I Tax-exempt interest . 2a		1b			
W-2G and 1099-R if tax was withheld.  If you did not get a Form W-2, see instructions.  Attach Sch. B if required.  Attach Sch. B if required.  By Qualified dividends a RA distributions and annuities apparately, \$12,950  Taxable dependent care benefits from Form 2441, line 26  f Employer-provided adoption benefits from Form 8839, line 29  Wages from Form 8919, line 6  Other earned income (see instructions)  Nontaxable combat pay election (see instructions)  It load lines 1a through 1h  Tax-exempt interest . 2a b Taxable interest . 2a b Ordinary dividends . 3a b Ordinary dividends . 3a b Taxable amount . 3b Taxable amount . 3c Taxable amou		1c			
f Employer-provided adoption benefits from Form 8839, line 29  Wages from Form 8919, line 6  Other earned income (see instructions)  Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Tax-exempt interest		1d			
### Employer-provided adoption benefits from Form 8839, line 29  ### Wages from Form 8919, line 6  ### Other earned income (see instructions)  ### Other e		1e			
h Other earned income (see instructions)  W-2, see instructions.  Add lines 1a through 1h  Attach Sch. B if required.  Attach Sch. B if required.  Bar Deduction for Single or Married filing separately, \$12,950  Attach Sch. B in Other earned income (see instructions)  I Nontaxable combat pay election (see instructions)  I Nontaxable combat pay election (see instructions)  I Deduction (see instructions)  I Deduct		1f			
i Nontaxable combat pay election (see instructions)  Add lines 1a through 1h  Attach Sch. B  if required.  3a Qualified dividends		1g			
Add lines 1a through 1h  Attach Sch. B  Tax-exempt interest		1h		0.	
Attach Sch. B if required.  2a			1.0	20.000	
if required.  3a Qualified dividends		1z	10	08,988.	
4a IRA distributions 4a b Taxable amount		2b	-		
Standard Deduction for Deducti		3b			
Deduction for—Single or Married filing separately, \$12,950  6a Social security benefits . 6a b Taxable amount		4b			
Single or Married filing separately, \$12,950  The solution of the second		5b			
separately, \$12,950 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	· 👝 🖡	6b			
\$12,950 To Capital gain or (loss). Attach Schedule Dill required. Il not required, check here	· 님 !	_			
	. ⊔ ∤	7			
Married filing   8 Other income from Schedule 1, line 10		8			
Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		9	10	08,988.	
\$25,900 Adjustments to income from Schedule 1, line 20		10			
Head of household, Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	• •	11		08,988.	
\$19,400 T2 Standard deduction or itemized deductions (from Schedule A)		12	1 2	25,900.	
If you checked any box under a		13			
Standard Deduction, 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>		14	1 2	25,900.	
	· ·	15		33,088.	

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	9,558.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	9,558.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18.	. If zero or less, o	enter -0				. 22	9,558.
	23	Other taxes, including self-en			•				0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	9,558.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	14,0	74.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	14,074.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			. 26	
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	, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31.	,	•	•			. 32	
	33	Add lines 25d, 26, and 32. To	nese are your <b>to</b>	tal payments				. 33	14,074.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you <b>ove</b>	rpaid .	. 34	4,516.
	35a	Amount of line 34 you want			is attached, che	ck here .		□ 35a	4,516.
Direct deposit?	b	Routing number 0 3 1			c Type:	Checking	Savi	ings	
See instructions.	d	Account number 3 8 3	0 2 2 7	7 6 7 9	9 6				
	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 in	structions) .			38			
Third Party Designee		you want to allow another structions	•				<b>Yes.</b> Comp	olete below.	X No
		signee's		Phone				identification	
		me		no.		·	number (l		
Sign		der penalties of perjury, I declare the lief, they are true, correct, and comp							
Here		ur signature		Date	Your occupation				ent you an Identity
		a. e.g. ata. e		Julio	. car cocapanon				PIN, enter it here
Joint return?					SOFTWARE	ENGINE	ER	(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	tion			ent your spouse an ection PIN, enter it here
			HOME MAKER			(see inst.)	ection Fin, enter it here		
	———	one no. (302)582-8383	2	Email address	KISHOREC6		T COM	,	
Paid		eparer's name	Preparer's signati		KIDHOKECO	Date	PT	īN	Check if:
		I PRIYA RAM SAGAR GUPTA TALLAM			GIIDTA TAI.I.AM			2082703	Self-employed
Preparer		m's name GLOBAL TAX		IUII DAOAK	COLITY TABLEAU	. 1 0 3 / 0 / /	2023   10		(678)965-9522
Use Only			CT E BRU	NSWICK N.	J 08816			Firm's EIN	84-3171965
0- 1	- · · · · ·	m1040 for instructions and the let-	at information		D11			3 E	54-31/1903



## **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 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) ▶ KISHORE CHEBROLU 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 Last name Middle name Name SOWJANYA GORRIPATI (see instructions) 1b First name Middle name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 3120 NAAMANS RD, Apt E6 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 19810 WILMINGTON USA 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 01/21/1985 ▼ 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.: V3209915 Exp. date: 10/07/2031 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** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code