Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Coold coourity number

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

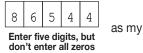
Taxpayer's name

| raxpayer's name | Social security number | | | | |
|---|---------------------------------|--|--|--|--|
| NAVEENKUMAR BALASUBRAMANIAN | 104-08-6544 | | | | |
| Spouse's name | Spouse's social security number | | | | |
| BHARATHI VENUGOPAL | APPLIED FOR | | | | |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter | year you are authorizing.) | | | | |
| Enter whole dollars only on lines 1 through 5. | | | | | |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 Adjusted gross income | 1 197,807. | | | | |
| 2 Total tax | 2 28,874. | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 27,828. | | | | |
| 4 Amount you want refunded to you | 4 | | | | |
| 5 Amount you owe | 5 1,046. | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and A | keep a copy of your return) | | | | |

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| X I authorize GLOBAL TAXES LLC to enter or generate my PIN |
|--|
| |



Enter five digits, but don't enter all zeros

as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ► D | ate 🖡 | | | | | | | | |
|---|-------|---|---|--|--|----------------|-------|---|--|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 1 | 8 | | | 3 1 Il zero | 8 | 9 | |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

| ERO's signature | Date ► |
|-----------------|--|
| | ain This Form — See Instructions m to the IRS Unless Requested To Do So |
| | |

Date

| IF you live in | THEN use this address to send in your payment | | | | | |
|--|--|--|--|--|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas | Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 | | | | | |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000 | | | | | |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming | Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 | | | | | |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303 | | | | | |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2022

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service

NAVEENKUMAR

7525 TREE LN 329H

MADISON WI 53717

BHARATHI



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.' ► Write your social security number (SSN) on your check or money order.

VENUGOPAL

BALASUBRAMANIAN

Enter the amount of your payment. ► REV 03/22/23 PRO 1555

1.046.

