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

2022	2
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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 (HO	OH)		ifying su ise (QSS		g	
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If yo	u check	ed the HOH or	r QSS box, en	ter the	e child's	name if	the qu	ualifying	
Your first name		, ,	Last nai	me					Your so	cial secu	rity nu	ımber	
HARI VI				AVALLI						77-48	-		
			1									v number	
If joint return, spouse's first name and middle initial Last name SAI VENNELA NALLURI									Spouse's social security numbe				
							APPLIED FOR Presidential Election Campaig						
						Check here if you, or your							
						spouse if filing jointly, want \$3							
		oo. II you havo a foreight address, also c	omploto o	'			32311	to			to go to this fund. Checking a		
TALLAHASSEE Foreign country name			F	Foreign province/state/county						box below will not change your tax or refund.			
1 ordigit country fluinc				Totalgri province/state/county				yough poolar oods your		You Spouse			
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award	, or payr	nent for prope	erty or service	s); or	(b) sell,				
Assets	exch	ange, gift, or otherwise dispose of	a digital	asset (or a financ	cial intere	est in a digital	asset)? (See	instru	ctions.)	Yes	; <u>X</u>	No	
Standard		eone can claim: You as a de	•			a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus alien								
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Janı	uary 2	, 1958	☐ Is	blind		
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check	the bo	x if qualif	ies for (se	e instr	uctions):	
If more	(1) Fi	First name Last name		number		to you	Child	Child tax cred		redit Credit for other depe			
than four													
dependents, see instruction	s												
and check _													
here								Ш			Ш		
Income	1a	Total amount from Form(s) W-2, k	oox 1 (see	e instructions)					1a		<u>77,</u>	860.	
	b	Household employee wages not i	•						1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
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 W-2, see	h	Other earned income (see instruc						1h			0.		
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h	· ; ·						1z			860.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			2b				
if required.	3a	Qualified dividends	3a			rdinary divide			3b				
	4a	IRA distributions	4a			axable amoun			4b				
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			5b				
Single or	6a	Social security benefits	6a			axable amoun	t	٠ -	6b				
Married filing separately,	·						╣ ┡						
\$12,950	7	Capital gain or (loss). Attach Sche		·	•								
Married filing jointly or	8	Other income from Schedule 1, lin							9				
Qualifying surviving spouse,	9		dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								77,	860.	
\$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								1		860.	
\$19,400	12	Standard deduction or itemized							12	1	<u>25,</u>	900.	
If you checked any box under	13	Qualified business income deduc							13	1			
Standard Deduction,	14	Add lines 12 and 13						14					
see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This	ıs your t	axable incom	ne		15		51,	960.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	5,826.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17	18	5,826.					
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20	21						
	22	_							5,826.
	23								0.
	24	Add lines 22 and 23. This is	your total tax					24	5,826.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2							
	b	Form(s) 1099							
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	5,554.
.,	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				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				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. These are your total payments							5,554.
D. ()	34	If line 33 is more than line 24						33	,
Refund	35a	Amount of line 34 you want						35a	
Direct deposit?	b	Routing number X X X				_	Savings	000	
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want applied to your 2023 estimated tax 36							
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions							272.
	38	Estimated tax penalty (see instructions)							
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS	? See	Complete	below.	X No
_ 00.900	De	signee's		Phone			rsonal ident		
	naı	ne		no.		nuı	mber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
пеге	Yo	ur signature	Date	Pi				nt you an Identity IN, enter it here	
Joint return?			SOFTWARE ENGINEER				e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t						nt your spouse an	
your records.		HOME MAKER (see in						•	ection PIN, enter it here
		200 00 (224) 022 202	0	Email address			,		
		one no. (224) 933-282 eparer's name	8 Preparer's signat	Email address	nakı vijayi	121@GMAIL.C	PTIN		Check if:
Paid		•			רווחתת תחודי.			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAK	GUPIA TALLAI	M U3/31/2U23			
Use Only		m's name GLOBAL TAX		INICIAIT OV NI	T 00016				(678) 965-9522
			Y CT E BRU	MOMICK N				n's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO	1		Form 1040 (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

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) ▶ HARI VIJAY KUMAR VUNDAVALLI f 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 SAI VENNELA NALLURI (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 2000 MERCHANTS BLVD APT 817 **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 32311 TALLAHASSEE 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 09/15/1996 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 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.: W1084022 Exp. date: 06/27/2032 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 ▶ 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