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 Status Check only	S 🗌 S	Single X Married filing jointly [Marrie	ed filing separatel	y (MFS)	Head of	household (HO	H) [fying surv se (QSS)	iving
one box.	-	u checked the MFS box, enter the ron is a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box, ente	er the (child's	name if th	e qualifying
Your first name and middle initial Last name You					Your social security number						
DINESH SOBITHA RAJ CHITRA L 7					703-31-5394						
If joint return, s	pouse's	first name and middle initial	Last na	me				s	pouse's	social sec	curity number
SHARON (GRAZY	7	IMMA	NUEL THAMB	U RAJ	Г		A	PPLI	ED FOR	3
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			Apt. no.	Р	residen	tial Election	on Campaign
122 LAKE	EVIEV	N WAY					1247			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP code				tly, want \$3 Checking a
KATY					TX 77					w will not	
Foreign country	/ name		F	Foreign province/state/county		у	Foreign postal code yo		our tax	or refund.	· ·
										You	Spouse
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			Yes	⊠ No
Standard		eone can claim: You as a de				a dependent	, ,				
Deduction		Spouse itemizes on a separate retu	•			·					
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bor	n before Janua			Is bli	
Dependents				(2) Social seco	urity	(3) Relationsh	P				instructions):
If more	(1) Fi	rst name Last name	number to you Child tax cr		ax cred	redit Credit for other depender		ner dependents			
than four dependents,								<u> </u>			
see instruction	s ——							<u> </u>			
and check	. —							_		L	
here											
Income	1a	Total amount from Form(s) W-2, k	,	,					1a	11	16,761.
Attach Farm(s)	b	Household employee wages not i							1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1							1c		
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 ben							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	uctions)		<u>1i</u>			_	1 1 1	C 7C1
	<u>z</u>	Add lines 1a through 1h		j					1z	1 11	16,761.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	123.		axable interes			2b		1 4 0
	3a	Qualified dividends	3a	123.		rdinary divide			3b		148.
	4a	IRA distributions	4a			axable amoun			4b		
Standard Deduction for—	5a	Pensions and annuities Social security benefits	5a 6a				t t		5b		
Single or	6a	•		mathad ahaali hi					6b		
Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required, If not required, check here						. 📙	7				
\$12,950	7	,		•				. Ш			
iointhy or				This is your total					9	1 1 1	C 000
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								+ + + + +	16,909.
\$25,900		Adjustments to income from Schedule 1, line 26							10	11	6 000
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									L6,909.
\$19,400	12 13					 5-Δ			12	+	25 , 900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								-	0.
Standard Deduction,	15	Add lines 12 and 13							15	1	25 , 900.
see instructions.	10	Captiact into 14 Hoth line 11. II Ze	01 165	5, OHIO 10 HIIS	io your t				13		91,009.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from	m Form(s): 1 881	4 2 4972	3 🗌		16	11,245.
Credits	17	Amount from Schedule 2, line 3 .					17	
	18	Add lines 16 and 17					18	11,245.
	19	Child tax credit or credit for other dep	endents 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 of	or less, enter -0				22	11,245.
	23	Other taxes, including self-employme	nt tax, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total	ıl tax				24	11,245.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 18	750.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	18 , 750.
If you have a	26	2022 estimated tax payments and an	nount applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedu	ile 8812		28			
	29	American opportunity credit from For	m 8863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15 .			31			
	32	Add lines 27, 28, 29, and 31. These a	re your total other p	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These are	your total payments				33	18,750.
Refund	34	If line 33 is more than line 24, subtract	t line 24 from line 33	. This is the amoun	t you overpaid		34	7,505.
riciana	35a	Amount of line 34 you want refunded		3 is attached, chec	k here	. 🗆	35a	7,505.
Direct deposit?	b	Routing number 0 7 5 9 1		c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 2 6 0 0 2	2 9 2 0 3					
	36	Amount of line 34 you want applied to	o your 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is t For details on how to pay, go to www	•				37	
	38	Estimated tax penalty (see instruction	ns)		38			
Third Party Designee		you want to allow another person structions				omplete be	low.	× No
· ·		signee's	Phone			onal identific	ation	
	nai	ne	no.		num	ber (PIN)		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p							
TICIC	Yo	ur signature	Date	Your occupation				you an Identity
				DEVOPS ENGINEER		(see in		, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must	sign. Date	Spouse's occupation	INDEX ,		<u> </u>	your spouse an
Keep a copy for your records.	======= o o.ga.a.o a joint rotarry sour made orgin		olgri. Dato	HOME MAKER				ion PIN, enter it here
	Ph	Phone no. (262) 327-0071 Email address DINESH.SC@OUTLOOK.COM						
Deid	Pre		's signature		Date	PTIN	С	Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM P	RIYA RAM SAGAR	GUPTA TALLAM	02/22/2023	P02082	703 [Self-employed
Preparer	Fin	Firm's name GLOBAL TAXES LLC Ph						78)965-9522
Use Only	Fin						EIN	84-3171965
								4040

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 154<u>5-2294</u>

2022

Attachment Sequence No. **55**

Name(s) shown on return

D SOBITHA RAJ CHITRA L & S IMMANUEL THAMBU RAJ

Your taxpayer identification number 703-31-5394

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v,				
	column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 (
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	6 2.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior				
	year	7 ()			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero				
	or less, enter -0	8 2.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	0.	
10	Qualified business income deduction before the income limitation. Add lines 5 and	d 9	10	0.	
11	Taxable income before qualified business income deduction (see instructions)	91,009.			
12	Net capital gain (see instructions)	12 123.			
13	Subtract line 12 from line 11. If zero or less, enter -0	90,886.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	18,177.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on			
	the applicable line of your return (see instructions)		15	0.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	zero, enter -0	16 (0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a	nd 7. If greater than			
	zero, enter -0	<u> </u>	17 (0.)	
				222	



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) ▶ DINESH SOBITHA RAJ CHITRA L f Union 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 SHARON GRAZY IMMANUEL THAMBU RAJ (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 122 LAKEVIEW WAY Apt 1247 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** KATY 77494 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 08/09/1995 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.: Z4299940 Exp. date: 07/12/2027 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