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.

Filing Statu	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	household (HOH)		fying surv	iving
Check only one box.	lf vo	u checked the MFS box, enter the	nama of v	your spouse. If we	nu obook	and the HOH or	OSS hov	ontor	· +ho ·		se (QSS)	o qualifying
one box.	-	on is a child but not your depender	-	your spouse. If yo	ou check	ed the HOHO	QOO DOX,	enter	the c	illiu S	name ii tii	e qualitying
Your first name			Last na	me.					Y	our soc	ial security	v number
										Your social security number 062-31-9244		
						Spouse's social security number						
•	pouse s	s instruction and middle initial							- '	APPLIED FOR		
VENNELA Home address	(numbe	er and street). If you have a P.O. box, se		IGUNTLA			Apt. no	`		Presidential Election Campaign		
	•		e iristructi	0113.			'	<i>)</i> .			ere if you,	. •
		SHIRE LN ce. If you have a foreign address, also c	omplete s	naces helow	Sta	to	ZIP code				, ,	tly, want \$3
			ompiete s							to go to this fund. Checking a		
FARMINGTON HILLS Foreign country name							48335	tal cor		box below will not change your tax or refund.		
Foreign countr	упатте		'	Foreign province/state/county				preign postal code your		Jui tax	You Spouse	
.	A 1		: - (\	- (1-)	11		
Digital		ny time during 2022, did you: (a) red ange, gift, or otherwise dispose of					-				Yes	X No
Assets							asset): (Se	C 1115	iructi	0115.)		<u></u>
Standard Deduction		eone can claim: You as a d	•			a dependent						
Deduction		Spouse itemizes on a separate retu	irii or you	i were a duai-sta	tus aller	<u> </u>						
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bor	n before Ja	anuar	y 2, 1	958	☐ Is bli	nd
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4) Che	ck the	e box i	f qualifi	es for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you	Ch	Child tax cre		credit Credit for other d		er dependents
than four												
dependents, see instruction	e]			
and check												
here ${ extstyle oxedsymbol oxensian}$]]			
Income	1a	Total amount from Form(s) W-2, I	box 1 (se	e instructions)						1a	11	7,945.
	b	Household employee wages not	reported	on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e			
1099-R if tax 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	h	Other earned income (see instruc	tions)	ons)						1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	at pay election (see instructions)									
	z	Add lines 1a through 1h								1z	11	7,945.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
if required.	3a_	Qualified dividends	3a		b C	ordinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Single or Married filing	С	If you elect to use the lump-sum	election r	method, check h	ere (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Scho	edule D if	f required. If not i	required	, check here				7		
Married filing	8	Other income from Schedule 1, li	ne 10							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	11	7,945.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26							10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	11	7,945.	
household, \$19,400	12	Standard deduction or itemized	deduct	ions (from Sched	dule A)					12		25,900.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or F	orm 899	5-A				13		
any box under Standard	14	Add lines 12 and 13						14	2	25,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -0 This	is your t	taxable incom	ne			15	9	02,045.
220 monuonono.)											