INTERNAL REVENUE SERVICE

ITIN OPERATION P.O. BOX 149342 AUSTIN, TX 78714-9342

| 1040 | | rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax | | _{rn} 202 | 2 | OMB No. 1545- | 0074 | IRS Use Only | v—Do not v | vrite or staple | in this space. |
|---|-----------|---|-------------|---|-------|--------------------|--------|---------------|------------|-----------------|---------------------------------------|
| Filing Status Check only one box. | lf yo | Single X Married filing jointly uncertain the MFS box, enter the nation is a child but not your dependent | ame of yo | l filing separately (N our spouse. If you cl | | _ | | | spo | use (QSS) | |
| Your first name | and mi | ddle initial | Last nam | e | | | | | Your so | cial securit | ly number |
| NAVEENKU | MAR | | BALAS | SUBRAMANIAN | | | | | 104- | 08-654 | 4 |
| lf joint return, sp | oouse's | first name and middle initial | Last nam | e | | | | | Spouse | 's social see | curity number |
| BHARATHI | | | VENUG | GOPAL | | | | | APPL | IED FO | R |
| Home address | (numbe | r and street). If you have a P.O. box, see | instruction | IS. | | | A | vpt. no. | Preside | ntial Election | on Campaigr |
| 7525 TRE | E LN | 1 | | | | | 3 | 829H | | here if you, | , |
| City, town, or p | ost offic | ce. If you have a foreign address, also co | mplete spa | aces below. | Sta | ite | ZIP c | ode | | | tly, want \$3 |
| MADISON | | | | | W | E III | 537 | 17 | | ow will not | Checking a change |
| Foreign country | name | | Fo | preign province/state/o | coun | ty | Foreig | n postal code | 4 | k or refund. | 0 |
| Digital | At an | y time during 2022, did you: (a) rece | eive (as a | reward, award, or | payr | ment for prope | ty or | services); or | (b) sell, | | |
| Assets | exch | ange, gift, or otherwise dispose of a | digital as | sset (or a financial i | nter | est in a digital a | asset) | ? (See instru | uctions.) | Yes | 🗙 No |
| Standard | Som | eone can claim: 🗌 You as a de | pendent | Vour spouse | e as | a dependent | | | | | |
| Deduction | <u> </u> | Spouse itemizes on a separate return | n or you v | were a dual-status | alien | 1 | | | | | |
| Age/Blindness | You: | Were born before January 2, 1 | 958 | Are blind Spc | ouse | : 🗌 Was bor | n befo | ore January | 2, 1958 | 🗌 ls bl | ind |
| Dependents | (see | instructions): | | (2) Social security | | (3) Relationshi | p (4 |) Check the b | ox if qual | fies for (see | instructions): |
| If more | | rst name Last name | | number | | to you | | Child tax c | redit | Credit for ot | her dependents |
| than four | | | | | | | | | | [| |
| dependents, | | | | | | | | | | [| |
| see instructions and check | ; | | | | | | | | | [| |
| here 🗌 | | | | | | | | | | [| |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (see | instructions) | | | | | . 1a | 19 | 95,191. |
| | b | Household employee wages not re | eported o | n Form(s) W-2 . | | | | | . 1t | | |
| Attach Form(s) | с | Tip income not reported on line 1a | (see inst | ructions) | | | | | . 10 | ; | |
| W-2 here. Also attach Forms | d | Medicaid waiver payments not rep | orted on | Form(s) W-2 (see in | nstru | uctions) | | | . 1c | I | |
| W-2G and | е | Taxable dependent care benefits f | rom Form | n 2441, line 26 | | | | | . 1e | • | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | fits from I | Form 8839, line 29 | | | | | . 11 | : | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 19 | 1 | |
| get a Form | h | Other earned income (see instructi | ons) . | | | | | | . 1ŀ | 1 | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see instru | ctions) | | 1 i | | | | | |
| | z | Add lines 1a through 1h | | | | | | | . 1z | : 19 | 95,191. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | 3. | bТ | axable interest | | | . 2b |) | 55. |
| if required. | 3a | Qualified dividends | 3a | 101. | b C | Ordinary divider | ids . | | . 3b |) | 154. |
| | 4a | IRA distributions | 4a | | bТ | axable amount | | | . 4b |) | |
| Standard | 5a | Pensions and annuities | 5a | | bТ | axable amount | | | . 5b |) | |
| Deduction for- | 6a | Social security benefits | 6a | | bТ | axable amount | | | . 6b |) | |
| Single or Married filing | с | If you elect to use the lump-sum el | lection m | ethod, check here | (see | instructions) | | [| | | |
| separately, \$12,950 | 7 | Capital gain or (loss). Attach Schee | dule D if r | equired. If not requ | ired | , check here | | [| 7 | | 2,407. |
| Married filing | 8 | Other income from Schedule 1, line | | | | | | | . 8 | | / |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | | . 9 | 1 9 | 97,807. |
| surviving spouse, | 10 | Adjustments to income from Sche | | - | | | | | . 10 | | |
| \$25,900 • Head of | 11 | Subtract line 10 from line 9. This is | | | | | | | . 11 | | 97,807. |
| household, | 12 | Standard deduction or itemized | | - | | | | | . 12 | | 25,900. |
| \$19,400 • If you checked | 13 | Qualified business income deducti | | | | 05-A | | | . 13 | | <u>23,900.</u> 0. |
| any box under | 14 | | | | | | | | . 14 | | 25,900. |
| Standard Deduction, | 15 | Subtract line 14 from line 11. If zer | | | | | | | . 15 | | 71,907. |
| see instructions. | | | | | | | | | | <u>+</u> | · - , <i>></i> 0 <i>i</i> • |

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

Form **1040** (2022)

