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

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	hous	ehold (HOF	1)		lifying surv use (QSS)	iving
one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you o	hecke	ed the HOH or	r QSS	box, ente	r the c	•	,	e qualifying
	pers	on is a child but not your dependen	t:									
Your first name and middle initial				Last name						Your social security number		
SIVA KUMAR				THAKULA					10	163-59-5297		
If joint return, spouse's first name and middle initial				me					Sp	Spouse's social security number		
KRISHNA VENI				KA					A.	APPLIED FOR		
Home address (number and street). If you have a P.O. box, see in				instructions. Apt. no.					Pr	Presidential Election Campaign		
19217 DEER TRAIL											k here if you, or your te if filing jointly, want \$3	
City, town, or post office. If you have a foreign address, also com-				mplete spaces below. State			ZIP	ALCOOL I.			0,	tly, want \$3 Checking a
ALPHARETTA					GA		30	0004 box		_	ow will not	•
Foreign country name			F	oreign province/state/	county	ounty		oreign postal code you		ur tax	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:  You as a de					4000	.,. (000 iii		2110.)		
Deduction	_	Spouse itemizes on a separate return	•			Сасропаст						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bo		fore Janua			☐ Is bli	
Dependents	s (see	ee instructions):		(2) Social security		1 ' '		(4) Check the box if qu		qualif	ies for (see i	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax credit		t (	Credit for other dependents	
than four dependents,											Ш	
see instruction	s ——							L	ᆜ			
and check	, —								<u></u>	$\rightarrow$		ᆗ
here	ļ									$\vdash$	<u>L</u>	
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		79,689.
A44	b	Household employee wages not r	•							1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  Taxable dependent care benefits from Form 2441, line 26						1c				
attach Forms	d							1d				
W-2G and 1099-R if tax	е							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
If you did not	9	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	•	ions)						1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)						-	_	70 600		
	<u>z</u>	Add lines 1a through 1h	· · ·	<u>.</u>			. •			1z		79,689.
Attach Sch. B if required.	2a	· -	2a			xable interes				2b		
ii required.	3a		3a			dinary divide				3b		
<u> </u>	4a	_	4a			xable amoun				4b		
Standard Deduction for—	5a	_	5a			xable amoun				5b		
Single or	6a		6a b Taxable amount						6b	_		
Married filing separately,	с 7	If you elect to use the lump-sum election method, check here (see instructions)								7		
\$12,950		Capital gain or (loss). Attach Schedule D if required. If not required, check here							. 🗀	8		
Married filing jointly or	8	Other income from Schedule 1, line 10							_	+	70 600	
Qualifying surviving spouse,	9		,							9		79,689.
\$25,900	Adjustments to income from schedule 1, line 20								10	_	70 600	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your adjusted gross income								11		79,689.
\$19,400 If you checked	12									12		25,900.
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								_		
Standard Deduction,	14 15	Add lines 12 and 13								15		<u>25,900.</u> 33,780
see instructions.	13	Subtract file 14 from file 11. If zero of less, effer -0 This is your taxable income										53,789.

Form 1040 (2022	2)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	6,042.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	6,042.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	6,042.	
	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	6,042.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 13	1,023.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	11,023.	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26		
	27	Earned income credit (EIC)				27				
	28	Additional child tax credit from	m 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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	11,023.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	4,981.	
neiulia	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here						35a	4,981.	
Direct deposit?	b									
See instructions.	d	Account number 8 6 2	2 1 9 1	3 3						
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	· · · · · · · · · · · · · · · · · · ·								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	•							
	ins	structions	below.	⊠ No						
		Designee's Phone Personal ident name no. number (PIN)				ification				
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Here	Yo	Your signature		Date Your occupation			If the	e IRS sei	nt you an Identity	
								ection P	IN, enter it here	
Joint return?				SOFTWARE ENGINEER			(see	inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here		
			HOME MAKER				inst.)			
	Phone no. (614)622-2288		HOME MAKEK				- /			
		Phone no. (614)622-2288 Email address CHSHIVAKUMAR.111@GMAIL.COM  Preparer's name Preparer's signature Date PTIN							Check if:	
Paid		·	'		מווסיית ייתוד או	03/03/2023	P0208	2702	Self-employed	
Preparer										
Use Only								678)965-9522		
	Fir	m's address 245 ROONE	Firm	i's EIN	84-3171965					



## **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) ▶ SIVA KUMAR CHINTHAKULA 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 KRISHNA VENI PALIKA (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 DEER TRAIL Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 30004 ALPHARETTA 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 05/26/1990 ▼ 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 TNDTA 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.: W0573251 Exp. date: 04/26/2032 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 ▶ **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