E1040		artment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		urn C	202	2	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the national on is a child but not your dependent	ame of y				Head of ed the HOH or				spou	lifying sur use (QSS) name if tl	0
Your first name	and mi	nd middle initial Last name You									Your social security number		
VENKATES	WARA	A SWAMY	MATT	A					215-95-8369			9	
lf joint return, sp	ouse's	first name and middle initial	Last nar	ne							Spouse's social security number		
NIKITHA			PABB.	A						i	APPLIED FOR		
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.	I	Preside	ntial Electi	on Campaigr
128 DESE		•			,							here if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete sp	baces below	/.	Sta	te	ZIP co	ode		•		ntly, want \$3 Checking a
LEANDER			TX				78641			box below will not change			
Foreign country	name		Foreign province/state/county				Foreign postal code			your tax or refund.			
Digital Assets	exch	ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	digital a	asset (or a	financial ir	nter	est in a digital		,		, .	Vou	Spouse
Standard Deduction		eone can claim: U You as a de Spouse itemizes on a separate return	n or you	were a du	al-status a	lien							
		Were born before January 2, 1	958 🗋	Are blind	d Spo	use		11	ore Janua				-
Dependents					cial security		(3) Relationsh	ip (4					instructions):
If more	(1) Fi	rst name Last name	num		umber		to you	Child tax c		ax cre	dit	Credit for of	ther dependents
than four dependents,									L				
see instructions													
and check here									L				
	4.		4 (1	
Income	1a ⊾	Total amount from Form(s) W-2, be			,						1a		31,765.
Attach Form(s)	b	Household employee wages not re	•	. ,						• •	1b 1c		
W-2 here. Also	c d	Tip income not reported on line 1a (see instructions)							• •	1d			
attach Forms W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								10			
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
was withheld.	g	Wages from Form 8919, line 6 .			,			• •		• •	1g	_	
lf you did not get a Form	9 h	Other earned income (see instructi							• •		1h		0.
W-2, see	i	Nontaxable combat pay election (see instructions)											
instructions.	z										1z	1	31,765.
Attach Sch. B	2a	S I	2a			ьΤ	axable interest				2b		
if required.	3a		3a			b C	ordinary divider	nds .			3b		
	4a	IRA distributions	4a			ьΤ	axable amount	t			4b		
Standard	5a	Pensions and annuities	5a		1	bТ	axable amoun	t			5b		
Deduction for-	6a	Social security benefits	6a		1	bТ	axable amoun	t			6b		
Single or 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 Schedule D if required. If not required							ed, check here						
 Married filing 	8	Other income from Schedule 1, line 10							8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	1	31,765.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income						11	1	31,765.			
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from	Schedule	A)					12		25,900.
If you checked	13 Qualified business income deduction from Form 8995 or Form 8995-A								13				
any box under Standard	14	Add lines 12 and 13									14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0-	. This is yo	burt	axable incom	е.			15	1	05,865.
)													

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	14,524.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	14,524.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,524.
	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	14,524.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 22	,091.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction				25c			
	d	Add lines 25a through 25c						25d	22,091.
If a barrier	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return			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, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T						33	22,091.
Defund	34	If line 33 is more than line 24						34	7,567.
Refund	35a	Amount of line 34 you want				•	. 🗆	35a	7,567.
Direct deposit?	b	Routing number 0 8 1 0 0 0 3 2 c Type: X Checking Savings							
See instructions.	d	Account number 3 5 5					0		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee		structions	•				omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
	nai			no.			oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and corr							
Here		· · ·			1		1	• •	
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	ENGINEER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign. Date Spouse's occupat			on			nt your spouse an
Keep a copy for your records.							Ident (see i	-	ection PIN, enter it here
your rooordo.					HOME MAKEF		,	nst.)	
		one no. (925)999-053		Email address	VENKATESHMAT	TA01@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/09/2023	P02082		Self-employed
Use Only		m's name GLOBAL TA							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm	s EIN	84-3171965
Go to www.irc.a	ov/Form	a1040 for instructions and the late	et information		DAA	DEV 04/00/00 DDO			Earm 1040 (2022)

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

BAA REV 01/28/23 PRO

Form **1040** (2022)

Form W-7
(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

Department of the Treas Internal Revenue Service	aly -	See sepa	arate instruc		bermaner	it reside	ents.				
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	urposes	only.			ype (check one	box):	
Before you begin • Don't submit th	l: iis form if you have, or are eligi	ible to get, a U.S.	. social sec	urity nu	mber (SS	SN).			for a new ITIN an existing ITI	N	
-	ubmitting Form W-7. Read th ederal tax return with Form \		,						, c, d, e, f, or g	g, you	
a 🗌 Nonresident	alien required to get an ITIN to cl	aim tax treaty bene	əfit								
b Onresident	alien filing a U.S. federal tax retu	rn									
	t alien (based on days present i		, 0								
d 🗌 Dependent o	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resi	dent alien	(see ins	tructions) 🕨	•			
e 🛛 Spouse of L		d or e, enter name VENKATESWAR				resident	alien (see ir		tions) ► 215-95-836	9	
f 🗌 Nonresident	alien student, professor, or resea					n except	ion				
	spouse of a nonresident alien hold	-			0						
h 🗌 Other (see ir	nstructions) ►										
Additional information	on for a and f : Enter treaty country			anc	l treaty art	icle num	nber 🕨				
Name	1a First name	Mido					t name				
(see instructions)	NIKITHA	N 4: -1-					ABBA				
Name at birth if different ►	1b First name	IVIIdo	Middle name Last				name				
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 128 DESERTI RD,										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	LEANDER TX USA 78641										
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4 Date of birth (month / day / year) Country of birth		City an	d state or	province	e (optional)	5 [Male		
Information	08/19/1996	INDIA							X Female		
Other Information	6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration							date			
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
	the United States										
	Issued by: INDIA No.: P9522657 Exp. date: 05/19/2027 (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).										
	off 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										
Sign Here	Under penalties of perjury, I (appl documentation and statements, and information with my acceptance ager	d to the best of my	knowledge a	nd belief,	it is true,	correct,	and complet	te. I a	uthorize the IRS t		
Keep a copy for your records.	Signature of applicant (if de	Date (month / day / year) Phone number									
-	Name of delegate, if applica	able (type or print)	Delegate's relationship to applicant			ship	Parent	Parent Court-appointed gua			
Acceptance	Signature			Date (month / day			Phone				
Agent's						Fax					
Use ONLY	Name and title (type or print)			ompany		EIN			PTIN		
	🔽				Office code						

REV 01/28/23 PRO