| Credits 17 Anount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 Add lines 16 and 17 18 20 Anount from Schedule 3, line 8 20 4. 21 Add lines 16 and 12 20 4. 22 Anount from Schedule 3, line 8 20 4. 23 Add lines 21 from line 18. If zero or less, enter -0- 22 28, 874. 24 Add lines 22 and 23. This is your total tax 24 28, 874. Payments 25 Federal income tax withheld from: 28 27, 756. 25 Form(s) 109 256 72. 26 17 Add lines 27, 828. 26 27. 26 18 Add lines 27, 828. 26 22. 28 26 19 Add lines 27, 828. 30 30 30 32 33 32 | Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|---|---------------------------------|---------|--|-----------------------|---------------------|-----------------|--|-----------|--------|------------------------|
| 18 Add lines 16 and 17 18 28,873. 19 Child tax cradit or cradit for other dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 21 21 Add lines 19 and 20 21 4. 22 Subtract line 21 from line 18 if zero or less, entr-0. 22 22 8,874. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 26,874. 25 Federal income tax withheld form: 256 72. 20 Add lines 25 attrough 26. 226 72. 24 Add lines 25 attrough 26. 28 27,756. 25 2022 estimate tax payments and amount applied from 2021 return 28 27,828. 4 Add lines 26.2,8, and 31. These are your total other payments and amount applied from 2021 return 28 30 30 Refund 31 33 33 33 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 32 33 33 Add lines 24, 28, 378.4. X X X X X X X X X X X X X X | Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 | | 16 | 28,878. |
| 19 Child tax credit for after dependents from Schedule 8812 19 20 Amount from Schedule 3, line 8 20 4. 21 Add lines 19 and 20 21 4. 22 Subtract line 14 from line 18. It zero or less, enter -0. 22 22.8, PT4. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 28, PT4. 24 Add lines 22 and 23. This is your total tax 24 28, PT4. 25 Federal income tax withheld from: 256 72. 256 27 Earned income ratio (EIC) 26 202 estimated tax payments and amount applied from 2021 return 26 26 2022 estimated tax payments and amount applied from 2021 return 28 20 27, 628. 27 Earned income credit (EIC) 27 28 20 <td>Credits</td> <td>17</td> <td>Amount from Schedule 2, lir</td> <td>ne3</td> <td></td> <td></td> <td></td> <td></td> <td>17</td> <td></td> | Credits | 17 | Amount from Schedule 2, lir | ne3 | | | | | 17 | |
| 20 Amount from Schedule 3, line 8 20 4. 21 Add lines 19 and 20 4. 4. 22 Subtract line 116. If zero or less, enter -0. 22 22, 8, 74. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 28, 874. Payments 25 Federal income tax withheld from: 256 72. 4 Add lines 25 at through 256. 256 72. 26 4 Add lines 27, 82.8, 874. 26 72. 26 2022 estimated tax payments and amount applied from 2021 return 26 72. 26 21 Add lines 27, 82.9, and 31. 78 28 28 30 Reserved for future use 31 31 33 27, 82.8. 32 Add lines 27, 82.9, and 31. 78.83. Ins is the amount you overpaid 34 34 33 Add lines 27, 82.9, and 31. 78.83. Ins is the amount you overpaid 34 34 fill ines 31 is more than line 24, subtract | | 18 | Add lines 16 and 17 | | | | | | 18 | 28,878. |
| 21 Add lines 19 and 20 21 4. 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 28, 874. 22 Other taxs, including self-employment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 28, 874. 25 Federal income tax withheld from: 24 28, 874. 26 Other taxs, gein structions) 256 72. 27 256 72. 256 28 Add lines 25 a through 250. 256 72. 29 eamed income credit (EC) . 27 26 28 Add lines 25, 87, 82.8. 202 cestimated tax payments and anount applied from 2021 rehum. 26 29 Eamed income credit (EC) . 27 28 28 Add lines 27, 82, 89, and 31. These are your total other payments and refundable credits . 31 31 Amount from Schedule 3, line 15 33 27, 82.8. 34 35a 34 35a 35a 35a Amount from 24 you want refunded to you. 176 mor 888 is attached, check kine maint 36a 36a Amount from 24 you want r | | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| 22 Subtract line 21 from line 18. If zero or less, enter -0 | | 20 | Amount from Schedule 3, lir | ne8 | | | | | 20 | 4. |
| 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0, 24 Add lines 22 and 23. This is your total tax 24 28, 874. Payments 25 Federal income tax withheld from: 25a 27, 756. a Form(s) (M2 | | 21 | Add lines 19 and 20 | | | | | | 21 | 4. |
| 24 Add lines 22 and 23. This is your total tax 24 28,874. Payments 25 Federal income tax withheld from: 25a 27,756. a Form(s) W2. 25b 72. 25d 72. C Other forms (see instructions) 25c 72. 25d 27,828. 4 Add lines 25 a through 250. 27 25d 27,828. 26d 26 202 estimated tax payments and arount applied from 2021 return 26 26d 27,828. 28 Additional child tax credit from Schedule 8812 28 28 28 29 American opportunity credit from Form 8863, line 8 29 30 30 32 30 Additines 27, 82, 8, and 31. These are your total other payments 33 27,828. 33 Add lines 27, 82, 8, and 31. These are your total apayments 33 32 27,828. 34 Hiler 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 34 35a 35a 35a Amount of time 34, you want refunded to you. H form 8888 is attached, check here 33 35a 35a 35a Ancount number X X X X X X X X X X X | | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 28,874. |
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| Payments 25 Federal income tax withheld from: 25a 27, 756. a Form(s) W-2 25b 72. 25b c Other forms (see instructions) 25c 72. d Add lines 25a through 25c 72. 26d 27, 828. fyou have a singer bad, see instructions 27 28d 27, 828. 2022 estimated tax payments and amount applied from 201 return 27 28d 27, 828. 202 Add lines 27, 72. 29 28d 27, 828. 30 American opportunity credit from Schedule 8812 29 30 30 31 Amount from Schedule 3, line 15 31 31 32 27, 828. 33 Add lines 25d, 26, and 32. These are your total other payments and refundable credits 32 33 27, 828. 34 Hilline 33 is more than line 24, subtract line 24 your with refunded to your USU overpaid 34 34 35e Amount of line 24 you want applied to your 2023 estimated tax 36 36 Direct depositing Subtract line 33 from line 24. This is the amount you over. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 1, 046. | | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 28,874. |
| a Form(s) W-2 28a 27,756. b Form(s) 1099 | Payments | 25 | | | | | | | | |
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| d Add lines 25a through 25c 27,828. tyou have a landing office 27 two have a landing office 27 two have a landing office 27 222 estimated tax payments and amount applied from 2021 return 28 23 Additional child tax credit (EIC) 28 24 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Schedule 8812 28 30 Reserved for future use 31 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 34 If line 33 is must refunded to you. If Form 8868 is attached, check here 35a 35a Direct deposit? 8 Account number X X X X X X X X X X X X X X X X X X X | | b | Form(s) 1099 | | | | 25b | | 1 | |
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| type have a puelifying rule, 25 2022 estimated tax payments and amount applied from 2021 return 27 27 Earned income credit (EIC) 28 28 Additional child tax credit from Schedule 8812 29 30 Reserved for future use, 30 31 Amount from Schedule 3, line 15 30 32 Add lines 25d, 26, and 31. These are your total payments and refundable credits 32 34 Hiles 25d, 26, and 32. These are your total payments 33 27, 828. 34 Hiles 25d, 26, and 32. These are your total payments 33 27, 828. 35a Amount from Schedule 3, line 15 33 27, 828. 35a Add lines 25d, 26, and 32. These are your total payments 34 35a 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 36 Amount of line 34 you want applied to you ware you wee. For details on how to pay, go to www.irs.gov/Payments or see instructions 37 1, 046. 38 Estimated tax penalty (see instructions) 38 37 1, 046. 39 Do you want to allow another person to discuss this return with the IRS? See instructions 37 1, 046. 10 | | d | Add lines 25a through 25c | <i>.</i> | | | | | 25d | 27,828. |
