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

2022	
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

_	S 🗌 S	Single X Married filing jointly [Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOF	l) 🗌		ifying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour enquee If you	chack	red the HOH or	· 09	Shov ente	r tha c	•	ise (QSS)	a qualifying
OHE DOX.	-	on is a child but not your depender		your spouse. If you	CHECK	ted the HOH of	QO	J DOX, GITTE	i tile c	illiu 3	name ii uii	- qualifying
Your first name		, ,	Last na	ame					Yo	our so	cial security	number
CHANDRA S KASTHALA							641-90-7339					
	pint return, spouse's first name and middle initial Last name					urity number						
SUDHARAN				THALA					- 1 -	800-39-9710		
		r and street). If you have a P.O. box, se						Apt. no.	_			n Campaign
	•	FOREST DR						3106			ere if you,	
		ce. If you have a foreign address, also c	omplete s	spaces below.	Sta	ate	ZIP	code			if filing joint	•
HOUSTON		, ,		TX			77077			to go to this fund. Checking a box below will not change		
Foreign country name			Foreign province/state				- 00			or refund.	rialige	
1 orong recountry manie			-,		g peesan eeas ,			You Spouse				
 Digital	Δt an	y time during 2022, did you: (a) red	reive (as	a reward award o	r navi	ment for prope	rtv c	r services):	or (b)	عواا		
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim: You as a de		<u>_</u>				., (000		J.1.01,		
Deduction	_	Spouse itemizes on a separate retu	•									
Age/Blindness	You:	Were born before January 2,	1958 「	Are blind Sr	ouse	: Was bor	rn be	fore Janua	rv 2. 1	958	☐ Is blii	 nd
Dependents	s (see	instructions):		(2) Social securi		(3) Relationsh			•		ies for (see i	nstructions):
If more		First name Last name		number		to you		Child ta	x credi	edit Credit for other dependent		er dependents
than four	SAT	YASHASVI KASTHALA		797-02-09	57	Daughter		×			Γ	
dependents,				757 02 05	<u> </u>	Daagiicei					Ī	
see instructions and check	s ——							Ī	-		Ī	
here								Ī	-			<u></u>
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions) .						1a	15	6,082.
IIICOIIIE	b	Household employee wages not i	reported	on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)							1c			
W-2 here. Also 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)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	xable combat pay election (see instructions)									
manuchoria.	z	Add lines 1a through 1h								1z	15	6,082.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b		
if required.	3a	Qualified dividends	3a		b 0	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— Single or	6a	Social security benefits	6a		b T	axable amoun	t.			6b		
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D i	f required. If not red	quired	, check here				7		
Married filing	8	Other income from Schedule 1, lin	ne 10							8	-1	5,465.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	14	0,617.
surviving spouse, \$25,900	10	Adjustments to income from Scho	edule 1,	line 26						10		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	14	0,617.
household, \$19,400	12	Standard deduction or itemized	deduct	tions (from Schedul	e A)					12	2	5,900.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fori	n 899	95-A				13		
any box under Standard	14		Add lines 12 and 13							14	2	<u>5,900.</u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	11	4,717.
)												

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	16,472.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	16,472.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,472.
	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	14,472.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 3	0,473.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	30,473.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, 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 to	tal payments				33	30,473.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	16,001.
riciana	35a	Amount of line 34 you want			is attached, ched	ck here	🗆	35a	16,001.
Direct deposit?	b	Routing number 1 2 3			c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 8 0 2	2 9 9 0	6 0					
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	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				38			
Third Party Designee		you want to allow another	person to disc	cuss this retur			Complete	helow	X No
Designee		Designee's				sonal identi		Z 140	
		me	Phone no.		nber (PIN)	mounon			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	Your signature		Date	Date Your occupation				nt you an Identity IN, enter it here
Joint return?					ENGINEER	(see	inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation HOMEMAKER			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	———	Phone no. (208)996-6923			CHANDRA.KAST	i ,			
		eparer's name	Preparer's signat	Email address	CHANDKA, KASI	Date	PTIN		Check if:
Paid		SSMANIKUMAR APPANNA	l		ע זאזאן ע	04/18/2023		U33 3	Self-employed
Preparer		m's name GLOBAL TA		OMAIN AFFF	JINING	104/10/2023			(646)727-7157
Use Only				MSWICK M	J 08816			ı's EIN	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						FILL	I S LIIN	30-1017196

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Your social security number

CHAN	DRA S & SUDHARANI KASTHALA	641-90-	-7339
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	140,617.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	140,617.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid		
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	. 7	1
8	Add lines 5 and 7		2,000.
9	Enter the amount shown below for your filing status.		2,000.
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A		16,472.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	. 14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	R through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2022

Part	II-A Additional Child Tax Credit for All Filers								
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.								
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .							
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A								
	and II-B. Enter -0- on line 27	16a	0.						
b	Number of qualifying children under 17 with the required social security number: x \$1,500.								
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.								
	Enter -0- on line 27	16b							
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.								
17	Enter the smaller of line 16a or line 16b	17							
18a	Earned income (see instructions)								
b	Nontaxable combat pay (see instructions)								
19	Is the amount on line 18a more than \$2,500?								
	No. Leave line 19 blank and enter -0- on line 20.								
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19								
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$	20							
	Next. On line 16b, is the amount \$4,500 or more?								
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the								
	smaller of line 17 or line 20 on line 27.								
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.								
	Otherwise, go to line 21.								
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S Of P	uerto Rico						
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,								
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If								
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see								
	instructions	-							
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form								
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-							
23	Add lines 21 and 22	-							
24	1040 SR Slove. Enter the total of the amounts from Form 1040 or 1040 SR line 27								
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.								
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.								
25	Subtract line 24 from line 23. If zero or less, enter -0	25							
26	Enter the larger of line 20 or line 25	26							
20	Next, enter the smaller of line 27 or line 26 on line 27.	20							
Part	II-C Additional Child Tax Credit								
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27							
	ind to jour additional time and create. Direct time amount on 1 orni 10-10, 10-10 Dig 01 10-10-100, line 20								

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

CHANDRA S KASTHALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 641-90-7339

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. ☐ Self-only X Family 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. If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for 3 7,300. 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 4 Ο. 5 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. If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2022, enter your additional contribution amount. See instructions . 7 8 8 7,300. 9 Employer contributions made to your HSAs for 2022 10 1,600. 11 11 12 12 5,700. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a 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 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% 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 Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21