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.

	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	hous	ehold (HOF	H)		lifying surv use (QSS)	iving	
Check only one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	u check	ed the HOH or	r QSS	box, ente	r the c	•	, ,	ne quali	ifying
		on is a child but not your dependen											
Your first name	ddle initial	st name						Your social security number					
DINESH CHANDRA				URI					8:	815-48-2932			
If joint return, s	pouse's	first name and middle initial	Last na	me					Sp	Spouse's social security number			
RESHMA			NIMM	IAGADDA					A:	APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.				Apt. no.	Pr	eside	ntial Election	on Cam	ıpaign
_1700 FAS	SANA	RD						430			nere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP	code			if filing join this fund.		
DUARTE					CF	A	91	010			ow will not		
Foreign country name			F	oreign province/st	ate/count	unty For		oreign postal code you		your tax or refund.			
											You	Sp	pouse
Digital		ny time during 2022, did you: (a) rec					-					(* *	
Assets		ange, gift, or otherwise dispose of		<u>_</u>			asse	t)? (See ins	struction	ons.)	Yes	X N	0
Standard	_	eone can claim:	•	•		a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	tus alien								
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	ind	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) Check th	e box i	f qualif	fies for (see	instruct	tions):
If more (1) First name Last name				number	,	to you		Child tax credit		t	Credit for oth	ner depe	endents
than four													
dependents, see instructions													
and check											[
here]										[
Income	1a	Total amount from Form(s) W-2, b	•	,						1a	11	LO,81	10.
	b	Household employee wages not r								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 rep		` ,	ee instru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		•						1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see						1h	_		0.				
instructions.	tions.						-	1.		1.0			
		Add lines 1a through 1h	· · ·				. •			1z		LO,81	10.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes				2b			
ii required.	3a	Qualified dividends	3a			ordinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities Social security benefits	5a 6a			axable amoun axable amoun				5b 6b			
Single or	6a c	· -		mathad abaak b	-		π.			OD	_		
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions)								7	7		
\$12,950 Married filing		, ,		•	•		•		. Ш	8	+		
jointly or	or 0 Add lines 1- 0b 0b 4b 5b 6b 7 and 0 This is your total income								9	11	LO,81	1 0	
Qualifying surviving spouse,	10	Adjustments to income from Sche								10		.0,01	<u> </u>
\$25,900 • Head of	11	•	•				•			11		<u>Ω</u>	
household,	12												
\$19,400 If you checked	13	Qualified business income deduction				5-A	•			13		,)	50.
any box under	14	Add lines 12 and 13								14		25 , 90	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		34 , 91		
see instructions.			. 5 0. 100	_,	,				•	.5		, 1 ,) 1	

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	9,918.		
Credits	17	Amount from Schedule 2, lir	17								
	18	Add lines 16 and 17						18	9,918.		
	19	Child tax credit or credit for	other dependent	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	. If zero or less,	enter -0				22	9,918.		
	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 total tax					24	9,918.		
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	20,135.		
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26			
qualifying child,	27	Earned income credit (EIC)									
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use									
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T	33	20,135.							
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	10,217.		
riciana	35a								10,217.		
Direct deposit?	b	Routing number 0 1 1			c Type: 🛛	Checking	Savings				
See instructions.	d	Account number 0 0 4									
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount You Owe	37	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		you want to allow another	•								
Designee		instructions							⊠ No		
		signee's me	Phone no.		sonal identi nber (PIN)	tication					
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					nt you an Identity		
				TATTDAMION ENGINEED				IN, enter it here			
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		VALIDATION ENGINEE Date Spouse's occupation				(see inst.) If the IRS sent your spouse an			
Keep a copy for your records.	Sp	opouse's signature. If a joint return, both must sign.							ection PIN, enter it here		
	Ph	one no. (424) 247-316	Email address	DINESHCHANDRA	COM						
		eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/17/2023	P0208	2703	Self-employed		
Preparer									(678) 965-9522		
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							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.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):											
Before you begin • Don't submit th		e, or are eligil	ble to get, a	U.S. social sec	urity numbei	r (SSN).		oply for a new ITIN enew an existing ITIN			
Reason you're su must file a U.S. fe								ox b, c, d, e, f, or g, you s).			
a Nonresident	alien required to ge	et an ITIN to cla	aim 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											
							instructions) ▶				
		l									
e 🛛 Spouse of U	.S. citizen/resident			name and SSN/I7 HANDRA KALI			ent alien (see in				
f Nonresident	alien student, profe	essor, or resear	cher filing a l	J.S. federal tax re							
g Dependent/s	spouse of a nonresid	dent alien hold	ing a U.S. vis	а							
h Other (see in	nstructions) 🕨										
Additional information		treaty country			and treat	ty article n	umber 🟲				
Name	1a First name			Middle name		La	st name				
(see instructions)	RESHMA						NIMMAGADDA				
Name at birth if different ▶	1b First name	First name			Middle name Lass			t name			
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	1700 FASANA RD UNIT 430										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	DUARTE						JSA	A 91010			
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, st	tate or province	e, and countr	y. Include postal	code where a	ppropriate					
Birth	4 Date of birth (mo		Country of I	oirth	City and stat	te or provir	nce (optional)	5 Male			
Information	06/05/19		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										
mormadon	6d Identification document(s) submitted (see instructions)										
	☐ USCIS documentation ☐ Other Date of entry into										
			-					the United States			
	Issued by: I	9 (MM/DD/)									
	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 ► I			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 ►										
Sign	documentation and	statements, and	to the best of	of my knowledge a	nd belief, it is	true, correc	ct, and complete	cation, including accompanying e. I authorize the IRS to share			
Here	information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.										
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (mon					day / year)	Phone num	nber			
	Name of dele	gate, if applica	rint)	Delegate's relatio to applicant			Parent				
Accortons	Signature			Date (month /	day / year)	Phone	Phone				
Acceptance	F					Fax	Fax				
Agent's	Name and title (type or print)			Name of co	ompany	EIN		PTIN			
Use ONLY	7					Offic	ce code	ode			