| Produrava all antimity of this and the second of the program of t | | 26 | | | | | | | 26 | |
| attach Sch. EC. 28 | If you have a qualifying child, | | | | | | 1 1 | | | |
| 29 American opportunity credit from Form 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 are your total other payments and refundable credits 32 33 Add lines 25, 28, 29, and 31. These are your total other payments 33 27, 828. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . 36 Account number [X X X X X X X X X X | attach Sch. EIC. | 28 | | | | | | | 1 | |
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| 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>27,828.</td></td<> | | | | | | | | | | 27,828. |
| 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | | | | - | | | | | | , |
| Direct deposit? b Routing number X <th< td=""><td>Refund</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<> | Refund | | | | | | | | | |
| See instructions. d Account number X < | Direct deposit? | | | | | | | | | |
| 36 Amount of line 34 you want applied to your 2023 estimated tax | See instructions. | | • | | | | | earnige | | |
| Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 37 1,046. 38 Estimated tax penalty (see instructions) 38 37 1,046. Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X Designee's name Phone name Phone no. Personal identification number (PIN) Mo Sign Heree Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Date Your occupation HOME MAKER If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Phone no. Email address ENAVEENKUMAR.MCA@GMAIL.COM If the IRS sent you spouse an Identity Protection PIN, enter it here (see inst.) Phone no. Email address ENAVEENKUMAR.MCA@GMAIL.COM If the IRS see inst.) Self-employed Preparer's name Preparer's signature Date Pite PIN Check if: (see inst.) <td< th=""><th></th><th></th><th></th><th></th><th></th><th>· · · ·</th><th><u>i · · · · · · · · · · · · · · · · · · ·</u></th><th></th><th></th><th></th></td<> | | | | | | · · · · | <u>i · · · · · · · · · · · · · · · · · · ·</u> | | | |
| You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions. 37 1,046. 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Do you want to allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? See instructions. Geep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation Home MAKER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. Email address ENAVEENKUMAR. MCA@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) YM RNYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM Seff-employed Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–317.1965 | Amount | | · · · · · | | | | | | 1 | |
| 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) YM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Phone no. (678) 965–9522 Phone no. (678) 965–9522 | You Owe | 57 | | | | | | | 37 | 1,046. |
| Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone no. Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? Sopuse's signature. If a joint return, both must sign. Date Your occupation HOME MAKER If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name SYM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Pate PTIN Check if: Phone no. (678) 965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's elin 84-3171965 | | 38 | | - | - | | 1 1 | | 0. | |
| Designee instructions Yes. Complete below. Yes. Complete below. No Designee's name Designee's name Phone no. Personal identification number (PIN) Image: Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) your records. Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date PIN Check if: (see inst.) YAM PRIYA RAM SAGAR GUPTA TALLAM SYAM | Third Party | | | | | | | | | |
| Designee's name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's EIN 84–3171965 | | | - | | | | | omplete k | oelow. | × No |
| Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge an belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Joint return? Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date Pinn SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O4/05/2023 Plone no. (678) 965-9522 Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 | 200191100 | De | signee's | | Phone | | | | | |
| belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Phone no. (678) 965–9522 Phone no. (678) 965–9522 | | nar | ne | | no. | | num | oer (PIN) | | |
| Here Joint return? Date Your occupation If the IRS sent you an Identity Joint return? Spouse's signature. If a joint return, both must sign. Date Your occupation If the IRS sent you an Identity Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–3171965 | Sian | | | | | | | | | |
| Your signature Date Your occupation If the IRS sent you an identity Joint return? See instructions. Software SOFTWare Developer (see inst.) Image: See instruction PIN, enter it here See instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here Your records. Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date Date PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O4/05/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's EIN 84–3171965 | | bel | lef, they are true, correct, and com | plete. Declaration of | of preparer (othe | | ased on all information | | | , 0 |
| Joint return? SOFTWARE DEVELOPER (see inst.) Image: Construction of the second | | Yo | ur signature | | Date | Your occupation | | | | |
| See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it her (see inst.) Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date PTIN SYM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM See Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–3171965 | loint roturn? | | | | | SOFTWARE I | EVELOPER | | | |
| Keep a copy for your records. Identity Protection PIN, enter it her (see inst.) Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O4/05/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84–3171965 | See instructions. | Sp | ouse's signature. If a joint return, l | both must sian. | Date | | | If the | IRS se | nt vour spouse an |
| Phone no. Email address BNAVEENKUMAR.MCA@GMAIL.COM Paid Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O4/05/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | Keep a copy for | -1- | | | | | | | | |
| Preparer's name Preparer's signature Date PTIN Check if: SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM O4/05/2023 P02082703 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | your records. | | | | | HOME MAKER | २ | (see | inst.) | |
| Paid Preparer Use Only Firm's name GLOBAL TAXES Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Ph | one no. | | Email address | BNAVEENKUMAF | .MCA@GMAIL.CO | M | | |
| Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2023 P02082/03 Control Self-Employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | Daid | Pre | eparer's name | Preparer's signat | ure | | | PTIN | | |
| Hirm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965 | | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 04/05/2023 | P02082 | 2703 | Self-employed |
| Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31/1965 | | Firi | m's name GLOBAL TA | XES LLC | | | | Phor | ne no. | (678)965-9522 |
| Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 03/22/23 PRO Form 1040 (202 | | Firi | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm | 's EIN | 84-3171965 |
| | Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | BAA | REV 03/22/23 PRO | | | Form 1040 (2022 |

