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 separate	ly (MFS)	☐ Head of	household (HO	H) [fying sun se (QSS)		
one box.	-	u checked the MFS box, enter the n	-	our spouse. If yo	u check	ed the HOH or	r QSS box, ent	er the	child's	name if th	ne qualifying	
		on is a child but not your dependen						٠.	•			
Your first name		ddle initial	Last na						Your social security number			
				RI					669-97-9861 Spouse's social security number			
* * * * * * * * * * * * * * * * * * * *				me					'			
CHAITAN				LAGULLA			Apt. no.		APPLIED FOR			
		er and street). If you have a P.O. box, see	e instructio	instructions. Apt					Presidential Election Ca Check here if you, or yo			
1701 WES			amplete e	mplete spaces below. State ZIF						use if filing jointly, want \$3		
City, town, or post office. If you have a foreign address, also com								t	go to this fund. Checking a			
LITTLE ROCK			1.6	AR Foreign province/state/county			72204		oox below will not change your tax or refund.			
Foreign country name				Foreign province/state/county			Foreign postal of	Totelgit postal code you		You Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award	, or payr	nent for prope	rty or services); or (b) sell,			
Assets		ange, gift, or otherwise dispose of								☐ Yes	⊠ No	
Standard	Som	eone can claim:	ependent	t 🗌 Your sp	ouse as	a dependent						
Deduction		Spouse itemizes on a separate retu	n or you	were a dual-sta	tus alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn before Janu	ary 2,	1958	☐ Is bl	lind	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check t	he box	if qualifi	es for (see	instructions):	
If more		First name Last name		number		to you	Child	Child tax cred		edit Credit for other dependent		
than four												
dependents, see instruction:	s											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a	10	01,074.	
	b	Household employee wages not r	•						1b			
Attach Form(s) W-2 here. Also	С	ip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not rep	orted on Form(s) W-2 (see instructions)						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		· ·					1e			
was withheld.	f	Employer-provided adoption bene	efits from	n 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 instruct							1h		0.	
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h							1z	10	01,074.	
Attach Sch. B	2a		2a			axable interes			2b		388.	
if required.	<u>3a</u>		3a			rdinary divide			3b			
	4a	IRA distributions	4a			axable amoun			4b			
Standard Deduction for—	5a	_	5a				t		5b			
Single or	6a	,	6a		1		t		6b			
Married filing separately,	c	If you elect to use the lump-sum e		*	`	,		. 📙	-			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	<u> </u>		
Married filing jointly or	8	Other income from Schedule 1, lir							8		20 , 833.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							10	1 12	22,295.	
\$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							11		22 , 295.	
\$19,400	12	Standard deduction or itemized							12	1 - 2	25 , 900.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	1		
Standard Deduction,	14 15	Add lines 12 and 13						15		25 , 900.		
see instructions.		Capitali inie 14 iloni inie 11. Il 2e	. 0 01 163	o, cinci -0 11118	is your I	MANUFILLING			13	1	96 , 395.	

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	12,437.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	12,437.
	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	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,437.
	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	12,437.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 18	3,441.		
	b	Form(s) 1099				25b 2	2 , 859.		
	С	Other forms (see instructions	s)			25c	•		
	d	Add lines 25a through 25c						25d	21,300.
16	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	from Form 8863	3, 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				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	•	-			33	21,300.
Defined	34	If line 33 is more than line 24						34	8,863.
Refund	35a	Amount of line 34 you want				•		35a	8,863.
Direct deposit?	b	Routing number 0 8 2					Savings		
See instructions.	d	Account number 4 8 7					3-		
	36	Amount of line 34 you want				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	n with the IRS		omplete k	pelow.	⊠ No
· ·	De	Designee's Phone Personal identifie						fication	
	nar	ne		no.		num	ber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com							
TICIC	Yo	Your signature		Date	Pro			ection P	nt you an Identity IN, enter it here
Joint return?					SOFIWARE DEVELOPER			inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation				nt your spouse an ection PIN, enter it here
your records.				HOME MAKER (s				ection in, enter it here	
	————Ph	one no. (216) 355-082	3	Email address		TLURI9@GMAIL.C		-	
		eparer's name	Preparer's signat		TWATINGING ' W	Date	PTIN		Check if:
Paid		•			מווסיים יימודאו.		P02082	2702	Self-employed
Preparer									(678) 965 - 9522
Use Only		Firm's name GLOBAL TAXES LLC Phone Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							
0-1				TANATON IN				3 LIIV	84-3171965
GO TO WWW.Irs.go	v/r-orn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

RAVINANDAN ATLURI & CHAITANYA CHALLAGULLA 669-97-9861 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a а 8b 8c Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s t Pension or annuity from a nonqualifed deferred compensation plan or 8t

.

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

8u

20,833.

Other Income from box 3 of 1099-Misc

u Wages earned while incarcerated

z Other income. List type and amount:

10

20,833.

20,833.

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income		
11	Educator expenses	 11	
12	Certain business expenses of reservists, performing artists, and fee-basis gov		
	officials. Attach Form 2106	 12	
13	Health savings account deduction. Attach Form 8889	 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	 14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	 16	
17	Self-employed health insurance deduction	 17	
18	Penalty on early withdrawal of savings	 18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	 22	
23	Archer MSA deduction	 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	-	
d	Reforestation amortization and expenses	-	
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	-	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect tax law violations		
		-	
J		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
-	Other adjustments. List type and amount:	-	
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here	23	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

Form **8889**

Health Savings Accounts (HSAs)

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.

OMB No. 1545-0074

2022

Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAVINANDAN ATLURI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 669-97-9861

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.	
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	☐ Se	lf-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		1,300.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		6,000.
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.
D	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	a separate Part II for each spouse.		HSAs, (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	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			
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		



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 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) ▶ RAVINANDAN ATLURI 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 CHAITANYA CHALLAGULLA (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 1701 WESTPARK DR APT 112 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 72204 LITTLE ROCK 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 04/07/1995 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 ATOMT 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.: S1600836 Exp. date: 06/10/2028 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