E 1040 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.

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separatel	y (MFS)	Head of	hous	ehold (HO	H)		ifying surv ise (QSS)	riving	
one box.		u checked the MFS box, enter the n		our spouse. If yo	u check	ed the HOH o	r QSS	3 box, ente	r the c	hild's	name if th	e qualifying	
		on is a child but not your dependen	t:										
Your first name and middle initial				me						Your social security number			
RAKESH			VAID						_	295-87-2824			
If joint return, spouse's first name and middle initial				me					'	Spouse's social security number			
ANITHA S			BEHA							APPLIED FOR			
	•	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.				on Campaign	
		DUSE TER			100		710				ere if you, if filina ioin	or your tly, want \$3	
City, town, or post office. If you have a foreign address, also con								code	to	to go to this fund. Checking a			
CENTREV			Ι,		VZ						ow will not	change	
Foreign country name			Foreign province/state/c			ounty Fo		oreign postal code   your t		ur tax	tax or refund.  You Spouse		
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	erty o	r services)	; or (b)	sell,			
Assets		ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard	Som	eone can claim:	penden	t 🗌 Your spo	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-stat	us alier	1							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) Check th	ne box if	qualif	ies for (see	instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number	number to you Cr		Child ta	x credit		Credit for other dependents			
than four													
dependents, see instruction	s ——												
and check	. —												
here L										ightharpoonup			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)						1a	10	06,518.	
A44	b	Household employee wages not re	•							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	•						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 benefits from 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 instructions)						- 4-	1.0	06,518.			
A# 0 D	Z	Add lines 1a through 1h Tax-exempt interest	2a	i	 h.T	axable interes				1z 2b		00,510.	
Attach Sch. B if required.	2a 3a	· -	3a	153.		axable interes Irdinary divide				3b		166.	
	4a		4a	133.		axable amoun				4b			
Standard	-та 5а		5a			axable amoun				5b			
Deduction for—	6a	_	6a			axable amoun				6b			
Single or Married filing	С		p-sum election method, check here (see instructions)							0.0			
separately, 7 Conital gain or (loss) Attach Schodulo D if required if not required						,				7			
\$12,950  Married filing  8 Other income from Schedule 1, line 10										8			
jointly or Qualifying	9	•	Bb, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	10	06,684.	
surviving spouse, 10 Adjustments to income from Schedule 1 line 26													
\$25,900 • Head of	, , , , , , , , , , , , , , , , , , ,								06,684.				
household, \$19,400	12	Standard deduction or itemized	-	-						12		25,900.	
If you checked	13	Qualified business income deduct				5-A				13		1.	
any box under Standard	14	Add lines 12 and 13								14	25,901.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	8	30,783.	

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	9,264.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	9,264.
	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	9,264.
	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 <b>total tax</b>					24	9,264.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 1	6,208.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	16,208.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	B, 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,	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	16,208.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	ınt you <b>overpaic</b>		34	6,944.
riciana	35a	Amount of line 34 you want			is attached, che	eck here	$\square$	35a	6,944.
Direct deposit?	b	Routing number 0 5 1				Checking	Savings		
See instructions.	d	Account number 4 3 5	0 3 4 4	2 7 3 7	7 6				
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•				Complete	below.	⊠ No
		signee's		Phone			rsonal ident	ification	
	naı			no.			mber (PIN)		
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com			, , ,		,		, ,
11010	Yo	Your signature		Į.				tection P	nt you an Identity IN, enter it here
Joint return?					SOFTWARE		,	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	Date	Spouse's occupa			nt your spouse an ection PIN, enter it here		
your records.			HOME MAKER					I I I I I I I I I I I I I I I I I I I	
	———Ph	one no. (703)470-876	 5	Email address		SH50@GMAIL.(	L MOr		
		eparer's name	Preparer's signat		4111D 1 MI(MI(I)	Date Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAN			2703	Self-employed
Preparer		m's name GLOBAL TAX			COLILI IIIIIAN	-   02,21,202			(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
Go to warm ire a		11040 for instructions and the late				DEV 00/40/00 DD		. 5 =111	Form <b>1040</b> (2022)
ao to www.iis.go	וווטיווער	TOTO TO ITISH WOULDING AND THE PARE	at milomination.		BAA	REV 02/10/23 PRO	,		FOIII 1040 (2022)

## Form **8995**

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. 1545-2294

2022

Attachment Sequence No. **55** 

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

RAKESH VAIDYA & ANITHA SHRAVANI BEHARA

Your taxpayer identification number 295-87-2824

**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 filling jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	<b>(b)</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)	<b>6</b> 3.	-		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	7 (			
8	year	1 ( )			
0	or less, enter -0-	8 3.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.	
10	Qualified business income deduction before the income limitation. Add lines 5 an		10	1.	
11	Taxable income before qualified business income deduction (see instructions)	11 80,784.			
12	Net capital gain (see instructions)	<b>12</b> 153.			
13		<b>13</b> 80,631.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	16,126.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		4.5	3	
16	the applicable line of your return (see instructions)		15	1.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16	( 0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	( 0.)	
				5 000E (2000	



## 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 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) ▶ RAKESH VAIDYA 295-87-2824 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 ANITHA SHRAVANI **BEHARA** (see instructions) 1b First name Middle 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 5046 GREENHOUSE TER Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 20120 CENTREVILLE USA 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** Information 03/13/1998 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 TNDTA R3397419 05/20/2024 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.: S1952043 Exp. date: 06/17/2028 Issued by: INDIA (MM/DD/YYYY): 07/13/2022 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** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code