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 2022

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

| | Revenue Service Go to www.irs.gov/Form1040 for instructions and the late | Att Se | tachment quence No. 03 | | | |
|--------|---|--------------|----------------------------------|----------|----------------------|--|
| NAV | Name(s) shown on Form 1040, 1040-SR, or 1040-NRYour soNAVEENKUMAR BALASUBRAMANIAN & BHARATHI VENUGOPAL104-0 | | | | | |
| Pai | t I Nonrefundable Credits | | | | | |
| 1 | Foreign tax credit. Attach Form 1116 if required | | | 1 | 4. | |
| 2 | Credit for child and dependent care expenses from Form 244 Form 2441 | | Attach | 2 | | |
| 3 | Education credits from Form 8863, line 19 | | | 3 | | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | | 4 | | |
| 5 | Residential energy credits. Attach Form 5695 | | | 5 | | |
| 6 | Other nonrefundable credits: | | | | | |
| а | General business credit. Attach Form 3800 | 6a | | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | | | |
| С | Adoption credit. Attach Form 8839 | 6c | | | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | | | |
| е | Alternative motor vehicle credit. Attach Form 8910 | 6e | | | | |
| f | Qualified plug-in motor vehicle credit. Attach Form 8936 | 6f | | | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | | | |
| Ι | Amount on Form 8978, line 14. See instructions | 61 | | | | |
| z | Other nonrefundable credits. List type and amount: | | | | | |
| | | 6z | | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | | 7 | | |
| 8 | Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040 line 20 | | | 8 | 4. | |
| | | | (cc | ontinue | ed on page 2) | |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. BAA | REV 03/22/23 | PRO | Schedule | e 3 (Form 1040) 2022 | |

