## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	househo	d (HOH	)		ifying surv	
Check only	lf vo	u checked the MFS box, enter the n	omo of v	our angues If you	obook	od tho ∐∩∐ o	r 088 ha	v ontor	tho o		se (QSS)	
one box.	-	on is a child but not your dependent	-	our spouse. If you	CHECK	ed the HOH of	Q33 DU	x, enter	lile C	IIIIu S	name ii ti	ie quaiiiyiiig
Vour first name		, ,		me .					Vo	ur soc	rial securi	ty number
				Last name						Your social security number		
				MEKHA						736-89-3321  Spouse's social security number		
				ist name					1 '	APPLIED FOR		
ANUPAMA	(numbe	ar and atract) If you have a D.O. have and		LAGULLA			Ant		_			
	•	er and street). If you have a P.O. box, see	ristructio	ons.			Apı	no.	1		i <b>tiai Electio</b> ere if you,	on Campaign
9349 RAT					Cta	·-	710				, ,	ntly, want \$3
		ce. If you have a foreign address, also co	ompiete s	paces below.	Sta		ZIP cod		to	go to	this fund.	Checking a
EDEN PRA		<u> </u>	-		MN		5534		_		w will not or refund.	•
Foreign country	/ name			Foreign province/stat	e/count	У	Foreign p	ostal cod	ie yo	ur tax	You	. Spouse
											Tou	spouse
Digital		ny time during 2022, did you: (a) rec	•				-	,	. ,		□ v	⊠ N -
Assets		ange, gift, or otherwise dispose of a					asset)? (	See ins	tructio	ons.)	Yes	⊠ No
Standard	_	eone can claim:  You as a de		•		•						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-statu	s alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bo	rn before	Januar	y 2, 1	958	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social secur	itv	(3) Relationsh	nip (4) (	heck the	box if	qualifi	es for (see	instructions):
If more		(1) First name Last name		number		to you		Child tax cre		t (	Credit for ot	ther dependents
than four								Г				
dependents,								Ī	1			
see instruction: and check	s											
here								Ī	1			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	1 1:	<u> </u>
Income	b	Household employee wages not reported on Form(s) W-2								1b	1	30,000.
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)								1c	1	
W-2 here. Also	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
was withheld.		Wages from Form 8919, line 6.							•	1g		
If you did not get a Form	g h	Other earned income (see instruct							•	1h		0.
W-2, see	 i	Nontaxable combat pay election (	,			I 1i			•			
instructions.	,	Add lines 1a through 1h	366 IIISII	uctions)		!!				1z	1 1.	35,683.
Attack Cab D			20	· · · · · · i	 ь т	axable interes			•	2b	+ 1	33,003.
Attach Sch. B if required.	2a	'	2a 3a			rdinary divide				3b		
	3a_					axable amoun						
N11	4a	<u> </u>	4a							4b		
Standard Deduction for—	5a		5a			axable amoun				5b	+	
Single or	6a	,	6a				amount 6b					
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)								-		
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	+	
Married filing jointly or	8	Other income from Schedule 1, line 10							8	+		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9	$+\frac{1}{2}$	35,683.
\$25,900	10	Adjustments to income from Schedule 1, line 26								10	+	
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11	1	<u>35,683.</u>
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									+	25 <b>,</b> 900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	+	
Standard	14	Add lines 12 and 13							14		25 <b>,</b> 900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	your <b>t</b>	axable incom	те .			15	1 10	09,783.

			Pa	age	e <b>2</b>	
1	5,	3	8	6		
1	5,	3	8	6		
1	5,	3	8	6	•	
1				0		
1	5,	3	8	6		
2.	2,	7	9	2	•	-
						-
2.	2, 7, 7,	7	9	2	•	
	7,	4	0	6		
	7,	4	0	6		
	_					
V N-						

Form 1040 (2022) **Tax** (see instructions). Check if any from Form(s): **1** 8814 **2** 4972 3 16 16 Tax and **Credits** 17 Amount from Schedule 2, line 3 . . . . . . 17 Add lines 16 and 17 . . . . . . . . . . . 18 18 19 Child tax credit or credit for other dependents from Schedule 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 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 Add lines 22 and 23. This is your total tax 24 24 **Payments** 25 Federal income tax withheld from: 22,792. Form(s) W-2 . 25a а Form(s) 1099 . . . . 25b b Other forms (see instructions) 25c С 25d d Add lines 25a through 25c 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a 27 Earned income credit (EIC) . . . . . . . . . . 27 qualifying child, attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 31 Amount from Schedule 3, line 15 . . . . . . . . . . . . . . . 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 35a Routing number | 1 | 1 | 1 | 9 | 0 | 0 | 6 | 5 | 9 | Direct deposit? b **c** Type: X Checking Savings See instructions. Account number | 8 | 0 | 8 | 0 | 0 | 1 | 5 | 0 | 1 | 2 d 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 Estimated tax penalty (see instructions) . . . . Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee Designee's Phone Personal identification number (PIN) 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 Sign 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 If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) VISION ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) HOME MAKER Phone no. (512)665-5142Email address MEKHAVENKY@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date **Paid** Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/09/2023 P02082703

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

**Preparer** 

Use Only

Phone no. (678) 965-9522

Firm's EIN

## (Rev. August 2019) Department of the Treasury Internal Revenue Service

## **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 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 you'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) ▶ VENKATESHWARA MEKHA 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 ▶ Middle name 1a First name Last name Name ANUPAMA 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 9349 RATH PL Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 55347 EDEN PRAIRIE 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) **Birth** Male 08/01/1994 Information TNDTA X 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 TNDTA Information X Passport Driver's license/State I.D. **6d** Identification document(s) submitted (see instructions) USCIS documentation Other Date of entry into the United States No.: W2330304 (MM/DD/YYYY): Issued by: INDIA Exp. date: 06/26/2032 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 Signature Date (month / day / year) Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code