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	11,480.
Credits	17	Amount from Schedule 2, line	∍3					17	
	18	Add lines 16 and 17						18	11,480.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	∍8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	11,480.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax					24	11,480.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a	18,872.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						25d	18 , 872.
16	26	2022 estimated tax payments						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, line				31			
	32	Add lines 27, 28, 29, and 31.					s	32	
	33	Add lines 25d, 26, and 32. Th	•	-	-			33	18,872.
Refund	34	If line 33 is more than line 24						34	7,392.
Returia	35a	Amount of line 34 you want r						35a	7,392.
Direct deposit?	b	Routing number 0 7 2				X Checking	Savings		
See instructions.	d	Account number 6 7 8							
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24.							
You Owe	٠.	For details on how to pay, go to www.irs.gov/Payments or see instructions							
	38	Estimated tax penalty (see in	_	-		38			
Third Party	Do	you want to allow another				S? See			
Designee		structions					Complete	below.	X No
Ü	De	signee's		Phone			ersonal ident	tification	
	naı	ne		no.		nı	ımber (PIN)		
Sign		der penalties of perjury, I declare the							
Here		ief, they are true, correct, and comp	olete. Declaration of				1		,
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?				ELECTRICAL	SYSTEMS ENG	YSTEMS ENGINE (see		III, cinci ii nore	
See instructions.	Sp	ouse's signature. If a joint return, b	Date	Spouse's occupa		e IRS se	nt your spouse an		
Keep a copy for							Idei	ntity Prot	ection PIN, enter it here
your records.					HOME MAKE	ER	(see	e inst.)	
	Ph	one no. (248) 331-5935	5	Email address	UDATANISURE	SH.USK@GMAIL.	COM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	М 01/28/202	3 P0208	2703	Self-employed
Use Only	Fin	m's name GLOBAL TAX	KES LLC				Pho	ne no.	(678) 965-9522
————	Fin	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	n's EIN	88-2145487
Go to www.irs.ge	ov/Forn	n1040 for instructions and the lates	t information.		BAA	REV 01/24/23 PR	5		Form 1040 (2022)

Health Savings Accounts (HSAs)

Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. Sequence No. **52**

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 062-31-9244 SURESH KUMAR UDATANI

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Sel	f-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		,
·	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	.,
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		,
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,300.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		<u> </u>
Part		rate F	ISAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	
For Pa	pperwork Reduction Act Notice, see your tax return instructions. REV 01/24/23 PRO		Form 8889 (2022)



Application for IRS Individual Taxpayer Identification Number

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

OMB No. 1545-0074

Application type (check one box):

• Don't submit th	: is form if you have, or are eligib.	le to get, a U.S.	social sec	urity number (SS	SN).		ply for a new ITIN new an existing ITIN		
Reason you're si	ubmitting Form W-7. Read the ederal tax return with Form W	instructions for	r the box y	ou check. Cauti	on: If you				
a Nonresident	alien required to get an ITIN to clai	m tax treaty bene	efit	-	•		•		
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									
d Dependent	of U.S. citizen/resident alien	I, enter relationshi	ip to U.S. cit	izen/resident alien	(see instr	uctions) ►			
e 🛛 Spouse of U		l or e, enter name URESH KUMAF		IN of U.S. citizen/	resident al	ien (see ins	structions) ► 062-31-9244		
f Nonresident	alien student, professor, or research	cher filing a U.S. f	ederal tax re	turn or claiming a	n exceptio	n			
g Dependent/s	spouse of a nonresident alien holdir	ng a U.S. visa							
h Other (see in	nstructions) ►								
Additional information	on for a and f : Enter treaty country			and treaty art	-				
Name	1a First name	Midd	lle name		Last na				
(see instructions)	VENNELA					JGUNTLA	<u> </u>		
Name at birth if different ▶	1b First name	Midd	lle name		Last na	ame			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 35031 DRAKESHIRE LN APT 203								
Address	City or town, state or province FARMINGTON HILLS			MI	where appropriate. USA 48335				
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, state or province, and country. Include postal code where appropriate.								
Birth Information	Date of birth (month / day / year) 01/08/1997	Country of birth INDIA		City and state or	province (optional)	5		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.[D. number (if	any) 6c Type	of U.S. vis	a (if any), n	umber, and expiration date		
momadon	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other								
	the United States								
	Issued by: INDIA No.: W2694706 Exp. date: 07/20/2032 (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 ► IT		IF	and					
	name under which it was issu	ed ► First	name	Middle n	ame		Last name		
	6g Name of college/university or company (see instructions) ▶								
	City and state ▶ Length of stay ▶								
Sign Here	Under penalties of perjury, I (application documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it is true,	correct, ar	nd complete	e. I authorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if dele	Date (month / day / year) F		Phone number					
	Name of delegate, if applicab		to applicant			t Court-appointed guardian r of attorney			
Acceptance	Signature			Date (month / day /	, , F.	Phone Fax			
Agent's	Name and title (type or print)			l ompany	EIN	PTIN			
Use ONLY	Name and title (type or print) Name of company				Office co				