Schedule 3 (Form 1040) 2022

| Par | t II Other Payments and Refundable Credits | | | 1 |
|-----|---|-------------------|----------|----------------------|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) . | 10 | | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| а | Form 2439 | 13a | | |
| b | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 | 13b | | |
| С | Reserved for future use | 13c | | |
| d | Credit for repayment of amounts included in income from earlier years | 13d | | |
| е | Reserved for future use | 13e | | |
| f | Deferred amount of net 965 tax liability (see instructions) | 13f | | |
| g | Reserved for future use | 13g | | |
| h | Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021 | 13h | | |
| z | Other payments or refundable credits. List type and amount: | | | |
| | | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through | 13z | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31 |)-SR, or 1040-NR, | 15 | |
| | BAA REV | 03/22/23 PRO | Schedule | e 3 (Form 1040) 2022 |

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 20**22** Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return

Department of the Treasury

NAVEENKUMAR BALASUBRAMANIAN & BHARATHI VENUGOPAL

Your social security number

104-08-6544

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes X No** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss fro Form(s) 8949, Pa line 2, column (s | rt I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---------------|---|---|--|---|-------|---|
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 3,876. | 4,343. | 1 | 3. | -454. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | | our Capital Loss | - | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | | | 7 | -454. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| below. form may be easier to complete if you round off cents to | (d) Proceeds (sales price) | (e) Cost (or other basis) | to gain or loss Form(s) 8949, | from Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|---|---|
| Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| Totals for all transactions reported on Form(s) 8949 with Box D checked | 10,231. | 7,370. | | | 2,861. |
| Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| | | | | 11 | |
| Net long-term gain or (loss) from partnerships, S corporat | ions, estates, and | trusts from Scheo | dule(s) K-1 | 12 | |
| Capital gain distributions. See the instructions | | | | 13 | |
| | | | - | 14 | () |
| | • | ., | | 15 | 2,861. |
| | which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked See the instructions Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions Worksheet in the instructions | below. (d) form may be easier to complete if you round off cents to e dollars. (d) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 10,231. Totals for all transactions reported on Form(s) 8949 with Box D checked 10,231. Totals for all transactions reported on Form(s) 8949 with Box E checked 10,231. Totals for all transactions reported on Form(s) 8949 with Box F checked 10,231. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions | below.(d)(e)form may be easier to complete if you round off cents to e dollars.Proceeds (sales price)Cost (or other basis)Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b10,231.7,370.Totals for all transactions reported on Form(s) 8949 with Box D checked10,231.7,370.7,370.Totals for all transactions reported on Form(s) 8949 with Box E checked10,231.7,370.7,370.Totals for all transactions reported on Form(s) 8949 with Box F checked.10,231.7,370.7,370.Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain from Forms 4684, 6781, and 882410.10.10.Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Sched Capital gain distributions. See the instructions11 any, from line 13 of your Capital Loss Worksheet in the instructions10.Then, gainWorksheet in the instructions10 or (loss).Combine lines 8a through 14 in column (h). Then, gain | below. (d) (e) Adjustment form may be easier to complete if you round off cents to e dollars. Proceeds (sales price) (or other basis) Form(s) 8949, ine 2, colum Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 10,231. 7,370. Totals for all transactions reported on Form(s) 8949 with Box D checked 10,231. 7,370. Totals for all transactions reported on Form(s) 8949 with Box E checked Sevent 10,231. 7,370. Totals for all transactions reported on Form(s) 8949 with Box F checked Sevent 10,231. 7,370. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Capital gain distributions. See the instructions | below. (d) Proceeds (sales price) (e) Cost (or other basis) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form 009-B for which basis was reported on Form which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box D checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box E checked Image: Column (g) Totals for all transactions reported on Form(s) 8949 with Box F checked Image: Column (g) Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 Image: Column (g) Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Image: Column (g) Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions Image: Column (h). Then, go to Part III Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III Image: Column (h). The |

| Part | III Summary | |
|------|--|-----------|
| 16 | Combine lines 7 and 15 and enter the result | 16 2,407. |
| | • If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | |
| 17 | Are lines 15 and 16 both gains? ⊠ Yes. Go to line 18. | |
| | No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | |
| | No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

REV 03/22/23 PRO

Schedule D (Form 1040) 2022

| Form | 8949 |
|------|------|
| | |

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Sequence No. 12A

Attachment

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

NAVEENKUMAR BALASUBRAMANIAN & BHARATHI VENUGOPAL 104-08-6544

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

| _ | | | | | | | | | | | | |
|---|-----------|------------|--------------|-------------|---------|--------|---------|-------|--------|----------|--------|-----|
| | /D | Chart tarm | tranaationa | roported on | Earm(a) | 1000 D | abouing | haala | woon't | roported | to the | IDC |
| | (D) | Short-term | transactions | reported on | FOULTS | 1099-0 | SHOWING | Dasis | wasnii | reported | o trie | IDO |
| | ·-/ | | | | | | | | | | | |

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) |
|---|--|--------------------------------|-------------------------------------|--|---|---------------------------------------|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| BETTERMENT SECURITIES | 06/07/22 | 12/30/22 | 3,648. | 3,755. | W | 13. | -94. |
| ROBINHOOD SECURITIES LLC | 09/30/21 | 02/18/22 | 228. | 588. | | | -360. |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box (| al here and inc is checked), lir | lude on your ne 2 (if Box B | 3,876. | 4,343. | | 13. | -454. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

| Form 8949 (2022) | | | Attac | hment | Seque | nce No | b. 1 2 | 2A | Pa | ge 2 |
|------------------|---|--|-------|-------|-------|--------|---------------|----|----|-------------|
| | - | | | | | | | | | |

 Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
 S

 NAVEENKUMAR
 BALASUBRAMANIAN
 & BHARATHI
 VENUGOPAL
 S

Social security number or taxpayer identification number 104-08-6544

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | Proceeds S | (e) Cost or other basis See the Note below | | |) If you enter an amount in column (g), her basis ote below See the separate instructions. S | | (e) or other basis ne Note below If you enter an amount in column enter a code in column (f). See the separate instruction | | (h) Gain or (loss) Subtract column (e) |
|---|-----------------------------|--------------------------------|-------------------------------------|--|-------------------------------------|---------------------------------------|--|--|---|--|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | | | | |
| BETTERMENT SECURITIES | 02/05/21 | 12/30/22 | 7,864. | 6,082. | | | 1,782. | | | | |
| ROBINHOOD SECURITIES LLC | 04/21/20 | 02/08/22 | 2,367. | 1,288. | | | 1,079. | | | | |
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| | | | | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | | 10,231. | 7,370. | | | 2,861. | | | | |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 2,001. | | | | |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

| Form 8995 |
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Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2294

Your taxpayer identification number

104-08-6544

|--|

NAVEENKUMAR BALASUBRAMANIAN & BHARATHI VENUGOPAL

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 | | (c) Qualified business income or (loss) | | |
|---------|--|--------------------|---|----------------------------------|--|
| | | | | | |
| i | | | | | |
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| ii | | | | | |
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| iii | | | | | |
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| iv | | | | | |
| | | | | | |
| V | | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, | | | | |
| 2 | | 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 | • | | | |
| 9 | or less, enter -0 | 8 2. | 9 | 0 | |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 an | | 10 | 0. | |
| 11 | Taxable income before qualified business income deduction (see instructions) | 11 171,907. | | 0. | |
| 12 | Net capital gain (see instructions) | 12 2,508. | | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0 | | | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 | 33,880. | |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also | | | | |
| | the applicable line of your return (see instructions) | | 15 | 0. | |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than | | 16 | (0.) | |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a | | 47 | | |
| For Dui | zero, enter -0 | | 17 | (0.) Form 8995 (2022) | |
| | vacy Act and Faperwork neutrion Act Notice, see instructions. REV 03/ | 22/23 PRO | | Ponn 0333 (2022) | |

Form **8959** Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to *www.irs.gov/Form*8959 for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. 71

Your social security number 104-08-6544

| NAVE | ENKUMAR BALASUBRAMANIAN & BHARATHI VENUGOPAL | 104-08-65 | 544 |
|--------|---|-----------------|-------------------------|
| Part | Additional Medicare Tax on Medicare Wages | | |
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 0.07 | |
| 0 | , | 3,007. | |
| 2 | | | |
| 3 | 0 | | |
| 4 | • | 3,007. | |
| 5 | Enter the following amount for your filing status: | | |
| | Married filing jointly | | |
| | Married filing separately | | |
| • | | 0,000. | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0 | | 0. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here an Part II | • | 0. |
| Part | | • | |
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you | | |
| | had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8 | | |
| 9 | Enter the following amount for your filing status: | | |
| | Married filing jointly. | | |
| | Married filing separately | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 9 | | |
| 10 | Enter the amount from line 4 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter h | | |
| | go to Part III | | |
| Part | Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensa | tion | |
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 | | |
| | (see instructions) | | |
| 15 | Enter the following amount for your filing status: | | |
| | Married filing jointly | | |
| | Married filing separately | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 15 | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0 | 16 | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% | (0.009). | |
| | Enter here and go to Part IV | 17 | |
| Part | V Total Additional Medicare Tax | | |
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1 | | |
| | or 1040-SS filers, see instructions), and go to Part V | 18 | 0. |
| Part | V Withholding Reconciliation | | |
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form | | |
| | | 3,088. | |
| 20 | | 3 , 007. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 21 | 3,016. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica | | |
| | withholding on Medicare wages | 22 | 72. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W | | |
| | 14 (see instructions) | 23 | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount | | |
| | federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040 | | |
| _ | 1040-SS filers, see instructions) | · · · 24 | 72. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. BAA REV 03 | /22/23 PRO | Form 8959 (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 Treasury Internal Revenue Service For use by individuals who are not U.S. citizens or permanent residents. See separate instructions. | | | | | | | | | | |
|--|---|----------------------|---|---------------------|-----------------|---------------------------------|--|--|--|--|
| | I taxpayer identification num | | | | only. | Applicatio | on type (check one box): | | | |
| Before you begin | | | | | - | 🗙 Ap | bly for a new ITIN new an existing ITIN | | | |
| • | ubmitting Form W-7. Read th ederal tax return with Form V | | | | | | | | | |
| _ | t alien required to get an ITIN to cla | = | əfit | | | | | | | |
| _ | t alien filing a U.S. federal tax retur | | | | | | | | | |
| | nt alien (based on days present in of U.S. citizen/resident alien) If | | | | | ructions) | | | | |
| | l | d or e, enter name | | | | · - | tructions) ► | | | |
| | <u> </u> | NAVEENKUMAR | BALASU | BRAMANIAN | | | 104-08-6544 | | | |
| g 🗌 Dependent/ | t alien student, professor, or resea spouse of a nonresident alien hold | • | federal tax re | eturn or claiming a | n excepti | on | | | | |
| (| nstructions) | • | | | | | | | | |
| | on for a and f : Enter treaty country 1a First name | | dle name | and treaty ar | Last r | | | | | |
| Name (see instructions) | BHARATHI | | | | | IUGOPAL | | | | |
| Name at birth if different | 1b First name | Mido | dle name | | Last r | name | | | | |
| Applicant's Mailing | 2 Street address, apartment nu 7525 TREE LN APT | | te number. I | f you have a P.O. | box, see | separate in | structions. | | | |
| Address | City or town, state or province, and country. Include ZIP code or postal code where appropriate. MADISON WI USA 53717 | | | | | | | | | |
| 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 Information | 4 Date of birth (month / day / year) 03/08/1994 | INDIA | | City and state or | · | | 5 Male X Female | | | |
| Other Information | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I. | D. number (i | f any) 6c Type | of U.S. v | sa (if any), nu | mber, 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.: V0773359 Exp. date: 08/31/2031 (MM/DD/YYYY): | | | | | | | | | |
| | 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? X 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 iss | | | | | | | | | |
| | First name Middle name Last name | | | | | | | | | |
| | 6g Name of college/university or company (see instructions) ► | | | | | | | | | |
| | City and state Length of stay | | | | | | | | | |
| Sign Here | Sign Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompared documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. | | | | | | | | | |
| Keep a copy for your records. | Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number | | | | | Der | | | | |
| | Name of delegate, if applica | able (type or print) | t) Delegate's relationship to applicant | | | Parent Court-appointed guardian | | | | |
| Acceptance | Signature | | | Date (month / day | / year) | Phone Fax | | | | |
| Agent's Use ONLY | Name and title (type or print | t) | Name of company | | EIN Office c | ode | PTIN | | | |

REV 03/22/23 PRO

Office code